

Questions for the Record from Chairman Wyden

Finance Committee Hearing:

Andrea Palm, Nominee for HHS Deputy Secretary
Chiquita Brooks-LaSure, Nominee for CMS Administrator

April 15, 2021

Questions for Ms. Palm:

Racial and ethnic disparities within the child welfare system

The child welfare system is rife with racial, ethnic, and socioeconomic disparities. Black and American Indian children are overrepresented in the child welfare system, and there are clear disparities that children and families of color experience when interacting with the child welfare system. As you know, the Family First Prevention Services Act (FFPSA) is groundbreaking in its support and financing of evidence-based prevention services for children and parents to help them stay safely together and thrive.

If confirmed, how will you ensure that FFPSA implementation lives up to its Congressional intent?

In particular, how will you ensure the prevention services allowable under FFPSA are as inclusive and expansive as possible to ensure that there are a range of services for states and tribes to utilize that are culturally sensitive and have demonstrated positive outcomes for underserved communities, including tribal nations, Black, Latinx, LGBTQ+ communities, and older, aging-out foster youth?

Answer: The Family First Prevention Services Act (FFPSA) is an important law that seeks to transform child welfare services by increasing support for evidence-based prevention services to strengthen families and keep children and youth safely at home and in their communities with their parents, other family members or kin whenever possible. If confirmed as Deputy Secretary, I will be committed to ensuring that the prevention services available are culturally appropriate and responsive to the needs of all people and communities, especially communities that have been traditionally underserved. As you know, the Biden Administration and Secretary Becerra are committed to advancing racial equity and support for underserved communities, as reflected in the Executive Order the President signed on his first day in office, “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.” As Deputy Secretary, I will strive to advance this goal in all of our work.

Questions for the Record

“Hearing to Consider the Nominations of Andrea Palm, of Wisconsin, to be Deputy Secretary of Health and Human Services, and Chiquita Brooks-LaSure, of Virginia, to be Administrator of the Centers for Medicare and Medicaid Services”

Witnesses: Andrea Joan Palm, to be Deputy Secretary of Health and Human Services & Chiquita Brooks-LaSure, of Virginia, to be Administrator of the Centers for Medicare and Medicaid Services

Finance Committee Hearing Date: April 8, 2021 at 9:30am
Questions Submitted: April 16, 2021

Questions for Ms. Palm [From Senator Brown]

Provider Relief Fund

Throughout the past year, Congress has dedicated significant resources toward supporting hospitals and other health care providers who have been negatively impacted by COVID-19. One of the largest sources of funding for provider relief has been through the Provider Relief Fund.

If confirmed, will you commit to ensuring future distributions from the provider relief fund are equitable and transparent, and prioritize funding for those providers and facilities that continue to disproportionately struggle because of the pandemic?

Answer: During the pandemic, while some providers have experienced challenges with overcapacity, many other providers have faced financial setbacks related to billing disruption, the suspension of non-essential surgeries and procedures, and health care staff unable to work. HHS is committed to supporting providers who are taking care of patients during this pandemic and to making payments quickly while ensuring program integrity and effective oversight. If confirmed, I will work to ensure that the Provider Relief Fund is run transparently and equitably.

FDA Consumer Protection

The Food and Drug Administration (FDA) is first and foremost a consumer protection agency; however, in the past there have been times when the FDA has served as little more than a rubber stamp for industry. It is time to rebuild consumer confidence in the FDA and give the FDA the tools, resources, and authorities it needs to help protect our health and safety.

We have to be more aggressive on youth vaping and nicotine reduction. We must examine our drug supply chain and assess and correct vulnerabilities and gaps.

If confirmed, how will you work with Secretary Becerra and the FDA Commissioner to ensure the consumer, the patient, remains at the center of all of the work HHS does – including the FDA?

Answer: Patients and families should be at the heart of all of the work of HHS. It will be necessary for many agencies within HHS to work together in order to address this important issue. The work of FDA is critical for assuring consumer protections, including through tobacco regulation and ensuring the safety and security of our drug supply chain. If confirmed, I look forward to working on these issues.

Biosimilars

Thank you for your commitment to lowering the high cost of prescription drugs. The robust uptake of biosimilars represents an opportunity to increase competition in the prescription drug marketplace and reduce costs for patients and taxpayers. I'd like to work with you on ways to maximize the uptake of biosimilars as they enter the market to ensure competition and reduce patient out of pocket cost.

If confirmed, what additional steps should and will you take to build out a robust biosimilars market and ensure all patients who require treatment have immediate access to high quality, affordable biosimilar biologic medicines?

Answer: Like President Biden and Secretary Becerra, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on them. Competition in the market has helped control the growth in spending on prescription drugs. I believe that biosimilars have a role to play in containing the cost of expensive therapies by creating competition. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need. If confirmed, I look forward to working with you to find ways to achieve these important goals. I will also work across the government to address barriers to reducing drug prices.

Antibiotic Resistance

From the CDC to the World Health Organization, public health experts consider antibiotic resistance to be one of the top threats to global health security. The threat posed by superbugs demands swift action and a robust response.

I urge you to commit to building on the National Action Plan for Combating Antibiotic-Resistance Bacteria (CARB) and follow through on coordinated, strategic actions to address antibiotic resistance.

What actions will you take, amidst and after this pandemic, to prioritize our nation's fight against antibiotic resistance in addition to building out our antibiotic stewardship programs and curbing the overuse of antibiotics?

Answer: It is clear that antimicrobial resistance (AMR) must be a top public health priority, not only for the United States but around the world. Even during this time, AMR remains a top HHS priority, and if confirmed, we will continue investing in key prevention strategies like early detection and containment, infection prevention, and ensuring the appropriate use of antibiotics in the U.S. and around the world. If confirmed, I will also support efforts to develop new antibiotics to treat infections that are becoming untreatable.

Questions for the Record from Senator Elizabeth Warren

U.S. Senate Committee on Finance

Full Committee Hearing: Hearing to Consider the Nominations of Andrea Joan Palm to be Deputy Secretary of Health and Human Services and Chiquita Brooks-LaSure to be Administrator of the Centers for Medicare and Medicaid Services

Ms. Andrea Palm

Over-the-Counter Hearing Aids

In 2017, President Trump signed into law the Over-the-Counter Hearing Aid Act, a bill that I introduced with Senator Grassley, Senator Hassan, and Senator Isakson. The bill requires the FDA to categorize certain hearing aids as over the counter (OTC). Under law, the FDA was required to issue regulations regarding OTC hearing aid safety and manufacturing by August 18, 2020—but the agency failed to issue the rules on time. **As Deputy Secretary of Health and Human Services, will you commit to (1) identifying the reason(s) why the OTC hearing aid proposed rules have been delayed past their statutory deadline, (2) identifying the individual(s) responsible for developing and releasing the proposed rules, (3) requiring those individual(s) to release the proposed rules as soon as possible, and (4) requiring those individual(s) to communicate frequently with my office on the timeline for the rules' release?**

Answer: Thank you for your leadership on this issue. I commit that, if confirmed, I will support FDA in its rulemaking regarding over-the-counter hearing aids and look forward to working closely with you on this issue. I recognize this is a public health priority as hearing loss can have a negative effect on communication, relationships, and other important aspects of life.

Third Party Medical Device Servicing

The Food and Drug Administration is responsible for ensuring the safety of medical devices. While some medical devices are disposable and are used only once, others are used repeatedly on multiple patients. Original equipment manufacturers and third-party entities often refurbish, repair, recondition, rebuild, remarket, or remanufacture these devices to ensure that they continue to operate safely and effectively after entering the market.

Entities that perform maintenance activities are subject to different regulatory requirements depending on the type of maintenance being performed. Activities that “significantly change” the performance, safety specifications, or intended use of a device are considered “remanufacturing” activities, while activities that do not change the device are considered “servicing.” FDA has committed to issuing guidance clarifying the difference between “remanufacturing” and “servicing.” In a 2020 letter to me and Senator Cassidy, FDA stated that it “intends to clarify the definitions of these activities so that entities can determine in which activities they are engaged, and with which regulatory requirements they should comply.” The agency said it would issue the guidance during FY2020, but it has not yet done so. **As Deputy Secretary of Health and Human Services, will you commit to (1) identifying the reason(s) why this guidance has been delayed, (2) identifying the individual(s) responsible for developing and releasing that**

guidance, and (3) requiring those individual(s) to communicate frequently with my office on the timeline for the guidance's release?

Answer: Ensuring the appropriate consumer protections to keep patients and families safe is a top priority for the Biden-Harris Administration. If confirmed, I commit to supporting FDA in their work issuing guidance related to third party medical device servicing. I recognize that this is a complicated issue and regulatory clarity is very important.

**Hearing on HHS Deputy Secretary Nominee Andrea Palm
April 15, 2021
Questions for the Record**

Questions Submitted by Ranking Member Crapo

Private Insurance Markets

Question. How do you view HHS's role in the individual market, and what reforms would you propose that could affect the types of plans offered to consumers?

Answer: The Affordable Care Act expanded critical consumer protections to millions of consumers enrolled in individual market plans across the country. HHS works together with states to make sure that consumers receive these important benefits. If confirmed, it will be a priority of mine to build on the successes of the ACA and to work with the Centers for Medicare & Medicaid Services to make sure American patients and their families continue to have access to quality, affordable health care.

Medicaid Waivers

Question. What is your view of the appropriate role of incentives and disincentives in the federal government's partnership with state agencies?

