

**Subcommittee on Labor, Health and Human Services, Education, and Related
Agencies**

Review of the FY2020 Budget Request for the US Department of Health and Human Services

April 4, 2019

10:00 a.m., Dirksen 124

Purpose

The purpose of this hearing was to review the Fiscal Year 2020 funding request and budget justification for the US Department of Health and Human Services (HHS).

Members Present

Chairman Smith, Ranking Member Murray, Senators Blunt, Alexander, Durbin, Moran, Merkley, Kennedy, Schatz, Hyde-Smith, Baldwin, Capito, Murphy, Manchin and Shaheen

Witnesses

The Honorable Alex Azar, Secretary, US Department of Health and Human Services

Opening Statements

Chairman Blunt said that this is a difficult budget to discuss and is a difficult budget for Mr. Azar to defend. The Budget Control Act would require an overall reduction in the nondefense discretionary spending of nine percent, so the submitted budget exceeds that with a 14 percent reduction. It is a top priority for this committee to ensure that medical research has the resources it needs. For example, identifying how to delay the onset of Alzheimer's would save taxpayers significantly. The proposed NIH cuts would be an overall cut of almost \$5 billion. Funding cannot be eliminated that provides households with heating and cooling support or supports pediatric dentistry. The two new proposed initiatives are supported by the committee: to eliminate the transmission of HIV by 2030, and the new pediatric cancer program to provide \$5 million over the next decade to launch a major data project. Mental health treatment must be treated as any other health issue and the budget request includes level funding for the certified behavioral health clinics in states like Missouri. If behavioral health is treated like other health, more money is saved on other healthcare costs. The Administration's commitment to ending the opioid crisis is well reflected in this request. The cost of the opioid epidemic is nearly \$1.6 billion every day through 2017. The past four years this subcommittee has increased funding to combat this, with great bipartisan leadership.

Ranking Member Murray said that President Trump has fought in court to take healthcare away for millions of people covered through Medicaid, exchanges and their parents' plan. He is fighting against protections for 130 million people with preexisting conditions and for letting insurance companies offer plans that don't provide essential services. President Trump's budget bulldozes right through the concerns of families with proposals and cuts that undermine the wellbeing of families. There is a proposed \$1.7 billion cut to the budget of HHS, almost 14 percent. This tells an alarming story about Trump's priorities of taking coverage away from people and weakening protections. This budget includes Trumpcare, which would kick tens of millions off health insurance. President Trump's budget exacerbates the opioid crisis by repealing Medicaid expansion,

when Medicaid is the largest insurance provider for people receiving treatment for opioid addiction. The CDC also plays an important role addressing public health crises yet the Trump Administration proposes cutting its budget by a tenth, including cutting the work on birth defects and disabilities by \$44 million and emerging infectious diseases by \$130 million. When it comes to medical research, this budget is a marathon sprint backwards. For every new penny Trump proposes for pediatric research, he cuts a dollar from national health. At a time when the nation is facing a health professional shortage, it is proposing to cut \$800 million from healthcare workforce programs that support loan forgiveness and training. The budget puts ideology before women's freedom: the language specifically excludes Planned Parenthood from federal funding, a large step backwards. Another is the recent announcement stripping Title X family planning from Planned Parenthood affiliates despite their proven record helping millions of people get birth control and cancer screenings. Another example is the Administration's gag rule that would interfere with people from getting needed care. The Low Income Home Energy Assistance Program and the Community States Assistance Block grants are also being hurt. There is a childcare crisis in this country, and more investment is needed, not cuts. This budget continues to show disregard for families fleeing violence and poverty, with a gimmicky \$2 billion contingency fund for unaccompanied children. Every child in HHS custody must be cared for, but President Trump's treatment of migrant children is deeply disheartening. HHS failed to sound the alarm on the lasting damage of family separation. The recent letter to restructure the office of the assistant secretary of health would undermine programs that serve women, children and low-income communities, and serves little purpose beyond prioritizing ideology over health needs. It is inaccurate to claim that the Budget Control Act requires the President to submit his budget at sequestration level. Just two years ago, Trump's budget proposed a cap to defense spending.

