

**TESTIMONY OF SECRETARY BECERRA
BEFORE THE COMMITTEE ON ENERGY AND COMMERCE
MAY 12, 2021**

Chairwoman Eshoo, Ranking Member Guthrie, and Members of the Committee, thank you for the opportunity to discuss the President’s fiscal year (FY) 2022 discretionary budget request for the Department of Health and Human Services (HHS). I am pleased to appear before you for the first time as Secretary to discuss the President’s discretionary request, and I look forward to continuing to work with you.

HHS is at the center of many challenges facing our country today—the COVID-19 pandemic, safely caring for unaccompanied children, the opioid and substance use crisis, gun violence, racial inequality, and more—and we are rising to meet those challenges. I am honored to be given the responsibility to lead HHS at this time.

COVID-19 has shed light on how health inequities and insufficient Federal funding can leave communities vulnerable to crises. The President’s discretionary request invests in America, demonstrates a conscious effort to address racial disparities in health care, tackles the opioid crisis, and puts us on a better footing to take on the next public health crisis.

Now more than ever, we must ensure HHS has the resources to achieve its mission and tackle these challenges after years of underfunding. The President has put forward a discretionary request that does just that. The FY 2022 discretionary request proposes \$131.7 billion in discretionary budget authority for HHS, an increase of \$25 billion from FY 2021 appropriations. The Labor-HHS total is \$119.5 billion, an increase of \$23 billion. This discretionary request underscores the Administration’s commitment to serve families across the country, with investments in priority areas such as behavioral health (mental health and substance use), maternal health, emerging health threats, science, data and research, tribal health, early child care and learning, and child welfare.

To build back a prosperous America, we need a healthy America, and President Biden’s discretionary request builds on that vision.

Preparing for the Next Public Health Crisis

The fight against COVID-19 is not yet over. Even as HHS works to beat this pandemic, we are also preparing for the next public health crisis. The FY 2022 request makes significant investments in our preparedness and response capabilities.

The Strategic National Stockpile, within the HHS Office of the Assistant Secretary for Preparedness and Response, has served a critical role in the COVID-19 response, deploying personal protective equipment, ventilators, and medical supplies to states, cities, and territories across the country. The discretionary request provides \$905 million for the stockpile, \$200

million above FY 2021, to ensure the stockpile is ready to respond to future pandemic events and any other public health threats, including maintaining a robust inventory of critical medical supplies and modernizing the stockpile's distribution model. The discretionary request also supports a strong public health workforce, and addresses gaps in the existing public health infrastructure, including at the state and local levels.

During this pandemic, we have seen the critical role of the Centers for Disease Control and Prevention (CDC). To ensure that CDC is well positioned to address current and emerging public health threats, the discretionary request restores capacity to the world's preeminent public health agency, by investing an additional \$1.6 billion over the FY 2021 level for a total of \$8.7 billion. This is the largest budget authority increase for CDC in almost two decades. A core function of CDC is partnering with state, tribal, local, and territorial entities, and this funding will enhance that partnership. The discretionary request will also provide CDC with additional resources to further develop and expand teams of highly trained and deployable public health experts to support preparedness at the local level.

The COVID-19 pandemic has also shown the importance of producing reliable data. Bad inputs lead to bad outputs, and without good data, the CDC cannot effectively prepare for, or respond to, public health threats and make well-informed decisions to protect the American people. With funding provided in the FY 2022 discretionary request, the CDC will build upon investments in the data infrastructure to date and continue efforts to modernize public health data collection and analysis nationwide.

Public health threats know no borders, and CDC is working to prevent, detect, and respond to emerging global biological threats at home and abroad. As we continue to confront new and emerging COVID-19 variants, as well as an accelerating surge of cases in India, support for CDC's work is even more important. With the President's proposed FY 2022 investments, CDC will not only address preparedness within the United States, but also support core public health capacity improvements overseas and strengthen global health security by improving its ability to deploy experts internationally, and support efforts to prevent, detect, and respond to emerging global biological threats. CDC will invest in global health security and continue to fight health threats worldwide while simultaneously enhancing domestic preparedness to address threats here at home. Domestic health is increasingly impacted by global factors and the CDC's global health security efforts include conducting research to ensure efficient disease response.

