

## **BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE**

**Event:** Meeting with Senator Patty Murray

**Event Date:** Tuesday, July 19, 2022

**Event Time:** 4:00-4:30 PM

**Location:** Russell Senate Office Building

**Version:** 4

*Note: Please bring a federal ID such as a passport or license to enter the building*

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### **AGENDA:**

- 4:00PM – Introductions
- 4:05PM – Discussion

### **ATTENDEES:**

- ADM Levine, ASH
- Elisabeth Handley, OASH
- Kinbo Lee, OASH
- Leslie Zelenko, ASL
- Elizabeth Darnall, ASL
- Susannah Savage, ASL
- Sabah Ghulamali, ASL

### **PURPOSE:**

The purpose of this meeting is to reintroduce yourself to Senator Murray and to provide an update on OASH's work in shared areas of interest, highlight key OASH budget requests, and express thanks for her engagement and support. As the Chair of the Senate HELP Committee and Chair of the Labor/HHS Appropriations Subcommittee, Senator Murray will be familiar with OASH.

Key areas of alignment in order of priority:

- Reproductive health access, including Title X.
- LGBTQI+ (especially youth mental health and SUD generally)

- Long COVID - *Staff noted that in the Prevents Act there were sections addressing Long COVID and Commissioned Corps. Leslie/ASL flagged the funding sensitivity here so the Chair is aware we wouldn't have a clear answer*
- Commissioned Corps
- OCCHE

Flagging that the ASL team mentioned Senator Murray would like to discuss Long COVID and the Commissioned Corps—specifically workforce needs. Also, please note the Chair Murray's staff for the Senate HELP Committee has just taken over the health equity portfolio and is requesting a 101 briefing on the Office of Minority Health (OMH) and its work and legislative priorities. A briefing with the HHS Health Equity Team (ASPE/OASH/OMH) is tentatively scheduled for July 25<sup>th</sup>.

## TALKING POINTS:

### GENERAL REPRODUCTIVE HEALTH TALKING POINTS

- Meaningful access to health care, including reproductive health care, is a core value of the Biden-Harris Administration.
- This past January HHS established the first-ever [HHS Intra-agency Task Force on Reproductive Healthcare Access](#), which I am pleased to co-chair with Assistant Secretary for Global Affairs Loyce Pace
- After June's supreme court decision, Secretary Becerra laid out a plan and have continually worked to take action to help people since this decision came out:
  - We announced HHS's action plan to protect access to reproductive health care, including abortion care, which includes five priorities:
    - increasing access to medication abortion;
    - protecting patients and providers from discrimination, and ensuring privacy for patients and providers;

- protecting emergency abortion care;
  - ensuring providers have family planning training and resources; and
  - strengthening family planning care, including emergency contraception.
- At OASH we have :
    - Launched the ReproductiveRights.gov public awareness website, which includes a know-your-rights patient fact sheet;
    - Announced nearly \$3 million in ARP funding to bolster training and technical assistance to the National Clinical Training Center for Family Planning and the Reproductive National Health Training Center.
    - Issued guidance to Title X and teen pregnancy prevention grantees two business days after the Dobbs decision as well as held grantees calls on July 8.  
OPA is also in the process of awarding research grants for both TPP and Title X, which will be announced in September.
  - I continue to advocate that one of the most critical positive impacts the Department can have is to find additional funds to support service delivery and is specifically requesting to fill the \$165M shortfall from the April 2022 competition.
  - The inability to fully fund requests have a damaging effect. For example, in CA, the Title X grantee released a request for proposal for participation in its network and expects to cut 150 providers from its current network without an additional \$6 million.
  - Unfortunately, given the political climate, we do expect some grantees, particularly those who are state health departments in states hostile to reproductive health, to potentially withdraw from the program given that we intend to maintain Title X's integrity including the nondirective options counseling and referral requirement, which ensures that pregnant patients get counseling



and referrals upon request for all 3 options (prenatal care, adoption, and abortion).