Testimony

Mr. Azar said that the budget proposes \$87.1 billion in FY2020 in discretionary spending for HHS. The budget would allow for the creation of healthcare options that put the American public in control and ensure that people are treated like human beings. This would promote fiscal responsibility. Second, the budget strengthens Medicare by extending the solvency of the Medicare trust fund by eight years while the program's budget grows by six percent at an annual rate. It tackles special interests that take advantage of the Medicare program by addressing overpayment to acute care providers and drug companies taking care of seniors through Part D and hospitals that take over small clinics to overcharge Medicare. They are sensible and bipartisan that even the New York Times editorial board praised those ideas. Funding for graduate medical education and uncompensated care for Medicare are transferred to the general treasury fund so all people share the costs. The budget supports the Five Point plan for targeting the opioid epidemic. The budget builds on appropriations made by this committee and provides \$4.8 billion towards these efforts, including the State Opioid Response program. It also invests in other health priorities, proposing \$291 million in new funding for the first year of president Trump's plan to end the HIV epidemic by 2030. HHS is pleased to announce that today, the FDA is announcing warning letters to companies regarding misleading labeling or advertising for e-cigarette liquids that resemble prescription cough syrups. The on-ramp must be closed for children

getting addicted to nicotine. This year's budget will deliver on the promises made to the American people.

Questions and Answers

Sen. Blunt asked about the organ allocation policy. After a meeting with the Organ Procurement and Transplantation Network (OPTN), the problem is that states with lots of small communities tend to be greater organ donors, but there has been a dramatic decrease in the lung and liver transplants at Barnes Hospital since the new policy went into effect, and there will certainly be a lawsuit. He asked whether OPTN will move forward with the controversial policy in face of the lawsuit. **Mr. Azar** said that any transplant organ allocation policies are difficult politically. HHS requested of them to think again and to ensure that the Kansas and Missouri providers' comments were fully considered by OPTN. OPTN considered all of the comments and remain steadfast in the allocation decision made. Congress set up the OPTN system to keep HHS from dictating the policy allocations. **Chairman Blunt** said that the old system worked because people were likely to be donors if they thought their communities would benefit from it. Barnes Hospital said that since the policy started, teams of doctors have to be sent across the country to get organs that would have been available previously. **Chairman Blunt** asked how the HHS's responsibility for the child migrants at the border has changed. **Mr. Azar** said that there is a crisis at the border. 300 to 350 unaccompanied children get referred to HHS every day, a 97 percent increase since the previous year. He will work with the committee to ensure that the children are taken care of. Government contracting around leasing is slow for the expansion of permanent housing. HHS is working with OMB for funding, which is currently insufficient.

Ranking Member Murray said that the Administration is doing everything they can to sabotage health care and this budget does exactly that. The budget calls for repealing and replacing the ACA with the failed Trumpcare bill, which was rejected last Congress. Last week, president Trump sided with the ruling that all of the ACA should be struck down. **Ranking Member Murray** asked if Mr. Azar initially object to the President's since the impact would be devastating. **Mr. Azar** said that he cannot comment on this. The Administration's position is appropriate. It is simply a legal decision. HHS supports taking care of people with preexisting conditions. **Ranking Member Murray** asked if Mr. Azar agrees that if the ruling is upheld it will result in tens of millions of people losing their coverage. **Mr. Azar** said there wouldn't be the exchange subsidies or Medicaid expansion. A legal interpretation of a Court case is not a policy position. **Ranking Member** said she is very concerned about the Administration's efforts to undermine the bipartisan Title X program. The Title X domestic gag rule will bar providers from talking to patients about family planning positions. The American Medical Association has called it a violation of patients' rights and have joined Planned Parenthood in a lawsuit. The Title X grant list has ordered funding to an ideologically-driven organization that doesn't even offer FDA-approved birth control. She asked if birth control is an evidence-based family planning option. **Mr. Azar** said yes. **Ranking Member Murray** asked if HHS should award scarce federal funding to organizations that do not provide birth control. **Mr. Azar** said that for that organization will be required to offer the full range of family planning options, including birth control at subproviders. **Ranking Member Murray** said that it will make it harder for women.

Sen. Alexander said that he is proud of the initiative that seeks to reduce HIV transmission, but there must be a focus on parts of the country where that is major problem, such as Memphis. The