While we prepare for future pandemic threats, we are also facing a public health crisis that is already here: violence in our communities. The current public health emergency has shone a light on the issue of domestic and gender-based violence. More than 1 in 4 women and more than 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported significant impacts. The discretionary request provides \$489 million for the Administration for Children and Families (ACF) to support and protect domestic violence survivors, which is more than double the FY 2021 enacted levels. The budget

also provides \$66 million for victims of human trafficking and survivors of torture, more than 45 percent above FY 2021 enacted levels.

We have also seen the devastating impact of gun violence in communities across the country. Almost 40,000 people die as a result of firearm injuries in the United States every year, while homicide is the third leading cause of death for people ages 10-24. This is a public health issue, and one that disproportionately impacts communities of color. The budget addresses this crisis by doubling CDC and the National Institutes of Health's (NIH) funding for firearm violence prevention research. The discretionary request also provides \$100 million to CDC to start a new Community-Based Violence Intervention initiative, in collaboration with the Department of Justice, to implement evidence-based community violence interventions at the local level.

Caring for all Americans Through Health and Human Services

Central to the HHS mission is the charge to enhance the health and well-being of all Americans. The discretionary request invests in areas across HHS to ensure we are equitably serving the American people. As Secretary, I will ensure this focus is fundamental to all of our work.

The United States has the highest maternal mortality rate among developed nations, with an unacceptably high mortality rate for Black and American Indian/Alaskan Native women. Addressing this critical public health issue is a major priority of this Administration. Building on HHS's longstanding efforts to improve maternal health, the discretionary request provides more than \$200 million to reduce maternal mortality and morbidity by implementing evidence-based interventions to address critical gaps in maternity care service delivery and improve maternal health outcomes. This includes increased funding to CDC's Maternal Mortality Review Committees and the Health Resources and Services Administration's (HRSA) Rural Maternity and Obstetrics Management Strategies program. HRSA also prioritizes maternal health through its Title V Maternal and Child Health Block Grant and Alliance for Innovation on Maternal Health programs. As with all our public health work, collecting good data will be critical to this effort.

HRSA's work is central to our focus of serving all Americans given their mission to improve health outcomes and address health disparities. HRSA-funded Health Centers provide access to care for low-income and marginalized populations, and they serve 1 in 11 people in the nation. The discretionary request increase to workforce diversity programs highlights HRSA's commitment to supporting health care providers dedicated to working in underserved areas and building toward a workforce that reflects the communities they serve and is able to provide culturally relevant care. HRSA ensures equitable access to services and supports for low-income people with HIV through Health Centers as well as the Ryan White HIV/AIDS Program. In 2019, 88.1 percent of Ryan White HIV/AIDS Program clients were virally suppressed, a record level that exceeds the national average of 64.7 percent. HHS will continue efforts to end the HIV/AIDS epidemic in the United States by working closely with communities where HIV transmission occurs most frequently to implement effective prevention, diagnosis, and treatment

strategies, and will address the disproportionate impact of HIV and Hepatitis C infections in Tribal communities.

Also, directly connected to the HHS mission is the need to provide access to high-quality care, no matter where you live. HHS will continue to focus on the unique needs of rural communities. HHS has a range of programs that address rural health, from those with large service populations like Health Centers, to targeted populations like the Black Lung Clinics Program. The FY 2022 discretionary request promotes services to coal miners and their families through quality medical, outreach, educational, and benefits counseling services. It also provides funding to increase the number of individuals training in rural communities, as research has shown that providers are likely to remain in the communities where they train as residents.