Answer: The partnership between states and the federal government is central to Medicaid. I know each state – including Idaho – is unique, and innovation is critical to improving the health care system. If confirmed, I will support state innovation and the ability of states to test different models that meet the objectives of the Medicaid program. I look forward to working with colleagues at the Centers for Medicare & Medicaid Services on this issue and to hearing more from you about what ideas are working in Idaho.

Medicare Solvency

Question. Medicare is on a near-term path toward bankruptcy. The HI trust fund could be insolvent in anywhere from four to five years. Other than during the first few years of the Medicare program's existence, Congress has never allowed the HI trust fund to project less than four years of solvency without acting in order to minimize the impact on health care providers, taxpayers, and beneficiaries. Given the looming fiscal crisis, how soon can we expect a comprehensive legislative proposal from HHS that extends the life of the HI trust fund?

Answer: Medicare solvency is an incredibly important, longstanding issue. I look forward to working with Congress, and in concert with the Centers for Medicare & Medicaid Services, on a

bipartisan basis to address this. We will need both short-term and long-term strategies to make sure Medicare remains a bedrock of our health care system. It is essential that we protect and strengthen this program for Americans who have spent their lives paying into it.

Senator Chuck Grassley's (IA) Questions for-the-Record
for Health & Human Services Deputy Secretary-Nominee Andrea Palm
Submitted April 16, 2021

Questions for Palm

1. The Family First Prevention Services Act allows states to receive federal reimbursement for prevention services in order to keep children with their families whenever possible. In order to qualify for IV-E reimbursement, programs are required to be evidence-based. Currently, there are 29 programs that have been rated as promising, supported, or well-supported, and many programs are still awaiting evaluation on the Administration for Children and Families' (ACF) Clearinghouse. The COVID-19 pandemic has caused prevention service providers to alter their service models to comply with social distancing and other precautions. Additionally, some programs have faced decreased capacity or enrollment, leading to challenges in maintaining population sizes necessary for an evaluation. If confirmed, how will you work to ensure that ACF continues to add programs to the clearinghouse while maintaining the standards for evidence-based practices required by the Family First Prevention Services Act?

Answer: The Family First Prevention Services Act (FFPSA) is a law that offers the promise to transform child welfare services by increasing the availability of evidence-based prevention services to strengthen families and keep children and youth safely at home and in their communities with their parents, or kin whenever possible. If confirmed as Deputy Secretary, I will work with the leadership of ACF to ensure that the Title IV-E Prevention Services Clearinghouse has adequate resources to be able to review and rate programs in a timely manner. I will also support the continued development of evidence-based practices through support of quality evaluation.

2. Many states, including my home state of Iowa have faced a shortage of qualified foster parents in recent years. The COVID-19 pandemic has exacerbated these shortages in many areas. In addition to getting new foster parents involved, there is a challenge in retaining foster parents for longer than one year. If confirmed, how would you work to improve foster parent recruitment and retention so that children are not placed in inappropriate settings due to a lack of available foster homes?

Answer: I understand the important role that foster parents play in caring for children. As reflected in the policy goals of the Family First Prevention Services Act, when children must enter foster care, family foster homes—preferably kinship care—must be the preferred placement setting and institutional placements used only under limited circumstances. Whenever possible, child welfare systems must seek relatives and kin to care for children, to reduce the trauma children experience when they are separated from their parents. The COVID-19 pandemic has placed great strain on all parents, including foster parents and kinship caregivers, and has had an impact on the ability to train and engage prospective foster parents and support existing foster parents. I think it is essential that child welfare agencies provide adequate support

to foster parents, including relative caregivers and that they be proactive in recruiting diverse families to meet the needs of children who must come into foster care. If confirmed, I will work with leaders of the Administration for Children and Families to provide support for foster parent recruitment and retention.

3. The Adoption and Safe Families Act of 1997 required states to ensure that children in foster care did not languish in the system without permanency. It established that parental rights should be terminated if children have been in foster care for 15 out of the last 22 months. The law allows for exceptions if it is determined that there is a compelling reason that termination of parental rights is not in a child's best interest, or other limited reasons. States are not required to collect data on the enforcement of this law, and often do not provide a reason for granting an exception. If confirmed, will you work to improve oversight of this law to ensure that states are acting in the best interest of children?

Answer: When children must enter into care, it is essential that we seek to ensure timely permanency. Whenever possible we should seek to support safe and timely reunification of children with their parents or extended family, but this is not always possible. As you note, the Adoption and Safe Families Act of 1997 established timeframes for the filing of petitions to terminate parental rights, but allowed for certain exceptions. If confirmed, I will work with the Administration for Children and Families to review oversight of this provision and explore any additional steps that may be needed to promote the best interests of children.

4. In 2017, I sponsored the Over the Counter Hearing Aid Act with Senator Warren, which was included in the FDA Reauthorization Act of 2017. It required the Food and Drug Administration (FDA) to issue a regulation by August 2020 establishing the requirements for products in this category. This legislation was based on recommendations put forth by the Presidential Council of Advisors on Science and Technology and the National Academies of Science Engineering and Medicine to increase consumer access to hearing aid technology and decrease costs associated with hearing aids. The FDA has not completed rulemaking on this. If confirmed, will you work to prioritize rulemaking so consumers can access affordable help for hearing loss that Congress intended?

Answer: Thank you for your leadership on this issue. I commit that, if confirmed, I will support FDA in its rulemaking and work to ensure availability of over-the-counter hearing aids. I recognize this is a public health priority as hearing loss can have a negative effect on communication, relationships, and other important aspects of life.

5. I support transparency in the 340B Drug Pricing Program. The previous administration finalized a 340B Drug Pricing Program Administrative Dispute Resolution regulation that went into effect in January 2021. This final rule sets forth the requirements and procedures for the 340B Program's administrative dispute resolution (ADR) process. The rule

establishes a 340B Administrative Dispute Resolution Board to review claims. In addition, on December 30, 2020, the Department of Health and Human Services' Office of the General Counsel released an advisory opinion. If confirmed, are you committed to the continued implementation of the 340B Drug Pricing Program Administrative Dispute Resolution final rule and Office of General Counsel's advisory opinion? If confirmed, what detailed steps will the Biden administration take to ensure transparency in the 340B Drug Pricing Program?

Answer: The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our neediest populations. If confirmed, I look forward to working with you and other Members of Congress to uphold the law and ensure this vital program is able to continue supporting vulnerable communities.

6. During the last two years as chairman of the Senate Finance Committee, I've focused some of my oversight on what steps the Department of Health and Human Services has taken to detect and deter foreign threats to taxpayer-funded research. As part of my oversight, I've also worked to ensure that the Department's Office of National Security is given full, complete, and consistent access to all Intelligence Community information involving threats to the nation's healthcare, such as COVID-19. That office has gained access to some Intelligence Community elements but more must be done. On March 8, 2021, I wrote a follow-up letter to the Department of Health and Human Services and the Director of National Intelligence asking what they've done to incorporate federal health agencies into the Intelligence Community. HHS has failed to respond. If confirmed, will you commit to answering that letter in full? If confirmed, will you commit to updating me on the functions of the Office of National Security and how it's interacting within the Intelligence Community?

Answer: HHS is committed to working with Congress on its critical oversight work. As I noted in my hearing, if confirmed, I look forward to working with you on this issue.

7. In 2020, I cosponsored the Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act and it was signed into law. The law extended the Drug Enforcement Administration's temporary scheduling order to proactively control deadly fentanyl analogues. Fentanyl-related overdose deaths continue to rise and sophisticated drug trafficking organizations manipulate dangerous substances to skirt the law, so this critical law placed fentanyl substances in Schedule I so that they can be better detected and criminals can be held accountable for their actions. The law sunsets in May of 2021. In December 2019, 56 other state and territory attorneys general asked Congress to permanently codify a temporary emergency scheduling order keeping fentanyl-related substances classified as Schedule I drugs. If confirmed, do you support permanently codifying a temporary emergency scheduling order keeping fentanyl-related substances classified as Schedule I drugs?

Answer: If confirmed, I will work with you on legislation to ensure the appropriate scheduling of fentanyl and fentanyl analogues that pose a danger.

8. Science tells us that an unborn child has many of the neural connections needed to feel pain, perhaps as early as eight weeks and most certainly by 20 weeks fetal age. Providing health care to unborn children and their mothers can help reduce infant mortality rates in low-income communities, research also suggests. Some States already offer prenatal care and other health services to unborn children through the Medicaid program. What is your view on whether unborn children should be entitled to Medicaid coverage, and do you believe that the federal government has a role to play in encouraging such coverage?

Answer: Medicaid is an important source of pre- and post-natal care, and if I am confirmed, I will work to ensure access to quality pregnancy care that improves their own health and the health of their babies. I was happy to see that Congress included incentives for states to expand Medicaid postpartum coverage in the American Rescue Plan and that CMS has approved section 1115 demonstration projects to this effect. I look forward to working with members of this Committee and Congress to expand access to affordable, quality care, including through the Medicaid program.

9. Congress's ability to acquire information from Federal agencies is critical to its constitutional responsibility of conducting oversight of the executive branch. If you are confirmed, will you commit to providing thorough, complete, and timely responses to requests for information from members of this Committee, including requests from members of the Minority?

Answer: If confirmed, I will provide responses to requests from any members of this Committee.

10. In 2019, Congress passed bipartisan the Advancing Care for Exceptional (ACE) Kids Act to improve health outcomes and care coordination for children with complex medical conditions in Medicaid. In 2020, I introduced the bipartisan Accelerating Kids' Access to Care Act to further help families gain access to life-saving care for children with complex medical conditions. The legislation aims to facilitate access to care while retaining program safeguards and reducing regulatory burdens on providers. If confirmed, what steps would you take to improve the system of care for children with complex medical conditions?