Other actions by the Department in response to supreme court decision include:

- Secretary Becerra convened a meeting with health insurers, and sent them a letter, calling on the industry to commit to meeting their obligations to provide coverage for contraceptive services at no cost as required by the Affordable Care Act;
  - HHS issued guidance to patients and providers that addresses the extent to which federal law and regulations protect individuals' private medical information when it comes to seeking abortion and other forms of reproductive health care, as well as when it comes to using health information apps on smartphones
  - CMS issued EMTALA guidance, reaffirming that it protects providers when offering legally-mandated, life-or health-saving abortion services in emergency situations. In addition to guidance,
  - Issued guidance to roughly 60,000 U.S. retail pharmacies making clear that, as recipients of federal financial assistance, pharmacies – and their pharmacists, both contractors and employees – are prohibited under law from discriminating on the basis of race, color, national origin, sex, age, and disability in their programs and activities. This includes supplying medications; making determinations regarding the suitability of a prescribed medication for a patient; and advising patients about medications and how to take them.
- We have more coming and want to be in lock step with you all as we take on this critically important work.

- The President's Executive Order also called on HHS to provide a 30-day Report on these and other efforts to protect access to the right to reproductive health care.
- Your constituents, whether clinics or patients are living this out, and as you have issues or questions that come in, please be in touch with my team here, because while we may not always be able to help, if we can we will.
- I and the Secretary look forward to working with you and Congress to protect American's access to health care, especially reproductive health care.

## LGBTQI+

- I wanted to recognize your co-sponsorship on the Equality Act and acknowledge and thank you for your continued support of the LGBTQI+ community.
- I share your dedication to addressing LGBTQI+ youth mental health, as well as SUD in the community.
- According to the Centers for Disease Control and Prevention *Adolescent Behaviors and Experiences Survey* one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.
- They didn't just consider suicide. They attempted suicide. One in four.
- Just as alarming, forty-six point eight percent of teenagers who said they are lesbian, gay or bisexual seriously *considered* a suicide attempt during that same time frame.
- The CDC found that compared to cisgender, heterosexual students, LGBTQ+ respondents reported higher percentages of poor mental health during the pandemic, persistent feelings of sadness or hopelessness, and fewer close connections to others at school.



- Just last month during Pride, President Biden signed an Executive Order to help promote equality in American for those in the LGBTQI+ community. Its main tenants work at:
  - Addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children;
  - Safeguarding health care, and programs designed to prevent youth suicide;
  - Supporting LGBTQI+ children and families by launching a new initiative to protect foster youth, prevent homelessness, and improve access to federal programs; and
  - Taking new, additional steps to advance LGBTQI+ equality.
  - Strengthening the federal collection of sexual orientation and gender identity (“SOGI”) data
  - Supporting the new National HIV/AIDS Strategy to lead us toward ending the HIV epidemic in the United States by 2030.
- I want to also recognize and thank you for your work with Senator Booker, proposing to ban conversion therapy.
- The June 15 EO called for the HHS to take actions to preventing so-called “conversion therapy” with a historic initiative to protect children from the harmful practice and I am working with SAMHSA on this effort
- The transgender population in particular faces significant health disparities. The largest survey to date on the experiences of US transgender people, the 2015 U.S. Transgender Survey, found that respondents faced high levels of mistreatment and violence, severe economic hardship and housing insecurity, and harmful effects of stigma and discrimination on both physical and mental health.
- Numerous articles, many recently published in 2020, have noted that there is nothing inherently about being transgender that predisposes youth to negative mental health outcomes. It is the bullying, harassment and discrimination that transgender youth face which

- Gender-affirming care is medical care. It is mental health care. It is suicide prevention care. It improves quality of life, and it saves lives. It is based on decades of study. It is a well-established medical practice. The World Professional Association for Transgender Health published evidence-based standards of care more than a decade ago, in 2011, and is planning to release a full update this summer
- Just this past March I had the opportunity to visit Seattle Children's Hospital to meet with leadership, staff and providers at the Gender Care clinic, and family and caregivers. *[ADM Levine provides her takeaways from the visit]*

## SUBSTANCE USE DISORDERS

- The HHS Overdose Prevention Strategy consists of four priorities:
  - Primary Prevention,
  - Harm Reduction,
  - Evidence-Based Treatment, and
  - Recovery Support.
- We are excited to break new ground in providing coordinated, federal support to the harm reduction and recovery support arenas, which have been supported for decades primarily by grassroots efforts.
- The severity and worsening nature of the overdose epidemic requires an all-hands-on deck approach at HHS, complete with concrete actions and efficient funding.
- In conjunction with the HHS Overdose Prevention Strategy, the Biden-Harris Administration has taken several actions to address the drug overdose crisis and expand access to services for stakeholders.
- SAMHSA extended methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 Public Health Emergency.
- CDC and SAMHSA announced that federal funding may now be used to purchase fentanyl test strips in an effort to help curb the dramatic spike in drug overdose deaths.