unfair Medicare Area Wage Index is continuing to be a reason why hospitals in rural America close. The ACA case is pretty far-fetched. If there were any decision that resulted in the ACA being overturned, the court would stay the effect of the decision, giving Congress and the President time to do whatever they wanted to do. He asked if HHS has made any changes in the way the ACA is being administered as a result of the DOJ's position on the litigation. **Mr. Azar** said no. It could be two years before a final ruling, so the ACA is implemented fairly across the board. **Sen. Alexander** said that the Health Committee has been working with the Finance Committee to identify steps to reduce healthcare costs, and has found that half of healthcare costs are unnecessary. This is bipartisan, with committees working together. The HELP committee wants to produce a markup for the Senate by June or July. He asked if HHS will support those efforts to address issues like prescription drugs, direct primary care, transparency, rebates and surprise billing. **Mr. Azar** said yes. **Sen. Alexander** said that Pres. Trump asked China to make all forms of ethanol illegal in China, and China announced it will do that starting May 1. The drug enforcement agency has said that most of the fentanyl coming to the US starts in China. HHS must keep an eye on the effects of opioids on people with pain. The CDC guidelines in May and the FDA reports in August must be seen as advice and guidelines that leave the decision in the hands of individual doctors.

Sen. Durbin said that the President's recommendation to make a cut in medical research will be roundly dismissed by both political parties. When he asked the Inspector General to investigate the zero tolerance policy of the Trump Administration, which forcibly removed 2800 children from their parents, the public announcement of the program actually postdated the initiation by a year, and there could have been thousands not disclosed prior to the announcement. **Sen. Durbin** asked Mr. Azar when he became aware of the zero tolerance policy. **Mr. Azar** said he learned of it in the media in April when the zero tolerance policy was announced. **Sen. Durbin** asked how many children have been affected by the piloting and demonstration effort of the program. **Mr. Azar** said the OIG thinks it may have been a couple of thousand. **Sen. Durbin** asked if Mr. Azar had a role in creating this. **Mr. Azar** said no. **Sen. Durbin** said that the HHS website says that there is a capacity for placement of up to 14,000 children, with 12,000 currently in facilities. **Mr. Azar** said there are 420 available beds with 1,314 beds that could be available. It is an issue of adequate staffing. **Sen. Durbin** asked of the discharge rate. **Mr. Azar** said for a 30 day reference, it is two children per 100 children, and 2.4 children per 100 for a seven day reference. **Sen. Durbin** asked if the children are primarily from three countries. **Mr. Azar** said yes. There is an increasing mix of Guatemalan male children with no family connections, which is extremely difficult to place. **Sen. Durbin** said that this Administration eliminated a program where the children could go through a screening in their home country, so families have no other recourse to test asylum status. He asked if it would be helpful to restore the system for screening in country. **Mr. Azar** said he did not know about the in-country program, but he will raise the issue with Secretary Neely.

Sen. Moran said that there are three hospitals in Kansas: Horton, Hillsboro, and Oswego, which are owned by Empower HMS. Empower HMS has been investigated by CMS for billing fraud, but those three hospitals are in various conditions, like bankruptcy. It must be recognized that there are consequences when community hospitals are no longer functioning due to the owner being investigated for fraud. There must be a plan in place for when businesses are forced out due to fraud so the community is not the party that suffers. **Sen. Moran** asked if Mr. Azar

believes enough is being done to help individuals with end stage liver disease who are not yet on the waitlist. **Mr. Azar** said that the supply of livers must be increased. **Sen. Moran** asked if the department would be open to a full public disclosure for this organ allocation process. **Mr. Azar** said that the challenge is that Congress deliberately removed the OPTN issue from HHS's control to make it nonpolitical. He is restricted from what he can do. OPTN is a public process. **Sen. Moran** said that it was only after a lawsuit was filed that the organ allocation process was considered for change. Mr. Azar appointed the HRSA director, who has written a letter to OPTN to encourage them to quickly implement any decision they made. The decision was made before comments were submitted by constituents. The computer was shut down before proposals could have been submitted. The decision was approved immediately with no change. This process is a flaw that arises out of a fear of a lawsuit. The policy being developed is contradictory to the goal.

Sen. Merkley said that there is a big influx of unaccompanied minors crossing the border. He asked if it is between ports of entry. **Mr. Azar** said that the children are received regardless of where they show up. **Sen. Merkley** asked if children can present themselves at the border. **Mr. Azar** said unaccompanied alien children are sent to HHS if they are not immediately repatriable. **Sen. Merkley** said that unaccompanied alien children are not allowed to present themselves at the border at the San Diego border. Children are being permanently exiled in Tijuana with no way to proceed, and their best option is to cross illegally. He asked if that is acceptable. **Mr. Azar** said no. **Sen. Merkley** said that is unacceptable that Mr. Azar has not educated himself on the horrific treatment that the children face. He then asked about the expansion level for the funding of the child prison system. **Mr. Azar** said that the funding and reprogramming transfer message that \$286 million will be transferred and \$99 million will be reprogrammed from the refugee program within the Office of Refugee Resettlement (ORR). At this current rate, that will not prove adequate. Sen. Merkley keeps referring to it as a child prison system, but HHS is open to any suggestions for how to operate. **Sen. Merkley** said it is so hard to sponsors because the Administration is telling sponsors that all their information will be shared with ICE, so people are scared of doing that. **Mr. Azar** said that Congress passed an appropriations rider limiting the information going to DHS. **Sen. Merkley** said that families are still being told their information could be used in that capacity. Sponsors cost a fraction of facilities and are much better for children and taxpayers.