Answer: Thank you for your leadership on the ACE Kids Act and your focus on access to care for children with complex medical needs. I agree that we should do all we can to remove barriers to care for these children. If I am fortunate enough to be confirmed, I will look forward to working with you on solutions to ensure children with complex medical needs get the best care possible.

11. In Iowa, transitional health plans (including grandmothers health plans) have enabled many middle class Iowans to keep the health plans and doctors they like at a reasonable price since the Affordable Care Act was implemented. For example, over 56,000 Iowans are covered by grandmothers health plans. To put this in context, about 60,000 Iowans signed up for the federal health insurance exchange in 2021. Iowans have chosen these grandmothers health plans that meet their individual needs. Currently, grandmothers health plans' existence is determined by the Department of Health and Human Services (HHS) through the Centers for Medicare & Medicaid Services (CMS) annually through non-enforcement extensions. If confirmed, are you committed to maintaining these affordable, consumer-chosen health plan options for Iowans by extending the non-enforcement authority?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. If confirmed, I will examine rules and other policies to ensure all Americans can access the care that they need.

12. Since this COVID-19 pandemic began, the Department of Health and Human Services (HHS) including within the Centers for Medicare & Medicaid Services (CMS) has provided health care providers and patients many flexibilities under the public health emergency authority including over 80 services now furnished through telehealth for Medicare patients. A Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report found the use of telehealth increased 154% during the last week of March 2020 during the emergency of COVID-19 compared to the same period in 2019. We know the use of telehealth has continued throughout the COVID-19 pandemic. The data and response from patients and providers prove permitting telehealth services is a positive action to improve access and care. This last Congress, we provided permanent coverage for mental health telehealth visits under Medicare, which is helpful during the pandemic and will remain critical for many Americans afterwards. If confirmed, are you committed to working with Congress and in the executive branch to extend telehealth flexibilities in Medicare beyond the pandemic? Additionally, some providers, including community health centers, face regulatory barriers based on provider type or site of service. If confirmed, do you support removing those telehealth barriers for certain providers?

Answer: Telehealth is an important tool to improve health equity and access to health care. Health care should be accessible, no matter where you live. If confirmed, I would look forward to working with you and my colleagues at the Centers for Medicare & Medicaid Services on this issue.

13. As a direct result of the Affordable Care Act's one-size-fits-all approach, many Iowans have been priced out of health insurance. To rectify this, the Trump administration and Iowa Insurance Division enabled Iowans more choice and competition in the health care marketplace by enabling and expanding short-term limited-duration insurance (STLDI). This

gives Iowans access to health insurance with consumer protections. If confirmed, will you work to maintain, modify, or rescind the current regulations enabling Americans to purchase STLDIs?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. If confirmed, I will examine rules and other policies to ensure that plans provide Americans access to the care that they need.

14. It is important to give people affordable options for health insurance. Small business owners, like Iowa farmers, want to be able to provide insurance for their employees. Association Health Plans are a way for these small businesses to band together to expand access to health insurance and drive down costs. I have introduced legislation and support efforts to expand the pathway to affordable and accessible health care remaining open to employees across America. Association Health Plans allow small businesses to join together to obtain affordable health insurance as though they were a single large employer. The coverage offered to association members is subject to the consumer protection requirements that apply to the nearly 160 million Americans who receive coverage from large employers. If confirmed, will you work to maintain, modify, or rescind current regulations enabling employers and employees access to Association Health Plans?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. If confirmed, I will examine all rules and policies to ensure all Americans can access the care that they need.

15. I support access to affordable health care coverage for all Iowans, regardless of their health status or pre-existing conditions. Americans want to be in control of their own health care. National, single-payer health systems do not allow that. The Affordable Care Act took options away from people and adopting a single-payer system will make that worse. A national, single-payer health system would eliminate private health insurance for nearly 200 million Americans and require middle-class Americans to pay much more in taxes. Single-payer health care would also dramatically increase government spending substantially, fail to meet patient needs quickly, reduce provider payments rates and reduce quality of care, and the government would have more control over health care. It also threatens the benefits that current seniors on Medicare have paid into the system their entire working lives. If confirmed, do you intend to take administrative actions to implement the vision of a one-size-fits-all government-run health care scheme like single-payer? If so, please describe what authority you believe you have to take such actions?

Answer: President Biden has made it very clear that his goals for improving the American health care system begin with building on the successes of the Affordable Care Act, and I am committed to working toward that goal.

16. If confirmed, will you take actions that stifle innovation and competition in health care?

Answer: I believe it is important to foster innovation and competition in our health care system. Americans should have access to health care services and products at an affordable price.

17. In 2019, the Trump administration issued two rules requiring price transparency for hospitals and health plans. The rules took effect in January 2021. This effort shines a light on the health care industry that is all too often shrouded in secrecy. While Congress can build upon the rules, consumers can finally see sunshine in health care pricing. I have cosponsored legislation to codify the two health care price transparency rules. This transparency will bring more accountability and competition to the health care industry. Consumers should have the ability to compare health care prices online so they can make an informed choice about what's best for them and their families. If confirmed will you modify, rescind, or maintain the Trump administration's health care price transparency regulations?

Answer: If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency, so consumers can look behind the curtain to understand how providers and insurers are operating.

18. Some states have lacked transparency in reporting their nursing home COVID-19 deaths data. For example, the state of New York undercounted nursing home deaths by as much as 50% and state officials intentionally withheld data for months. The New York Attorney General Letitia James released a report in January 2021 suggesting that many nursing home residents died from COVID-19 in hospitals after being transferred from their nursing homes. These figures were not reflected in the New York Department of Health's nursing home death figures for many months suggesting the state was undercounting by as much as 50%. There are also reports finding New York state officials including members of New York Governor Andrew Cuomo's staff intentionally withheld data on COVID-19-related deaths in the state's nursing homes. Following the release of the New York Attorney General report, the New York Department of Health reported 12,743 nursing home residents occurred. This included an additional 3,829 confirmed COVID-19 fatalities of those residents who had been transported to hospitals. I have warned President Biden that an across-the-board termination of 56 U.S. attorneys could imperil ongoing sensitive investigations. This concern has been expressed by Senate Democrats. Currently, Toni Bacon is serving as the U.S. attorney for the Northern District of New York. Ms. Bacon previously served as Justice Department's national elder justice coordinator and who currently has jurisdiction over federal public corruption crimes in the state. Bacon is the obvious choice to continue a fair and unbiased investigation into possible violations of civil liberties of the elderly and the public corruption. Do you believe Department of Justice must have a fair, unbiased, and experienced U.S. Attorney in the Northern District of New York, such as Ms. Bacon?

Answer: I defer to the Department of Justice on the selection of U.S. Attorneys.

19. I led an effort in the Senate making additional resources available to support elder justice initiatives that assist older Americans especially throughout the COVID-19 pandemic. During the 116th Congress as Senate Finance Committee chairman I convened two hearings on elder justice initiatives and gaps in nursing home oversight. In December 2020, I urged Senate leadership to make resources available for regional or statewide strike teams to support nursing homes in crisis during this pandemic. Through this work, the end-of-year COVID-19 relief package included \$100 million to support elder justice initiatives, including \$50 million for state adult protective service agencies as they cope with unique challenges of serving vulnerable populations during the pandemic. This work includes nursing home strike teams who have provided needed support when an outbreak occurs at a nursing home or when additional resources are needed to meet the infection control or diagnostic testing requirements. Have state or federal nursing home strike teams been effective at controlling outbreaks and protecting vulnerable Americans? If so, can you describe how their work slowed-the-spread and protected lives?

Answer: It has been heartbreaking to see how hard the COVID-19 pandemic has hit the nation's nursing homes. Nursing homes and long-term care facilities are the homes for some of our most vulnerable, and we must do everything we can to work to protect them and ensure that they are receiving high quality health care. In Wisconsin, we developed a variety of strategies, including surging staff and other resources to assist our skilled nursing facilities protect their residents from COVID-19. If I have the honor of being confirmed, I look forward to working on this issue and coordinating with the Centers for Medicare & Medicaid Services.

20. The global pandemic has exposed grave concerns our society must confront to protect the nation's most vulnerable citizens. Approximately 1.4 million Americans live in about 15,000 nursing homes across the country. Many Iowans have a loved one who lives in a long-term care facility. In 2019, as Chairman of the Senate Finance Committee, I conducted a series of hearings to examine gaps in enforcement of nursing home abuse. A Government Accountability Office (GAO) investigation found a 103% increase in abuse deficiencies between 2013 and 2017. The GAO noted abuse in nursing homes is often underreported. The report documented physical, mental, verbal and sexual abuse perpetrated against residents. The number of nursing home deaths attributed to COVID-19 delivers a wake-up call we can't afford to ignore. The federal government needs to do a better job enforcing compliance with standards of care. When a loved one requires a long-term care facility to deliver around-the-clock services, every family deserves peace of mind that every nursing home resident will receive high-quality, compassionate care and be treated with dignity and respect. If confirmed, how will you as deputy secretary ensure nursing homes uphold the standard of care that is necessary while not placing onerous requirements and excessive administrative burdens on nursing home staff?

Answer: Thank you for your longstanding leadership on this issue. Nursing homes and long term care facilities are the homes for some of our most vulnerable, and we must do everything we can to work to protect them. If I have the honor of being confirmed, I look forward to coordinating with colleagues at the Centers for Medicare & Medicaid Services to improve the safety and quality of care for residents of nursing homes.