- HHS also issued new Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder making it easier for eligible practitioners to obtain a waiver to dispense or prescribe buprenorphine to treat up to 30 patients at a time simply with a DEA registration.
- HHS will assess the impact of the Practice Guidelines, evaluating the implications on access to buprenorphine for opioid use disorder and making subsequent recommendations to the HHS Secretary. I am confident that this evidence-based and patient-centered step has the potential to save thousands of lives over the coming months and years.
- The National Institutes of Health continues to support researchers to accelerate scientific solutions to the overdose crisis, including research on prevention of substance use and use disorders; novel treatment strategies for addiction and overdose reversal; interventions to reduce drug harms and infection transmission; models of recovery support; and implementation of evidence-based practices in healthcare, community and justice settings.
- Lastly, I want to note the CDC is currently in the process of updating the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The next version of the guideline will improve communication between providers and patients and empowers them to make informed, patient-centered decisions related to safe and effective pain care.

## LONG COVID

- On April 5, 2022, a Presidential Memo directed HHS to lead across the government to not only address Long COVID and associated conditions, but also the longer-term impacts of COVID-19, to include the challenges of mental health and substance use and the suffering of those experiencing personal loss.
- The Secretary asked me and my team to lead these efforts, starting with the publication of two reports: Services and Supports for Longer-term Impacts of COVID-19 and the National Research Action Plan on Long COVID.



- The Services report outlines the services and mechanisms of support across agencies that assist the American public in addressing the longer-term effects of COVID-19. The report focuses on services and supports available to individuals experiencing Long COVID; health care workers who work with and treat individuals experiencing Long COVID; individuals experiencing long-term impacts of COVID-19, including mental health and substance use disorders and symptoms; and individuals dealing with losing a family member or loved one to COVID-19.
- The 'Plan' provides the first government-wide national research agenda focused on understanding and treating Long COVID. It will advance progress in prevention, diagnosis, treatment, and provision of services and supports for individuals and families experiencing Long COVID.
- Both reports build on existing efforts across Federal agencies and is guided by principles such as health equity, patient and stakeholder engagement, public-private collaboration, and prioritization of translational research to inform better health care delivery.
- The COVID-19 pandemic has had a disproportionate impact on communities of color; disparities across the social determinants of health, including systemic racism and associated chronic stress, have contributed to these differences in COVID-19 outcomes.
- These disparities extend to Long COVID, and the whole-of-government response to Long COVID has been guided by health equity principles, building upon prioritized recommendations made by the Presidential COVID-19 Health Equity Task Force.
- These recommendations include but are not limited to understanding how racism and discrimination are associated with health care access, symptom recognition, disease progression, and severity of Long COVID for communities of color and other underserved populations, as well as having diverse participants in research studies so that data can be disaggregated for these high-risk populations.
- Individuals experiencing Long COVID and other long-term effects of COVID-19 will also need additional treatment, as well as non-medical

services and supports, from culturally competent providers and organizations.

## COMMISSIONED CORPS

- We are approximately 6000 strong and are available to the President and the HHS Secretary to rapidly respond to public health emergencies across the world. We are unique in that we are the only uniformed service in the world dedicated to public health. Our operating budget is funded by the Service and Supply Fund. We are the only service not funded via direct appropriations.
- Because of this our service is unique as we do not have a centralized system to manage our force. Instead, our officers serve in diverse clinical service delivery, research, regulatory policy, and administrative roles in different federal departments.
- The US Public Health Service (USPHS) Commissioned Corps is dedicated to serving the underserved. 45% of our officers are assigned to serving vulnerable populations and 50% of our officers provide direct clinical care.
- The USPHS Commissioned Corps is experiencing the most intensive deployment period in our history with the COVID-19 pandemic requiring over 3,500 of our officers deploying. These deployments have made clear both the critical need for the Commissioned Corps to have additional investments ( Ready Reserve, Public Health Emergency Response Strike Team, and Corps Readiness and Training) as they were key to the pandemic response. The CARES Act paved the way for us to implement a Ready Reserve Corps.
- We submitted legislative proposals (in President's FY23 Budget) to solve many of the issues for both the active component and Ready Reserve Corps making us a more deployable force and align our service to the other uniformed services.
- Thank you for including the USPHS Commissioned Corps in the PREVENT Pandemics Act. The leave authority that is being proposed is one example of aligning the law to the other services. We currently cannot extend leave authority such as parental leave because we do not



have the statutory authority. We know that we are limited on time and can provide you a separate more detailed briefing on the USPHS Commissioned Corps.