HHS will also address the stark health disparities that persist in Tribal communities by investing in the Indian Health Service (IHS), which serves over 2.6 million American Indians and Alaska Natives. The COVID-19 pandemic's devastating impact on Tribal communities has demonstrated the real human toll of these disparities. The discretionary request provides a \$2.2 billion, or 36 percent increase for IHS in order to take a historic step to address chronic underfunding and expand access to high-quality health care across Indian Country. It also proposes advance appropriations for IHS to provide stability for the Indian Health system and parity with how other Federal health agencies are funded. I am committed to strengthening the Nation-to-Nation relationship between the United States and Indian Tribes. To this end, the discretionary request supports self-determination through a consultative process to consider long-term solutions, including mandatory funding, to ensure adequate and stable funding for IHS.

The discretionary request also expands access to family planning health care services, providing an 18.7 percent increase to the Title X Family Planning program to improve access to vital reproductive and preventive health services, and to advance gender equity. In 2019 alone, Title X-funded clinics served more than 3.1 million family planning clients seen through 4.7 million encounters.

Investing in Children's Futures

Our experiences as children shape the adults we become, and support in childhood can mean success in the future. As Frederick Douglass wrote, "It is easier to build strong children than to repair broken men." HHS is committed to supporting vulnerable children to help build them the best possible future. The discretionary request provides \$19.8 billion for the Department's early care and education programs in ACF, \$2.8 billion over FY 2021 enacted. This includes \$11.9 billion for Head Start, which helps young children enter kindergarten ready to learn. Head Start programs deliver services through 1,600 agencies in local communities, and they provide services to more than a million children and pregnant women every year, in every U.S. state and territory. In addition, the discretionary request provides \$7.4 billion for the Child Care and Development Block Grant, \$1.5 billion over FY 2021 enacted, to expand access to quality child care for families in all corners of the country. Over a million children receive child care

subsidies every month funded by the Child Care and Development Fund, and nearly half of the families receiving child care subsidies reported income below the Federal Poverty Level. These investments will improve outcomes for children across the country.

The discretionary request also invests in improvements to the child welfare system, particularly to address its racial inequity. The discretionary request provides \$100 million in new competitive grants for states and localities to advance reforms that would reduce the overrepresentation of children and families of color in the child welfare system and address the disparate experiences and outcomes of these families. This funding will also give more families the support they need to remain safely together. The discretionary request also provides \$200 million for states and community-based organizations to respond to, and prevent, child abuse, over 30 percent above FY 2021 enacted.

Combating Mental Health and Substance Use Crises

HHS must address the public health crises associated with mental health and substance use disorders. This need is especially urgent given that both crises have accelerated during the COVID-19 pandemic. Calls to mental health helplines have increased across the country as Americans struggle with increased anxiety, depression, risk of suicide, and trauma-related disorders resulting from the pandemic. Younger adults, racial minorities, essential workers, and unpaid adult caregivers are particularly impacted. Similarly, preliminary data from 2020 suggests that overdose deaths, which were already increasing, accelerated during the pandemic. Provisional data suggest that over 90,000 drug overdose deaths occurred in the United States in the 12 months ending in September 2020. That represents a year-over-year increase of close to 29 percent.¹

The discretionary request addresses these crises through investments in the Substance Abuse and Mental Health Services Administration.

In a historic investment, the discretionary request provides \$1.6 billion to the Community Mental Health Services Block Grant to respond to the systemic strain on our country's mental health care system—more than double the FY 2021 level. To address the undeniable connection between the criminal justice system and mental health, the discretionary request will also invest in programs for people involved in the criminal justice system. HHS will also focus on the behavioral impact of COVID-19, including on children. When children and young people face trauma, it can continue to affect them across their lifespan, so it is critical we intervene now to support their social, emotional, and mental well-being.