Senator John Cornyn
Senate Finance Committee
Questions for the Record
Nomination Hearing of Andrea Palm and Chiquita Brooks-LaSure

Palm Questions

Foreign Threats to Research

Ms. Palm, in 2019, this committee held a hearing on foreign threats to taxpayer funded research after multiple reports of espionage by the People's Republic of China. We have seen attempts by foreign entities like North Korea to steal intellectual property related to COVID vaccine development and I continue to hear concerns from research institutions in Texas.

- Do you believe that NIH and other funders of public research should consider cybersecurity protocols that institutions have in place when evaluating applications for research grant funds?
- What additional initiatives are you considering to ensure taxpayer funded research is protected from foreign threats?

Answer: Protecting the integrity of taxpayer funded biomedical research is a matter of great importance. I am committed to working with Congress, the NIH, and the HHS Office of National Security to ensure appropriate safeguards are in place to enhance and protect the security and the integrity of U.S. biomedical research.

Supply Chain

- Regarding further distribution of personal protective equipment (PPE) and COVID-19 vaccines and ancillary products, how will government coordination with the private sector be managed? How will updates and information be communicated to the healthcare supply chain in a timely manner?

Answer: The global pandemic has highlighted the vulnerabilities of the health care supply chain for many products. In order to continue responding to the COVID-19 pandemic and better prepare the federal government to respond to any future public health emergencies, it is critical that HHS work to improve and expand health care supply chain capabilities. If confirmed, I'm committed to working in coordination with the private sector on this urgent matter.

- How does the new administration plan to coordinate with and leverage the expertise of the commercial healthcare supply chain to get product the last mile and get supplies into providers' hands across the care continuum?

Answer: Coordination across departments, agencies, and industries is key to ensure the adequacy of the health care supply chain. If confirmed, I'm committed to working on this urgent matter.

- Once the COVID-19 pandemic is under control, how do you anticipate partnering with the commercial supply chain to ensure that the country is ready for the next public health emergency? Have you considered solutions such as a “vendor managed inventory” solution to help guarantee that non-expired product could be available on demand?

Answer: As the nation continues to turn the corner on the COVID-19 pandemic, it is important to think ahead to the next public health emergency. If confirmed, I will work with the Assistant Secretary of Preparedness and Response (ASPR) to ensure these efforts can increase the nation's ability to meet demand in future crises.

- How does the Biden administration intend to use the DPA authority and will the administration do so with thoughtful consideration of those with expertise in the medical supply chain so the existing infrastructure and supply are augmented rather than duplicated?

Answer: If confirmed, I commit to working closely with members of this committee on efforts related to the COVID-19 response, including the use of Defense Production Act and its potential impacts.

Hospice

Within the Medicare program, State survey agencies (SAs) are overburdened and often lack the capacity to respond to survey complaints in a timely and appropriate manner. The ability to respond to and correct issues arising from complaints is imperative, particularly for terminally ill beneficiaries in hospice. Accreditation Organizations (AOs) are also authorized to conduct complaint surveys. Expanding the use of qualified AOs that are trained in hospice would alleviate State regulatory burden, while continuing to ensure that all complaints are addressed in timely coordination with the SAs and CMS. The expanded use of AOs would lead to increased transparency and emphasize savings in the hospice community.

- How does the Administration plan to emphasize the services of Accreditation Organizations for hospice complaint surveys to relieve State regulatory burden and improve timely beneficiary safety and quality?

Answer: Improving the safety and quality of care for American patients is critical, including in hospice settings. If confirmed I will work with my colleagues in the Centers for Medicare & Medicaid Services to make sure complaints are followed up on in a timely manner.

The Hospice Act brought attention to the need for Medicare surveyors, who are often state surveyors, to specifically be trained for the hospice population. Similar gaps in knowledge and judgement occur among the medical reviewers for OIG, MAC and Program Integrity hospice audits often driven by a similar hospice knowledge gap and compounded by a chart review that can never replicate the hospice program physician's real time medical prognostication of the patients at the end of life. When payment denials are appealed by the hospice provider, most are overturned on appeal, an expensive and time-consuming process for both hospices and HHS.

- Ms. Palm, I understand the need for program integrity, but we cannot place so much of a burden that it creates an issue for providers that could turn into an access issue for these vulnerable beneficiaries. How will HHS address the gap in knowledge of Medicare medical reviewers, who frequently look past the certifying physician's medical judgment as reflected on the Certification of Terminal Illness (CTI); perhaps especially when the physician record entries as to the basis for prognostication are not as detailed as the Medicare reviewer believes was warranted.

Answer: Thank you for bringing up this issue. If confirmed, I certainly want to look for any ways to be more efficient and improve processes, and I will work with my colleagues at the Centers for Medicare & Medicaid Services to find ways to improve the Medicare program.

Questions for Both

Children's Health

As HHS Secretary, you will oversee a number of programs and agencies important to children from health coverage programs vital to children's health such as Medicaid and the Children's Health Insurance Program (CHIP) to programs responsible for training the pediatric health care workforce like the Children's Hospital Graduate Medical Education Program (CHGME) to pediatric research initiatives at the National Institutes of Health.

- What are your priorities for child health if confirmed?

Answer from Ms. Palm: Programs such as Medicaid and the Children's Health Insurance Program (CHIP) are critical programs that help ensure that children have adequate access to quality health care. If confirmed, I would work to ensure children are receiving necessary health care through both programs. I would also look to better ensure access to oral health and vision care for children, as both are necessary for children to thrive in school. And we cannot forget that improving child health begins with ensuring maternal health. I will work tirelessly to reduce maternal and infant mortality and morbidity, using the expertise and resources across HHS.

Further, many other agencies of HHS work improve the lives of children in matters beyond that of health care coverage. For example, the Children's Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation's children and families. I look forward to working with Congress, and with state and local partners to make sure that we are doing all we can to improve child health in this country.

Medicaid and CHIP are critical programs for children, providing coverage for over 40 million children. Medicaid is also the backbone of the pediatric health care system providing care across the continuum from screenings and preventive to highly specialized diagnoses and treatments.

- What are your plans to strengthen this safety net for children and the providers who care for them?

Answer from Ms. Palm: If confirmed, I would work to support and strengthen Medicaid and CHIP, as well as other programs for children, to ensure that children have adequate access to quality health care. In particular, I would look to better ensure access to oral health and vision care for children, while working to reduce maternal and infant mortality and morbidity, as well as programs that ensure the safety of wellbeing for children and families. If confirmed, I look forward to working with you to make sure our children have access to quality care and are able to thrive.

The pandemic is having a profound impact on children's health and the providers who care for them.

- What are your immediate plans to address the current crisis in the increasing number of children facing severe mental, emotional and behavioral health challenges due to social isolation and the serious impact of the pandemic on the health of their families and caregivers?

Answer from Ms. Palm: I am deeply concerned about the impact of the COVID-19 pandemic on the mental, emotional, and other behavioral health outcomes of our children, their families and caregivers. I agree this must be an urgent national priority. If confirmed, I commit to working on this issue and I would seek to ensure collaboration across HHS agencies, including CMS and SAMHSA, to ensure we are fully leveraging CHIP and Medicaid, and that we do a better job of tackling this important issue.

- The pediatric health care safety net has been affected by the pandemic in different ways than the adult health care system, with less direct federal financial support because they are not eligible for Medicare funding streams. What are your plans to sustain a stable pediatric health care system now and beyond the pandemic?

Answer from Ms. Palm: Medicaid and CHIP are lifelines to children and help form the fabric of the pediatric health care safety net. Over 77 million individuals are enrolled in those programs, and about half are children. It is critical that we work to support our pediatric health care safety net and pediatric health care providers during the COVID-19 pandemic and beyond. If confirmed, I would make it a priority to work across HHS and with states to provide necessary support to pediatric providers.

The Children’s Hospital Graduate Medical Education Program (CHGME) provides significant support for the training of pediatricians and pediatric specialists. But unfortunately, the funding for this program still lags far behind the Medicare GME program – funding only half of what Medicare GME provides per resident.

- What are your plans to address this gap in training support for our nation’s pediatric workforce?

Answer from Ms. Palm: If confirmed, I would work with the resources across the Department and with states to support the health care workforce, including those who work with pediatric populations.

During the pandemic telehealth has played a major role in providing access to care for Medicaid beneficiaries, including children.

- How will HHS support the continued use and enhancements needed under Medicaid to ensure telehealth continues to enable access to care for children?

Answer from Ms. Palm: Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. Under current law, states have a great deal of flexibility with respect to delivering Medicaid services via telehealth. Medicaid has made great strides in expanding services available through telehealth, including pediatric services, during the public health emergency. If confirmed, I will work with CMS to determine how we can build on this work to improve health equity and improve access to health care for children.

As you know, pediatric health care is organized differently than adult health care. Pediatric care is more regionalized and often results in children, especially those with complex health needs, having to travel across state lines for care. Under Medicaid, this can be challenging for them and their providers with different policies state to state. The ACE Kids Act passed in 2019 and is

effective next year, is one step in addressing these inconsistencies and getting much needed national data to inform care improvements.

- If confirmed, how would you approach these cross-state challenges that children with complex needs face when traveling for needed care?

Answer from Ms. Palm: Medicaid and CHIP are crucial to ensuring children have adequate access to quality health care, especially those with complex needs. If confirmed, I will work closely with CMS as well as across the Department to ensure children are receiving necessary health care. I look forward to working across the Administration and with Congress to make informed decisions that address the specific needs of children with complex medical conditions.

Oftentimes, changes in the larger health care landscape take place, for example in the Medicare program, without a full examination of how these changes could potentially impact children, even inadvertently. At times, Medicare policies designed with the elderly population in mind have been applied to Medicaid or adopted by state Medicaid programs and private payers.