## OCCHE

- OCCHE's mission is to protect the U.S. population from the grave health threats posed by climate change.
- While many parts of HHS work to reduce the health risks of climate – including the CDC, NIH, and Medicare – HHS can accomplish more by supporting OCCHE's mission to coordinate a multidisciplinary approach rather than a comparable investment in a narrowly focused division.
- We need the elements of HHS that provide financial assistance to low-income households, support the elderly and people with disabilities, enhance emergency preparedness of the healthcare and public health sectors, support local public health authorities, and offer and regulate health insurance to work together seamlessly.
- And, it is equally important for HHS to have a central point of expertise to interface with the rest of the federal agencies.
- OCCHE has accomplished a great deal in its first ten months
  - *Internationally:* By making commitments to community and health system resilience and decarbonization in our health systems, we not only have provided global leadership in climate change and health but also signaled domestically the direction the US health system is heading in these areas.
  - *Intergovernmental:* Launched the Biden Administration's Interagency Working Group on Extreme Heat, which coordinates the national response to extreme heat. Extreme heat kills more Americans than any other weather-related disaster.
  - Publish a monthly Climate and Health Outlook using the most current long-term temperature forecasts from NOAA and other



forecasts to illustrate how extreme weather poses a health risk for all Americans.

- Launched a federal health systems learning network on decarbonization and resilience (including VA, DoD, IHS).
  - *Within HHS*: Has mobilized every HHS OpDiv to create climate health and equity strategies that they are beginning to implement.
  - Collected a great deal of constituent feedback through regional events and requests for information (NIH, AHRQ, CMS, OASH).
  - One of OCCHE's key priorities is health sector decarbonization and resilience.
  - On Earth Day, HHS launched a climate pledge to mobilize healthcare sector stakeholders across the country to match federal commitments to reducing greenhouse gas emissions.
    - WA signees include Providence Health, UW Medicine, Seattle Children's, and Kaiser Permanente
- While often overlooked, the health care sector contributes 8.5% of total U.S. greenhouse gas emissions, so the sector has a big role to play in helping us confront the climate crisis.
  - OCCHE co-chairs the National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector, which is setting ambitious goals for public-private action and deepening commitments to action.
  - The Office is also committed to a suite of activities to build climate literacy within the health sector workforce. This includes ongoing collaboration with climate change and health physician fellowships at the Harvard Chan School of Public Health.
  - I had the opportunity to participate in a Climate Change and Health Round Table Discussion, in March when I was visiting Seattle at Harborview Medical Center.

- The round table discussion focused on lessons learned from the 2021 extreme heat event. The roundtable included a mix of hospital and EMS staff along with representatives from local public health, the state department of health, and community organizations serving those disproportionately affected by the event.
- You may know of Dr. Jeremy Hess, Professor of Environmental and Occupational Health Sciences, Global Health and Emergency Medicine at the University of Washington.
- He serves as the director of the UW Center for Health and the Global Environment (CHanGE) and he was able to participate in the discussion as well.
- On May 31<sup>st</sup>, an Office of Environmental Justice was established under OCCHE to better protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and other environmental health issues.
- Environmental Justice and climate go hand-in-hand, but there are a number of issues that we want to address outside of climate change (e.g., lead poisoning and lead contaminated issues; wastewater and sewage overflow in communities; chemical exposures, etc.).
- The Office of Environmental Justice's ultimate goal is to be a resource for underserved and overlooked communities. These issues have plagued our nation for far too long, and it's time we stepped up to put these communities first.
- OCCHE has done all of this with great resource constraints and requires its requested funding to advance its work, as do other Operating Divisions who could offer much more technical assistance and needed regulatory action with Congressional attention.
- The Fiscal Year 2022 budget also included \$6 million in evaluation funding to create the OCCHE and \$100 million each to NIH and CDC to invest in climate and health research and adaptation.