The discretionary request also takes action to address the epidemic of opioid and other substance use, investing \$10.7 billion across HHS, \$3.9 billion more than in FY 2021. The impact of this epidemic is felt in our communities, and the budget will direct funding to states and Tribes to

¹ Centers for Disease Control and Prevention. (2021). Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts. Retrieved May 6, 2021 at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

increase community-level response. The discretionary request will also increase access to medications for opioid use disorder and expand the behavioral health provider workforce, particularly in underserved areas. I greatly appreciate the investments the American Rescue Plan provided to the Substance Abuse Prevention and Treatment Block Grant, Mental Health Block Grant, and Certified Community Behavioral Health Centers, and HHS will continue to build on these efforts. This crisis is also evolving—overdose deaths involving substances other than opioids are also increasing. HHS will ensure our work is responsive to the needs of communities across the country.

Promoting Biomedical Research

HHS work is responsible for major scientific breakthroughs, and we are committed to supporting innovative science and research in order to advance the health and well-being of our nation. As the world's premier biomedical research agency, NIH will continue to be at the forefront of scientific advancements. The discretionary request includes \$51 billion for NIH, a \$9 billion increase or 22 percent increase over FY 2021 enacted. Included in this increase is \$6.5 billion to establish the Advanced Research Projects Agency for Health (ARPA-H). With an initial focus on cancer and other diseases such as diabetes and Alzheimer's, this major investment in Federal research and development will speed transformational innovation in health research and speed application and implementation of health breakthroughs.

This bold new approach will complement NIH's existing research portfolio, which is a vital contributor to longer and healthier lives, supports and trains world-class scientists, and drives economic growth. Outside of ARPA-H, the remaining \$2.5 billion increase will allow NIH to continue investing in basic research and translating research into clinical practice to address the most urgent challenges such as HIV/AIDS and ending the opioid crisis. This also includes climate change, which the Administration is working to address government-wide. At NIH, the discretionary request includes an increase of \$100 million to support research aimed at understanding the health impacts of climate change.

Restoring America's Promise to Refugees

HHS plays a critical role in promoting the wellbeing of those seeking refuge or relief in the U.S. The FY 2022 discretionary request provides over \$4.4 billion to the Office of Refugee Resettlement (ORR) – an increase of over \$2.5 billion above FY 2021 enacted. This funding would allow ORR to support the Presidential Determination to increase the refugee admissions ceiling to 62,500 refugees this fiscal year and to continue to rebuild the resettlement infrastructure in order to resettle up to 125,000 refugees in FY 2022.

This funding increase also reflects a commitment to ensuring unaccompanied children are provided with care and services that align with child welfare best practices while they are in ORR's custody, and unified with relatives and sponsors as safely and quickly as possible. Despite significant challenges posed by COVID-19 and policies from the previous administration, HHS is humanely caring for unaccompanied children while working to unify

them with a vetted sponsor. Working across government and in close partnership with the Department of Homeland Security, we have substantially increased our ability to quickly facilitate the transfer of children out of U.S. Customs and Border Patrol custody and into child-appropriate settings, including with fully vetted sponsors.

Funding Core Program Operations

It is simply not possible to meet the HHS mission and address all these key changes without sufficient funding to cover our operational needs. The FY 2022 discretionary request invests to bolster operations. It strengthens administrative and operational resources throughout the Department needed to ensure proper stewardship of resources entrusted to HHS by Congress.

Providing Oversight and Program Integrity

Given the magnitude of HHS's work—and the taxpayer dollars used to fund it—it is critical that we ensure our funds are used appropriately. The discretionary request invests in program integrity, including efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and Private Insurance.

Conclusion

I want to thank the Committee again for inviting me to discuss the President's FY 2022 discretionary request for HHS. In the coming weeks, the Administration will release a budget that builds on this discretionary funding request and offers a comprehensive fiscal vision for the nation that reinvests in America's health, supports future growth and prosperity, and meets U.S. commitments in a fiscally sustainable way. I look forward to continuing to show how HHS helps fulfill that vision.