- As you look at health care changes at the national level as HHS Secretary, how will you ensure that children's unique health care needs are taken into account?

Answer from Ms. Palm: If confirmed, I will work with Congress and states to spur and encourage innovation in these important programs. Innovative delivery system and payment models are vital to ensuring that Medicaid and CHIP are equipped to address emerging pediatric health issues and can continue to provide children with access to quality health care.

A major focus in health care among policy makers has been on pursuing delivery system reforms that improve quality and reduce costs. The federal government has traditionally focused more on adult populations rather than the needs of children in these reforms. As a result, Medicaid for children still lags behind Medicare in supporting improvements in care and innovative payment models.

- What steps will you take to promote increased emphasis on these types of innovations in Medicaid targeting the unique needs of children?

Answer from Ms. Palm: If confirmed, I will work with Congress and states to spur and encourage innovation in these important programs. Innovative delivery system and payment models are vital to ensuring that Medicaid and CHIP are equipped to address emerging pediatric health issues and can continue to provide children with access to quality health care.

Senator Richard Burr, Questions for the Record

Ms. Andrea Palm, Nominee for Deputy Secretary of the Department of Health and Human Services

Countermeasure Development

1. Platform technologies or innovative delivery platforms, such as a vaccine or therapeutic administered through a patch, that can deliver medicine to patients in certain circumstances, provide promising alternatives to traditional medical treatments. These platform technologies could provide a way to deliver vaccinations to patients. An innovation that provides a vaccine dose through a patch platform could replace or provide an alternative to vaccines injected via needles. A patch delivery platform does not need to be frozen, may require less ancillary medical supplies, and could be self-administered at home. If these characteristics were in place for a countermeasure, public health and health care organizations could distribute vaccine or therapeutic doses more widely, improving access to underserved or hard to reach communities.
 - a. How will this administration support the development of alternative delivery platforms for vaccines and other countermeasures, such as shelf-stable, self-applied patches during COVID-19?
 - b. How will this administration support expanding the use of alternative vaccine delivery platforms for future pandemic needs?

Answer: I agree that we must do all we can to improve vaccine technology and make vaccines easier to deliver. If confirmed, I will work with NIH and FDA, as well as our international partners, to ensure we take any steps needed to help facilitate the development, review, and approval of new vaccine technologies.

Synthetic Biology

2. **Ms. Palm:** President Biden, in his remarks on the American Job Plan, stated “China...is racing ahead of us in the investments they have in the future.” Synthetic biology is an emerging field which, with the appropriate regulatory oversight and investment, has the potential to provide high-paying U.S. jobs and supply chain security. How will HHS encourage the development of synthetic biology and appropriately evaluate the evolving science to ensure a regulatory approach that does not hamper innovation?

Answer: Synthetic biology is an important, growing field and, if confirmed, I look forward working across HHS to support U.S. leadership in this space.

Senator Toomey

Question for the record for Andrea Palm

Hearing to Consider the Nominations of Andrea Joan Palm, of Wisconsin, to be Deputy of Health and Human Services, vice Eric D. Hargan, and Chiquita Brooks-LaSure, of Virginia, to be Administrator of the Centers for Medicare and Medicaid Services, vice Seema Verma

Question #1

Over two months ago, my staff requested certain documents from the Department of Health and Human Services commonly referred to by the previous administration as “weekly draw down reports.” These reports provide some insight into the allocation of federal funding and subsequent spending by the states as it relates to COVID-19 supplemental appropriations. It is my understanding that these reports have been shared with other members of this chamber and are generally used for press inquiries. However, to date, my office has not received these reports despite repeated follow-ups with multiple staff members in the Department.

Ms. Palm, I think we can both agree that transparency is a good thing – particularly when it involves trillions of taxpayer dollars. If you are confirmed, will you commit to making public the funding appropriated, obligated, and spent on COVID-19 relief in a manner that is easily accessible and understood by the general public? Further, will you commit to providing weekly draw down reports with Congress on a weekly basis?

Answer: If confirmed, I commit to reviewing your request and providing this Committee with information relevant to its oversight functions.

Question #2

During your time as Secretary-designee, on multiple occasions you attempted to bypass the Wisconsin state legislature or exceeded your authority to extend state-wide stay at home orders during the COVID-19 pandemic. In May 2020, the Wisconsin Supreme Court struck down Emergency Order #28 because you exceeded your statutory authority and you did not follow statutory emergency rule making procedures established by the state legislature. [1] This order would have extended a previous executive order which confined all people to their homes, forbid travel, and closed businesses, but it also went a step further by establishing a criminal penalty for violators. Many months later, on October 6, 2020, you signed another emergency order to limit the number of people in certain public indoor businesses and private gatherings. The order would have also implemented a fine for violators. At a press conference on the same day, you even encouraged local governments to go further and offer more restrictive orders. The non-partisan Wisconsin Legislative Reference Bureau (WLRB) reviewed this order and determined it needed to be promulgated as a rule. A lawsuit was subsequently filed by the Wisconsin Tavern League on October 12, 2020, arguing that you once again exceeded your statutory authority and did not follow emergency rule making procedures established by the state legislature. [2] On April 14,

2020, the Wisconsin Supreme Court ruled the emergency order violated state law and was not validly enacted.[3]

Ms. Palm, if confirmed, how can I be assured of your compliance with federal laws even if those laws are not popular within your own political party? Further, do you commit to abiding by the Administrative Procedure Act when enacting rules and regulations?

Answer: If confirmed, I will follow the law.

Question #3

Nearly 120,000 children enrolled in Medicaid across the Appalachian region received at least one opioid prescription in 2018. In some states, the share of child beneficiaries receiving at least one prescription opioid outpaced that of adult beneficiaries. This reckless prescribing puts Medicaid beneficiaries at risk of misuse and overdose. Despite research demonstrating nonfatal overdoses are among the most significant predictors of a future overdose, the Medicaid program has persistently failed to help enrollees in these circumstances. In fact, a study of 3,606 Medicaid enrolled adolescents (ages 13-22) who experienced an opioid-related overdose found that only one in 54 received medication-assisted treatment, and less than one in three received any treatment whatsoever. Equally concerning, Medicaid beneficiaries often receive a legal opioid prescription even after suffering a nonfatal, opioid-related overdose.

Senator Joe Manchin (D-WV) and I will be reintroducing the IMPROVE Addiction Care Act this Congress. This legislation fixes a problem in the Medicaid program that fails to identify victims of previous overdoses and ensure prescribers are notified of their patients' fatal overdoses. Our legislation is supported by a handful of advocacy and provider groups including Shatterproof, Faces and Voices of Recovery and the American Society of Addiction Medicine (to name a few).

Ms. Palm, in your previous role as Secretary-designee, what efficiencies did you bring to Wisconsin's Medicaid program that directly benefited individuals suffering from substance use disorder (SUD)? How did you reduce the silos associated with their care to help connect enrollees to SUD treatment? Please be specific.

Answer: This was a crisis before the pandemic. And now we know COVID-19 has taken a toll on Americans in so many different ways. Like President Biden, I am committed to addressing the substance use disorder epidemic and to making sure patients have access to prevention, treatment, and recovery services. In Wisconsin, I was proud to work with Republicans in the state legislature to enact telehealth legislation, that among other things, improved access to substance use disorder treatment in rural and underserved communities. In addition, we launched a hub and spoke model to better integrate behavioral health treatment within health care to reduce barriers to care, break down silos and better coordinate care for Medicaid beneficiaries. If I have the honor of being confirmed, I look forward to partnering with you to continue to work on this important issue.

Question #4

In your testimony, you highlight bipartisan work in your role at the Department of Health and Human Services under the Obama Administration. However, it does not specify bipartisan work performed in your most recent role at as Secretary-designee.

Ms. Palm, what were some of your bipartisan accomplishments with the Republican-controlled state legislature in Wisconsin? What major compromises have you had to make in order to improve Wisconsin's healthcare system? Please be specific.

Answer: I am proud of the work I was able to accomplish in Wisconsin. There, we secured bipartisan expansion and modernization of telehealth in the Medicaid program and bipartisan policy changes to Wisconsin's Children's Health Insurance Program (CHIP). We also worked in a bipartisan work manner to integrate a hub and spoke model of behavioral health treatment and stand up a residential treatment benefit – both of these initiatives improved access to substance use disorder treatment in Wisconsin. In all of my work, I prioritized judicious use of tax-payer dollars and working with members of both parties to improve health care for Wisconsin families.

Question #5

In your testimony, you highlight reducing “the cost of prescription drugs” as one of your public health priorities.

Ms. Palm, what policies do you support to reduce the cost of prescription drugs?

Answer: I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on them. I am committed to finding ways to reduce drug prices and ensure Americans have access to the drugs that they need. If confirmed as Deputy Secretary of HHS, I look forward to working with you and others in Congress to achieve these important goals. I will also work across the government to address barriers to reducing drug prices.

For Ms. Palm:

On Religious Liberty, Lockdown Orders, and Reopening Schools:

Ms. Palm, during your nomination hearing, you framed your priorities as part of a “common ground agenda.” I appreciate this approach, and if you are confirmed, I look forward to working with you to advance a number of your stated goals, including, most immediately, a robust scale-up in vaccinations. Bipartisan collaboration has tremendous value as we seek to end the pandemic, bolster our economy, and increase access to health care. That said, some of my constituents have expressed serious concerns with your nomination, primarily focused on two key issues.