Sen. Kennedy asked if Mr. Azar believes in the rule of law. **Mr. Azar** said yes. **Sen. Kennedy** asked if it is illegal to come into the country illegally. **Mr. Azar** said yes. **Sen. Kennedy** asked if Mr. Azar dislikes children. **Mr. Azar** said he tries to provide compassionate care. **Sen. Kennedy** said that Americans were promised that the ACA would make health insurance more affordable. **Mr. Azar** said health insurance doubled in cost during Obama's tenure. **Sen. Kennedy** asked if the ACA made health insurance more accessible. **Mr. Azar** said no, with some states have only one carrier in the market. **Sen. Kennedy** asked if President Trump supports getting rid of the ACA before there is a replacement in place. **Mr. Azar** said no. **Sen. Kennedy** asked if anyone on Capitol Hill supports a healthcare delivery system that would not cover preexisting conditions. **Mr. Azar** said no. **Sen. Kennedy** said that 10 percent of the American people spend about 67 percent of the healthcare dollars, which makes sense. When there are 330 million people and 18 percent of the GDP is spent on healthcare, what comes out is \$80,000 a person in healthcare spending. He asked if those 33 million can be identified so they can manage their care

better. **Mr. Azar** said that invisible or visible reinsurance pools can be used to bring premiums down by cleaving off the risk for those higher risk people and separately reinsuring those people.

Sen. Schatz said he is worried about tobacco use among young people and will introduce the Tobacco to 21 Act with Sen. Young. The Institute of Medicine found that raising the age would lead to a 12 percent decrease in smoking prevalence. He asked if tobacco use among youth is a health problem and if HHS will support the legislation. **Mr. Azar** said he is extremely concerned by the e-cigarette epidemic among youth and will take any regulatory action. While e-cigarettes may offer a lower risk alternative, e-cigarettes cannot be an onramp to nicotine addiction for a new generation, as said by Commissioner Gottlieb. The industry must step up with meaningful measures to reduce the access and appeal of e-cigarettes. **Sen. Schatz** said that one section of the Connect for Health Act would give HHS the authority to waive barriers to traditional Medicare reimbursement if the telehealth services would reduce spending or improve healthcare quality without increasing spending. **Mr. Azar** said that telehealth is vitally important for Hawaii, rural states and expanding the quality of care. The Social Security Act was written in the 1960s so there are many barriers with that and HHS is looking at ways for greater flexibility without wasting taxpayer beneficiary resources. **Sen. Schatz** said that regarding the sponsorship statute, Congress needs to do a better job of communicating to potential sponsors that their confidentiality and family situation are protected.

Sen. Hyde-Smith said that Mississippi's rural hospitals are at risk of closure. This affects communities' employment and emergency care access. Close access to emergency care is a matter of life or death. She asked what HHS is doing to respond to rural hospital closures. **Mr. Azar** said that a taskforce was created across HHS to address this. Telehealth is one solution. Providers must be able to practice to the maximum of their licensure so trade competition doesn't block access. CMS regulations should not create artificial barriers to economically viable models of hospitals. A 1960s model of hospitals is being forced through the payment system onto rural America. For example, one requirement for critical access hospitals is that there must be a surgeon on campus, which may make a facility not economically viable in the long term.

Sen. Baldwin said that one constituent, Zoe, was born with a congenital heart defect. When Republicans were working to repeal the ACA, Zoe's mom wrote that Republicans are taking away the American dream from Zoe. **Sen. Baldwin** asked what protections there are to prevent insurance companies from discriminating against those with preexisting conditions if the ACA is struck down. **Mr. Azar** said that there are the existing ERISA protections and HIPAA protections for employer-sponsored insurance. **Sen. Baldwin** said that if the ACA is struck down, there won't be a plan to protect people with preexisting conditions. President Trump has broken his promise by expanding the use of junk health plans. For example, one of the junk plans in Wisconsin from Companion Life states that preexisting conditions diagnosed within 60 months before coverage are excluded for the first 12 months of coverage. Another says that no benefits are payable for a preexisting condition. **Mr. Azar** said that short-term limited duration insurance plans were restored to use and are not for everyone. The enhanced consumer disclosures are making it apparent that they are not for those with preexisting conditions. **Sen. Baldwin** said that the HHS's prescription drug pricing reforms is being tested in the Innovation Center. She asked if the Innovation Center and drug pricing reforms/pilots will cease to exist if

the ACA is struck down. **Mr. Azar** said yes. But I would hope that any additional reform we put in place would provide demonstration authority.