First, with respect to religious liberty, you faced substantial pushback from conservatives and pro-life advocates during your tenure at Wisconsin’s health department, based in part on your selection of a longtime Planned Parenthood lobbyist to serve as your deputy, as well as what some Wisconsin lawmakers have described as vague or noncommittal responses around the use of public funds for abortion. Early in the pandemic, a number of state legislators also took issue with the ability of abortion clinics to continue operating and using needed medical supplies, even as countless entities across the state were forced to shutter under your shelter-in-place order. Many South Carolinians have cited these controversies as significant cause for concern, particularly given HHS’s role in overseeing a broad range of programs with profound implications for religious liberty and human life.

Since long before I came to Congress, I have prioritized protections for religious liberty and freedom of conscience, one of our core constitutional rights. I have also been a committed defender of all human life, including the lives of the unborn.

1. Prior to taking any actions with implications for people of faith, can you commit to consulting and engaging with religious liberty advocates, including those who disagree with your previously stated positions on the issues above?
2. If confirmed, can you commit, through all of your actions as Deputy Secretary of HHS, to uphold religious liberty and freedom of conscience for all Americans, including those with deeply held religious convictions and beliefs?

Answer: If confirmed, I commit to thoroughly consulting stakeholders and a diverse set of voices on all relevant issues. If confirmed, I will follow the law.

I have also heard from constituents across the Palmetto State with concerns regarding the shelter-in-place order that you issued in Wisconsin on April 16 of last year, which many have described as overreaching and arbitrary. In addition to banning non-essential travel, extending a sweeping shutdown of diverse businesses, and placing severe restrictions on gatherings, the order in question adopted steep penalties for violations, with fines of \$250 and imprisonment of up to 30

days on the table. The Wisconsin Supreme Court majority agreed with the order's critics, with Justice Roggensack writing, in enjoining the order, "Rulemaking exists precisely to ensure that kind of controlling, subjective judgment asserted by one unelected official, Palm, is not imposed on Wisconsin." The court's ruling caught the attention of the *Wall Street Journal's* Editorial Board, which celebrated the decision in an op-ed entitled "Democracy Lives in Wisconsin," concluding that "[d]emocracy and the rule of law don't end because there's a pandemic."

Ms. Palm, you were not alone, particularly among blue-state officials, in issuing and extending far-reaching lockdown orders, and the tumultuous early days of the pandemic triggered a number of bold decisions across the nation, many of which look more rash or counterproductive in retrospect than they might have appeared at the time. At the same time, lockdowns have led to dire consequences for scores of Americans, particularly in the case of vulnerable communities. We have seen unprecedented learning losses for young people, along with spikes in suicide, deaths of despair, and economic insecurity.

3. Ms. Palm, as you reflect on the past year, what are some of the areas where you might, in retrospect, have revised your approach to pandemic response, and what would you cite as some of the lessons learned?
4. In a letter to the Chairman and Ranking Member, two Members of the House who served in WI's state government during your time as Secretary-designate alleged that you "played a central role in the shuttering of Wisconsin schools for the final months of the 2019-2020 school year and led many throughout the state to operate in a hybrid or virtual learning model for 2020-2021." How would you respond to these claims, and what steps do you believe that HHS should take, in concert with other federal agencies and with state and local authorities, to accelerate the reopening of K-12 schools for in-person learning?

Answer: I am proud of the work I was able to accomplish in Wisconsin. Every single day, I got up and worked tirelessly to protect the health and well-being of the people of Wisconsin, especially as we navigated a public health crisis. If confirmed, I commit to working with the CDC and state and local leaders to ensure everyone has the resources and support necessary to ensure children nationwide are able to attend school safely, which is a top priority of the Biden Administration.

On Vaccine Technology Innovation:

Vaccine patches represent a promising alternative to traditional vaccines injected via needles. Vaccine patches do not need to be frozen, do not use needles, are single-dose, and can be self-administered at home. By reducing logistical challenge, wastage, and vaccine hesitancy, they could play a major role in improving our nation's response to the COVID-19 pandemic, as well as our preparedness for future pandemics.

1. How will this administration support the development of alternative vaccine platforms, such as shelf-stable, self-applied patches?

5. How will this administration support the expansion of use of alternative vaccine platforms for future pandemic needs?

Answer: I agree that we must do all we can to improve vaccine technology and make vaccines easier to deliver. If confirmed, I will work with NIH and FDA, as well as our international partners, to ensure we take any steps needed to help facilitate the development, review, and approval of new vaccine technologies.

On Supply Chain Resiliency:

President Biden, in his remarks on the American Job Plan, stated “China...is racing ahead of us in the investments they have in the future”. Synthetic biology is an emerging field which, with the proper regulatory regime and investment, will provide high-paying U.S. jobs and supply chain security.

1. What legislative steps should Congress take to facilitate HHS development and support for the U.S. synthetic biology industry?

Answer: I agree that synthetic biology is an area where the U.S needs to be the world’s leader. I commit to work with you to determine what legislative or resource needs there may be at HHS to help make this a reality.

For Both Ms. Brooks-LaSure and Ms. Palm:

On Support for Nursing Home I-SNPs:

As you know, Institutional Special Needs Plans (I-SNPs) are a type of Medicare Advantage plan where the only beneficiaries enrolled are seniors living in nursing homes. When nursing homes offer these plans, they are 100% at risk for all the care their residents need, either at their facilities or elsewhere. In the push towards value-based care, nursing homes taking on risk via I-SNPs are doing exactly what we want to see, but in 2020, being 100% at risk for a population exclusively made up of the individuals most vulnerable to COVID-19, and most likely to need high-cost hospitalization, created serious financial challenges for nursing homes with I-SNPs, including numerous communities in South Carolina. While nursing homes in general have received funds from the Provider Relief Fund (PRF), neither HHS nor CMS has provided relief to address the specific challenges nursing home I-SNPs have faced in order to ensure this model’s continued viability.

1. Will you commit to using administrative authority to support I-SNPs and to recognize the significant increased and unexpected costs that these plans have faced during the COVID-19 emergency?

Answer from Ms. Palm: It has been heartbreaking to see how hard the COVID-19 pandemic has affected the nation's nursing home residents. Nursing home care will absolutely be a focus of mine if confirmed. Medicare Advantage serves millions of Americans, and I understand that Institutional Special Needs Plans provide important options for people in need of the level of care provided in nursing homes and long-term care facilities. If I have the honor of being confirmed as Deputy Secretary, I will be happy to work on this issue along with my colleagues at the Centers for Medicare & Medicaid Services.

Senator James Lankford
Questions for the Record
Senate Finance Committee Hearing
Nominations of Chiquita Brooks-LaSure and Andrea Palm
April 15, 2021

Andrea Palm:

I am concerned regarding inequities in the distribution of the Provider Relief Fund. Assisted Living providers care for the population most vulnerable to COVID, yet have received far too little relief to date. In my state of Oklahoma, Assisted Living providers care for over 18,000 seniors in 194 facilities across the state. Unfortunately, Assisted Living providers were allocated less than 2% of the Provider Relief Fund (about \$3 billion dollars) and have only received about a third of that. The average age of a resident in Assisted Living is 85. According to the CDC, this age group is 630 times more likely to die from COVID than a 29 year old. In Assisted Living, these vulnerable individuals need assistance with daily activities such as eating, using the restroom, taking medications and dressing. Social distancing by their caregivers is not possible. Over 40% of Assisted Living residents have Alzheimer's or some form of dementia. Due to PPE needs, workforce needs and occupancy declines, Assisted Living caregivers have incurred over \$15 billion in losses. In Oklahoma, Assisted Living caregivers have suffered over \$235 million in losses. Now, over half of Assisted Living facilities nation-wide are operating at a loss, and 56% say they will not be able to sustain operations for another year.

I recently signed a letter asking HHS Secretary Becerra to distribute more of the remaining PRF to assisted living facilities.

- 1. Since you may be overseeing this distribution as well, will you commit to working with all long-term care providers to ensure our nation's most vulnerable are properly cared for?**

Answer: If confirmed, I commit to working with all of our nation's frontline workers to ensure they receive the support and resources they need to care for those who rely on them.

I know that your home state of Wisconsin has some similarities to my state of Oklahoma in that we were both hit exceptionally hard by the opioid epidemic.

- 1. Please detail some of the solutions you will work on, if confirmed, to continue to combat the opioid epidemic.**

Answer: HHS has worked aggressively to address our nation's opioid epidemic. Progress was being made to increase access to evidence-based treatment and reduced death by overdose until the pandemic hit. If confirmed, I will direct HHS agencies, including SAMHSA, HRSA, AHRQ, CDC, CMS, NIH, FDA and IHS, to work together and with ONDCP and other White House components, as well as with DOJ and other federal entities, including VA and DOD to increase access to prevention, early intervention, treatment and recovery support programs. People with addiction to these powerful and tenacious drugs deserve access to the full range of evidence-

based prevention, early intervention, treatment and ongoing recovery supports. Substance use is a treatable condition. Through access to evidence-based programs, people can and do recover.

Questions for the Record from Senator Daines

Finance Committee Hearing for Andrea Palm, Nominee for Deputy Secretary of HHS, and Chiquita Brooks-LaSure, Nominee for CMS Administrator

April 15, 2021

Question for Ms. Andrea Palm:

1. Throughout the pandemic, assisted living providers in my home state have cared for over 6,000 vulnerable Montanans—many who are living with Alzheimer’s or some form of dementia. Due to PPE needs, workforce needs, and occupancy declines, I continue to hear that many of these providers have suffered millions in losses throughout the pandemic and will struggle to sustain their operations without financial relief. There is roughly \$23 billion remaining in the Provider Relief Fund to help support our healthcare heroes who are on the frontlines of the COVID response. I recently urged Secretary Becerra to distribute more of the remaining PRF to assisted living facilities and other senior care centers.
 - Do you support this request?

Answer: If confirmed, I commit to working with all of our nation’s frontline workers to ensure they receive the support and resources they need to care for those who rely on them.

2. For decades the federal government has funded telehealth research grants. These grants have been administered by more than 10 agencies and operating divisions across the federal government. Unfortunately, navigating the federal grant process can be a challenge for the average provider and health system. Also, despite the federal government funding significant amounts of telehealth projects, we have very little data to point back to and it seems that grant programs can be duplicative or at odds with prior projects. Additionally, we know that there is still a learning curve for providers, patients and caregivers on telehealth. As we continue the shift toward a health care system that will include virtual care permanently, I believe there is value in ensuring there is a function within HHS today to help with issues of digital literacy and education.
 - Do you believe that we have a coordinated national telehealth strategy? Do you agree that a coordinated approach to telehealth investments and policies across at least HHS is important?
 - Would it be beneficial for there to be an elevated presence within HHS leadership to coordinate telehealth investments and policy across the federal government?
 - How can we improve digital health literacy for beneficiaries, caregivers and providers alike? Do you agree that this should be a focus for HHS as telehealth policies are adopted permanently?

Answer: Telehealth has been invaluable during this pandemic to keep patients, their providers and their families safe, while maintaining critical access to care. If confirmed, I will take a

careful look at those telehealth flexibilities along with my colleagues at HRSA, SAMHSA, and CMS. I look forward to hearing more from you about what existing flexibilities you view as especially important.

3. About 46 million Americans, nearly 15 percent of the U.S. population, live in rural areas like my home state of Montana. Those living in rural areas are more likely to die prematurely and face higher risks for chronic conditions like heart disease and diabetes. Americans living in rural communities face 17 percent higher prevalence of diabetes than those living in urban areas and may have to wait months before needing to travel great distances to see an endocrinologist to help manage their condition. This scenario is not uncommon and instead is the reality of rural Americans that routinely encounter not just a lack of specialty care but in many cases, primary care. Digital health tools, including telehealth and remote monitoring, have the potential to relieve some of the key healthcare challenges facing rural America.
 - Can you speak to the promise of telehealth and digital health care more broadly for rural communities?

Answer: I believe that we have to take every approach we can to provide Americans access to quality health care, especially in rural areas, and telehealth is an important tool to improve health equity and access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at how we can use telehealth to improve health equity and access to health care.

4. Virtual care can help address existing health disparities by eliminating the barriers of time, distance, and geography, while empowering patients to overcome the challenges of accessing in-person care, something Montanans know too well. One of the lessons learned from the COVID-19 pandemic is the value of leveraging telehealth to scale and meet rising demand for key health care services. Health workforce shortages were at critical levels before COVID-19.

I was pleased to lead the effort that resulted in Section 3701 of the CARES Act, which created a temporary safe harbor that allows high-deductible health plans (HDHPs) to cover telehealth and remote care services prior to a patient reaching their deductible. This important safe harbor ensures that high-deductible health plans can support patients that are leveraging virtual care to access a range of critical health care services during the pandemic before the annual deductible is met. The CARES provision extended the safe harbor only through December 31, 2021.

According to the Bureau of Labor Statistics (BLS), only 15 percent of workers employed in the private sector participated in an HDHP in 2010. By 2018, that number had risen to 45 percent. Today, the number is estimated to be 54 percent. Importantly, participation in HDHPs is even across wage groups and in industries with a significant proportion of Black and Hispanic workers.

As the US healthcare system emerges from the pandemic, permanently extending the HDHP/HSA Telehealth Safe Harbor would allow half of American workers to continue accessing a range of clinically appropriate virtual services – for a range of common conditions – without the burden of first meeting a deductible. I look forward to working with my colleagues on this committee to support American workers and ensure this key policy continues beyond 2021.

- Do you agree that there is value in expanding access to telehealth regardless of your health plan design?

Answer: Telehealth has been invaluable during this pandemic to keep patients, their providers and their families safe, while maintaining access to critical health care. If I have the honor of being confirmed, I would be happy to work with you on ways to continue to improve access to care, including through telehealth.

5. One of the silver linings of this pandemic has been the wide-spread adoption of technology to bring people together, whether it be families scattered across the nation or patients and their providers. Telehealth has truly taken root and we have seen exponential growth in telehealth adoption across Americans of all ages, locations and conditions. Much of the growth in usage among Medicare beneficiaries has been made possible by temporary flexibilities in place for the duration of the public health emergency. These include allowing Medicare beneficiaries to have telehealth visits from their home, regardless of where they live across the country. This has also allowed new types of providers, such as physical therapists and speech pathologists to practice via telehealth.
 - Do you agree that the expanded access to telehealth services has been an important component in protecting patients and providers during the nation’s response to COVID-19?
 - As Congress considers permanent telehealth reform, I hope you will be willing to work with us to ensure that telehealth is available to all of those that wish to use it. Do you believe that there are some telehealth regulatory restrictions that Congress and HHS can work together to address in the near term?

Answer: Telehealth has been invaluable during this pandemic to keep patients, their providers and their families safe, while maintaining access to critical health care. If I have the honor of being confirmed, I will be taking a careful look at telehealth along with my colleagues in the Centers for Medicare & Medicaid Services. I look forward to hearing more from you about what existing flexibilities you view as especially important.

6. The coronavirus pandemic has underscored the value of vaccines for infectious diseases, including those that originate abroad. We all recognize that COVID-19 will not be the last time we have to respond to an outbreak for which vaccinations are necessary in order to stem an emerging public health threat.

Public policy should make vaccines as accessible as possible for our citizens. That is why current law requires that insurers provide coverage without cost sharing for all recommended vaccines, without limitation.

Yet, inexplicably, current HHS regulations implementing the law limit mandatory coverage to so-called “routine” vaccines on the Immunization Schedules. As a result, many vaccines for infectious diseases are not covered without cost-sharing, including those for current vaccines such as rabies, anthrax, Japanese Encephalitis, yellow fever and cholera, and those vaccines in the pipeline for malaria, chikungunya, dengue, and Zika.

Last year, my colleagues and I worked on bipartisan legislation included in the CARES Act that ensures immediate coverage of COVID-19 vaccines with no cost-sharing. As I said then, Montanans and Americans across the country need access to vaccines, and financial barriers should not stand in the way during a national emergency or otherwise.

Congress should not have had to be reactive. A forward-looking, uniform approach is needed to ensure that we are prepared to move quickly on vaccinations when the next pandemic occurs.

- If confirmed, will you commit to quickly bringing agency regulations in line with the statute requiring no cost-sharing for all CDC recommended vaccines to maximize access to the best preventative measures against infectious diseases?

Answer: As we have seen over the past year, vaccines are a critical part of the public health system working to keep Americans safe. We need to be prepared for any potential future outbreak, and I agree we cannot afford to be reactive on this. If confirmed, I would be happy to work with you to ensure we are ready for the next public health emergency.

Hearing to Consider the Nominations of Andrea Joan Palm to be Deputy Secretary of Health and Human Services and Chiquita Brooks-LaSure to be Administrator of the Centers for Medicare and Medicaid Services

Questions for the Record

Senator Todd Young

Questions for Ms. Palm:

Mental Health

The coronavirus outbreak has created an unprecedented mental health challenge for our country. While we don't yet know the full impact of the coronavirus in this area, we do know it has forced Americans to isolate from their loved ones and other support systems—causing a troubling spike in mental health and substance abuse problems. A Kaiser Family Foundation poll found that 45 percent of adults say the outbreak has affected their mental health, while a different study estimated that the pandemic could cause as many as 150,000 additional “deaths of despair” from suicide and overdose.

In Indiana, preliminary data show that compared with 2019, last year had nearly a 50 percent increase in overdoses seen in emergency departments, with an 18 percent rise across the U.S. in just the first four months of the pandemic. In 2020, there was a 67 percent increase in the use of the opioid overdose reversal drug naloxone—further indicating a rise in overdoses.

- Ms. Palm, as HHS Deputy Secretary, how would you try to address this growing mental health crisis—both in the immediate aftermath of the public health emergency and in the long term?
- Given that mental health services cross many agencies, how will HHS coordinate efforts on this important issue? What programs or initiatives around mental health services would you be your top priorities as deputy secretary?

Answer: Unfortunately, the COVID-19 pandemic has dramatically impacted mental health and wellbeing for too many Americans. If confirmed, I am committed to working on this issue, including strong coordination among HHS agencies to support programs and initiatives across the continuum of prevention, intervention, treatment, and recovery support services as well as strengthening enforcement of this country's mental health parity laws.

Social Determinants of Health

Social determinants of health are the economic and social conditions in which people live, learn, work, and play—such as access to reliable transportation and stable housing. Addressing these factors can positively impact the health and well-being of the most vulnerable Americans.

Questions for Ms. Palm:

- Do you have specific plans to address the social determinants of health?
- How would you work within HHS to better leverage existing programs and address the barriers to coordination between health and social services programs?

Answer: We need to be smarter about tackling our biggest health care challenges and understanding the many factors that affect outcomes is critical. Good data is critical in creating good policy, which can save money and lives, especially for our most vulnerable. If I have the honor of being confirmed, coordination across HHS programs would be instrumental to addressing social determinants of health. I look forward to working together with you on this important issue.