Sen. Capito asked how the HHS is meeting the challenges of diseases like hepatitis and HIV. **Mr. Azar** said that ending the HIV epidemic will be helpful. 25 percent of new HIV cases are from injectable drug use. There is special funding for the opioid budget for stopping infectious diseases. **Sen. Capito** said that the Childhood Cancer STAR Act was passed, with \$30 million in the budget. She asked what HHS is doing. **Mr. Azar** said that implementation has already begun at the National Cancer Institute. The biospecimen collection and repository are vital, and expansion is continuing. The CDC's early case capture program is also helping with research. The budget proposal has an additional \$50 million to NIH for the pediatric cancer research program as part of a \$150 million 10 year program. **Sen. Capito** said that maternal mortality rates are concerning. The bipartisan Maternal Mortality Accountability Act passed so Congress can get good statistics. She asked what HHS is doing to take charge of this issue. **Mr. Azar** said that prenatal and labor and delivery care are vital for preventing the unnecessary deaths. The budget proposes \$50 million for the maternal mortality program at the CDC, including \$12 million for research to understand the causes of the deaths.

Sen. Murphy said that Congress will not support the draconian cuts in the proposed budget and that the budget is offensive to both Democrats and Republicans. This stands in stark contrast to the \$2 trillion unpaid-for tax cut Congress gave to the wealthy about a year ago, which is now being paid for by frail seniors. **Sen. Murphy** said the budget's \$5 billion for the opioid epidemic was already largely in the budget. This is in contrast to the \$1.5 trillion in Medicaid cuts in this budget, including the wholesale elimination of the Medicaid expansion. Four out of 10 adults dealing with opioid addiction are on Medicaid. The result is a devastating net negative, a dramatic contraction of federal dollars. This budget asks for states to pick up a much bigger share of the burden for caring for people with addiction. Connecticut can try to come up with the dollars but other states may not be able to do that. **Mr. Azar** disagreed. The \$1.5 trillion Medicaid expansion and ACA subsidy reduction is there, but there is a \$1.2 trillion program that is state-based that offers more flexibility. The Medicaid expansion has incentivized coverage for able adults, taking away focus from the aged, disabled and pregnant mothers. States should focus on areas where the needs are greatest, which may actually enhance coverage and access for those needy groups. **Sen. Murphy** said that states are begging for additional dollars. Asking for better focus with less money is ignoring the bipartisan feedback provided by both Democrats and Republicans.

Sen. Manchin said that West Virginia faces the largest per capita burden in the country due to the opioid crisis. The 15 percent set aside for hard hit states must take in consideration the deaths per capita, not just the total deaths. **Mr. Azar** said that the Appropriations funding should include the per capita provision. There may be allocation issues within the state. **Sen. Manchin** asked how quickly HHS can implement Jessie's Law, which is simple but can save lives. **Mr. Azar** said that HHS will work with SAMSA and the ONC to make sure it is a priority. Issues like 42 CFR Part 2 to ensure there aren't unintended consequences, such as providers not putting information about someone's addiction status into the electronic medical record for fear of additional regulatory complications. That cannot stand in the way of appropriate care. **Sen. Manchin** said that LifeBOAT has been introduced year after year, where opioid producers

should pay one cent per milligram for a production fee, which would ensure a constant stream of money for areas hit the hardest. **Mr. Azar** said that the genesis of the crisis is the legal opioids. **Sen. Manchin** said that HHS should reiterate to the President the importance of the LifeBOAT Act. **Sen. Manchin** asked how Mr. Azar would fix the ACA. **Mr. Azar** said that there are tremendous problems, such as how the insurance benefit is structured. The 3 to 1 rating is one of them. Insurance for the healthy young is unaffordable, creating a downward spiral. **Sen. Manchin** said that the 3 to 1 rating is how to protect preexisting conditions, but it only prevents denial of coverage and does not actually ensure affordable care. **Sen. Machin** said that he will introduce the Collins-Nelson Act (Lower Premiums Through Reinsurance Act of 2017) and HHS should look at supporting it. **Mr. Azar** agreed, especially if it can be done in conjunction with the Alexander-Murray-Collins package with CSR funding. The stumbling block was ensuring that the CSR funding would have appropriate Hyde Act protection.