Senator Sasse Questions for the Record

Questions for both nominees:

Telehealth

While my colleagues have pointed out many of the ways COVID-19 has challenged our health care system and exposed existing inequities, one bright spot in the pandemic has been increased access to telehealth services as a way for patients to maintain their health from the safety of their homes. This has been particularly important for states like Nebraska with large areas of rural population.

1. We know that CMS has allowed expanded use of audio-only services during the pandemic, but how is CMS working to ensure that those without broadband access can utilize appropriate telehealth services in a post-pandemic world?
2. Where do you stand on audio-only telehealth coverage? What about on payment parity between in-person and virtual services?
3. How will you approach geographic restrictions, both in patient location and provider licensure?
4. If confirmed, how do you plan to evaluate the use of telehealth over the last year and the places where it should—and potentially should not—be expanded beyond the end of the national emergency period?

Answer from Ms. Palm: Telehealth is an important tool to improve health equity and access to health care. Health care should be accessible, no matter where you live. If confirmed, I would look forward to working with you and my colleagues at the Centers for Medicare & Medicaid Services on this issue.

Individuals with chronic disease place an immense strain on our health care system and account for a huge percentage of the overall costs to taxpayers. I think you would agree that early identification and treatment is crucial not only among those with chronic diseases but in our health systems in general. Remote patient monitoring (RPM) can be beneficial in managing both acute and chronic conditions and identifying deteriorations in health as early as possible to allow for the best level of care. Issues with reimbursement continue to constrain Medicare recipients' access to this level of monitoring.

5. Do you see value in increased access to remote patient monitoring and what are your views on the co-pay requirement for these services?

Answer from Ms. Palm: Individuals with chronic disease benefit from access to comprehensive and coordinated care to manage and treat their chronic conditions and prevent the need for more costly care. Ensuring access to remote patient monitoring services, including through evaluating the adequacy of payments, will be important to beneficiaries who may benefit from these and other virtual services that allow their physicians to help manage and treat their health conditions outside of regular office visits.

Most Favored Nation Model

I have concerns with the Most Favored Nation Model rulemaking, both with the policy of tying Medicare reimbursements to the prices foreign countries pay and with the creation of the expansive rule through the Center for Medicare & Medicaid Innovation (CMMI) under the guise of being a pilot program.

1. If confirmed, how will you approach this policy? Do you support tying the prices of American drugs to foreign prices?
2. Will you commit to ensuring that CMMI is used as intended rather than as a congressional workaround?

Answer from Ms. Palm: We can all agree that bringing down the cost of prescription drugs needs to be a top priority. If confirmed, I will work to coordinate efforts across the Department to make sure we make progress toward this goal, and I look forward to working with Congress on ideas that will result in lower costs for American patients and families.

Questions for Andrea Palm:

Coverage Options

As you have noted in the past, deductibles and premiums are often too high in the individual market for people who don't receive subsidies. This has been particularly true in Nebraska, where for years we had one provider on the market and where even today the cheapest plan available on the individual market has a premium of \$1,700 per month for a family of four.

We have too often ignored the fact that states like Nebraska actually lost health care options as a result of the ACA. My state benefited tremendously from the previous administration's rules expanding Associations Health Plans and Short-Term Limited Duration Plans, and I'm concerned about the rules establishing these plans potentially being rescinded due to politics rather than actual data on their effectiveness or service coverage. These plans are very popular in my state and often cost less than half as much as ACA plans while providing more personalized coverage. Having fewer options in this case actually *increases* the number of uninsured.

1. In addition to your support for expanding subsidies in the individual market, would you also support continued access to more affordable options, such as Association Health Plans, Short-Term Limited Duration Plans, and Health Sharing Ministries?
2. If not, what data can you point to in recent years to say these plans haven't proven to be popular and affordable options while still protecting those with pre-existing conditions?
3. Can you point to any actual evidence that these plans destabilized the market?
4. Will you commit to working with Congress and other agencies to preserve these plan options for the millions of Americans who have enrolled?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. If confirmed, I will examine rules and other policies to ensure all Americans can access the care that they need.

Another popular and successful product in my state are Medicare Cost Plans, which offer a unique product in supplemental Medicare. These plans are particularly popular in Western and rural Nebraska, where beneficiaries typically only have a fee-for-service product available to them.

5. Do you believe the rules prohibiting competition between Medicare Advantage and Medicare Cost Plans make sense in today's market, and does less competition benefit patients?

Answer: Medicare Advantage and Medicare Cost Plans have an important role in giving people access to care. If confirmed, I would be happy to work with you on the unique needs and coverage options available to Nebraskans.

The previous administration worked on a rule to allow Direct Primary Care and Health Sharing Ministry expenses to be eligible expenses for use of health savings accounts under Sec. 213 of the tax code. I believe strongly that Americans should be allowed to spend their health savings accounts on these services, and that more personalized choice in health markets leads to greater outcomes and higher quality care.

6. Would you commit to working with me to explore this policy change and others like it that expand access to these care and coverage options?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. As health care costs have continued to rise, more burden has been shifted to consumers in the form of greater cost-sharing. We must work to reduce barriers to access, including excessive cost-sharing.

Title X, Conscience rules

The Department recently announced that it will replace the previous administration's Protect Life rule, which upheld the long-time separation between abortion and health services by calling for Title X grant recipients to ensure that abortion services were not co-located with federally funded services. This policy has been affirmed previously by the Supreme Court, and I believe it protects the integrity of the Title X program.

1. If confirmed, how do you plan to amend this rule moving forward?
2. While it will ultimately be a decision made by Congress, will you commit to supporting continued inclusion of the Hyde amendment in future appropriations packages, and if not, what is your justification for failing to protect the amendment, which has been the law of the land since 1976 and is supported by a majority of Americans?

3. Will you commit to not re-impose the contraception mandate on religious ministries like Little Sisters of the Poor?
4. Will you commit to ensuring that medical professionals are not forced to perform procedures, like abortion, that go against their religious convictions?

Answer: I understand that there are different, deeply-held views on this issue. During my time in the Obama Administration, I followed the law. If confirmed as Deputy Secretary, I will continue to follow the law.

Senator Barrasso Questions for the Record
Andrea Palm
Nomination Hearing
Thursday, April 15, 2021
10:00 a.m.

Question 1: As a doctor, I strongly support increasing access to mental health services, especially in rural communities. Senator Stabenow and I have previously introduced legislation for many years that would allow mental health counselors and marriage and family therapists to receive reimbursement from Medicare.

- Can you discuss how the Department of Health and Human Services can improve access for mental health services, especially for those on Medicare?
- In particular, can you comment on the merits of allowing licensed professional counselors and marriage and family therapists to receive reimbursements directly from Medicare?

Answer: The COVID pandemic is taking a toll on Americans in so many ways, including their mental health. However, this nation's mental health crisis did not begin and will not end with the pandemic. We have to address this challenge from every angle, including by bolstering our mental health workforce. Mental health counselors and marriage and family therapists have an important role to play in our health care system. If confirmed, I will work with you and other members of Congress to better integrate mental health care into our health care system.

Question 2: Rural communities are facing significant challenges, especially during the COVID-19 pandemic.

- Can you please discuss your priorities for improving health in rural America?

Answer: I recognize that rural areas have unique needs and challenges. I've seen how rural areas can vary both among different states and also within a state. Rural areas in Wyoming can face different challenges than rural areas in Virginia or Georgia.

The COVID-19 pandemic has further exposed weaknesses in our health care system for both providers and patients in rural parts of the country. Rural hospitals and pharmacies are often the backbones of their communities, providing both necessary health care and employment. We should look at ways to bolster the rural health workforce, better utilize telehealth, and make sure these communities have the support they need. If confirmed, I look forward to working with you to ensure that rural communities are not left behind during the pandemic and beyond.

Question 3: One of the most common challenges facing rural communities is recruiting enough health care providers. These include doctors, but also nurse practitioners, physician assistants, nurses, and mental health providers, just to name a few.

- What are your general feelings on federal health care workforce policy?

Answer: It is critically important to make sure we have enough providers to serve beneficiaries throughout the United States, including those in rural areas. This issue is becoming more acute as our population ages and doctors and other providers retire. If confirmed, I look forward to working with you and other members of Congress to find creative ways to bolster the health care workforce.

As you know, Medicare is the single largest funder of graduate medical education. Several years ago George Washington University released a study which found New York state received 20 percent of all Medicare's graduate medical education (GME) funding while 29 states, including places struggling with a severe shortage of physicians, got less than 1 percent.

- Do you believe major reforms to federal GME funding policy are needed?
- Do you believe the current funding formulas exacerbate health care disparities in underserved communities?

Answer: I believe it's important to make sure we have enough providers, particularly as our population ages and doctors and other providers retire. I want to thank you for your work to add 1,000 new Medicare graduate medical education slots at the end of last year -- the first increase to the program in nearly 25 years. I understand that Congress has prioritized these GME slots for teaching hospitals in underserved communities and other shortage areas, including rural areas. Prioritizing these communities for GME slots may help with provider shortages as doctors tend to want to stay where they trained. If confirmed, I want to work with you to make sure we have a robust health care workforce across the country.

Question 4: It is vital for the United States to learn from the COVID-19 pandemic and ensure we are better prepared for future public health emergencies. In particular, I am interested in addressing the supply chain for personal protective equipment (PPE).

- How do you anticipate HHS partnering with the private sector supply chain to ensure that the country is ready for the next public health emergency?

Answer: The global pandemic has highlighted the vulnerabilities of the global supply chain for many products. In order to continue responding to the COVID-19 pandemic and better prepare the federal government to respond to any future public health emergencies, it is critical that HHS

work to improve and expand domestic supply chain capabilities. If confirmed, I'm committed to working on this urgent matter.