Sen. Shaheen said that there is agreement on both sides on the Alexander Murray legislation and it is unfortunate that the White House opposition and Senate leadership acted so that the bill wasn't able to come to the floor. New Hampshire's opioid death rate is right behind West Virginia's, so the set-aside funding is critical for the opioid response grants. There were people from states across the country who directed programs responding to the opioid crisis. They said that people will die if funding is reduced. In New Hampshire, the expansion of Medicaid has been critical for preventing opioid deaths. This budget will repeal the Medicaid expansion and replace it with block grants, cutting the amount available to states. **Sen. Shaheen** asked how to respond to the people running programs for opioid treatment. **Mr. Azar** said that HHS will continue working with states with the highest burden. The budget proposes in Medicaid to expand eligibility to women postpartum for one year, which would help with opioid treatment. HHS continues to process the Medicaid Institutions for Mental Disease exclusion waivers to ensure that there is capacity to expand inpatient resources in communities. HHS targeted the state opioid response grants to ensure access to medication-assisted treatment. HHS is making it quite clear that it is the most evidence-based approach to treatment and lifelong recovery. **Sen. Shaheen** said those are small measures that are inadequate if funding is taken away. **Sen. Shaheen** mentioned a Kaiser study that found that Medicare Part D spending on insulin grew by 840 percent between 2007 and 2017. Diabetes is one of the most expensive chronic illnesses. She asked Mr. Azar whether the proposed rule to limit the pharmacy benefit manager (PBM) rebates that drove up the cost of Part D drugs will address rising insulin costs. **Mr. Azar** said that the proposed rule would be revolutionary for insulins, arthritis medicines and cholesterol medicines. Some of those classes average 70 percent rebates, which would translate to a 70 percent discount for the consumer once the rule passes. It is \$29 billion of rebates that go to PBMs.

Ranking Member Murray said that she is seriously concerned about the unaccompanied children program. She is deeply troubled by the stories of substandard conditions, especially how former ORR director Scott Lloyd obstructed access to abortion and continued to track minors' private reproductive health despite a court injunction. She asked if ORR continues to maintain that spreadsheet. **Mr. Azar** said he is not aware of a centralized spreadsheet. Last menstrual date is vital for prenatal care to understand the gestational stage of the child. ORR is faithfully executing on the injunction. **Ranking Member Murray** asked how HHS is complying with the court order. **Sen. Azar** said that HHS is in full compliance. If a 12 year old girl is pregnant while in custody, it is HHS's responsibility as the custodian to manage medical care.

Sen. Blunt said that the two year pilot period of Excellence in Mental Health is nearing the end. The federal government should not be the permanent sponsor, but it is the government's goal of coming up with the impact of treating behavioral health like all other health. A two-year extension would be very helpful for more information for states, and it would be helpful if HHS could commit to provide any early CMS data before the program expires. **Mr. Azar** said he will work with CMS Administrator to provide the early data. **Sen. Blunt** asked who determines what information sponsors must provide for the unaccompanied minors. **Mr. Azar** said that it is in statute and HHS. The sponsorship criteria are set in the Trafficking Victims Protection Act. Category I sponsors are a parent or guardian; Category II is other relatives; Category III is more distant relatives. There are certain mandates in the statute, as well as home visits and inspections. There is the right to use biometric tests to confirm identity and to use background checks. There have been heightened requirements after Sen. Portman found that children got placed with traffickers. There is constant, changing assessment. Immigration status is part of the placement decision, but it is not a condition of preclusion. **Sen. Blunt** asked how HHS deals with sponsors who are illegal but not yet deported. **Mr. Azar** said the child would still be placed with the illegal sponsor. There was an appropriations rider passed that restricts the use of the information at DHS.

Sen. Moran said that a number of people in Kansas have spoken to the importance of the liver transplant policy. This issue has significant consequences for people across the country. Sen. Grassley and half the Senate have sent a letter to HHS, which has not yet gotten a response. **Mr. Azar** said that the letter has his personal attention and he has gone to OPTN about the comments, which were summarized to the OPTN board as part of their decision-making and presented in full to the Liver and Intestine Committee after the hearing.