## APPENDIX

### BIO

#### SENATOR MURRAY OFFICIAL BIOGRAPHY (EXCERPTS)



First elected in 1992, Senator Murray has a proven track record of fighting for progressive policies and breaking through partisan gridlock to solve problems and help workers, families, and communities. Murray ranks 6th in Senate seniority and is the 3<sup>rd</sup> most senior Democratic Senator. She is currently Assistant Democratic Leader.

She serves on four US Senate Committees, including the Senate Health, Education, Labor, and Pensions Committee in which she is the Chair and the U.S. Senate Committee on Appropriations, in which she serves as Chair of the Appropriations Subcommittee on Labor, Health and Human Services, and Education. She was the first female chair of both the Veteran's Affairs Committee and Budget Committee in past Congresses and is still a member of those two committees.

Senator Murray was a leader in Congress in the fight against COVID-19 and works daily for the relief families, workers, and local small businesses need to keep people safe and healthy. She has made it clear that we can't just go back to "normal" when normal wasn't working for so many families in the first place.

Senator Murray was born and raised in Bothell, Washington where she grew up with her parents and six siblings—including her twin sister. Her father, a World War II Veteran and Purple Heart recipient, managed a 5 and 10 cent store before being diagnosed with Multiple Sclerosis. Her mother began working any jobs she could find once her father's illness got so bad, he could no longer work.



Senator Murray credits federal programs with helping her father receive health care, providing her family with food assistance, and financial assistance for her and her siblings to receive college education. After graduating from Washington State University, Senator Murray began teaching preschool. Ultimately, it would be fighting against state-level budget cuts to preschool that would inspire her to run for office.

## BACKGROUND

Below is general background about Senator Murray, more detailed information about Senator Murray's work in these areas, information about OASH grantees in Washington, and relevant talking points.

### HHS-RELATED COMMITTEE ASSIGNMENTS:

- Health, Education, Labor, and Pensions (HELP) Committee (Chair).
- Appropriations Committee (Chair of the Subcommittee on Labor, Health and Human Services, and Education). Senator Murray will either be the Chair or Ranking Member of the full Appropriations Committee in January 2023.
- Budget Committee.

### INTEREST/SUPPORT FOR HHS PROGRAMS/INITIATIVES

#### 1. Protecting access to reproductive health care

Senator Murray's website:

Senator Murray has long been a leader in the fight to protect and expand access to reproductive health care and abortion rights. Since the Supreme Court agreed to hear *Dobbs v. Jackson Women's Health Organization*, Senator Murray has [vowed](#) to fight back and protect *Roe v. Wade* and everyone's reproductive rights—including by [building support](#) and fighting to [hold a vote](#) on the Women's Health Protection Act (WHPA), which would protect the right to abortion nationwide.

Since the leaked draft revealed the Supreme Court was planning to overturn *Roe*, Senator Murray has been a leader in the Senate pushing back: [immediately calling](#) the draft a "five alarm fire," [pushing](#) for a vote on

WHPA so every Republican Senator was forced to show the American public where they stood, and [leading](#) her colleagues in the fight to protect everyone's reproductive rights. Senator Murray has led her colleagues in [urging](#) the Biden administration to craft an all-of-government plan to protect abortion rights.

- Senator Murray [called out](#) data brokers' collection and sale of sensitive location data that could put those seeking abortion care at risk—and [introduced](#) legislation to ban the practice outright.
- She [introduced](#) legislation condemning the criminalization of the full range of reproductive and sexual health care.
- Senator Murray also [introduced](#) legislation to expand access to affordable, over-the-counter birth control—and has [led efforts](#) in Congress to ensure patients can get the birth control they need without being forced to jump through unnecessary hoops or pay out-of-pocket.

In the wake of the Supreme Court's ruling, Senator Murray has [announced](#) that she will use her gavel as chair of the Senate Health Committee and hold a hearing on the decision's devastating impacts on women's health—and she has [led her colleagues](#) in once again calling on the Biden administration to take bold action to protect Americans' reproductive rights.

Additional:

- She led letters post-Dobbs ruling calling for bold action from the Administration including by increasing access to medication abortion, providing resources for those seeking abortion care in other states, protecting sensitive data, and using federal property and resources to increase access to abortion.
- On June 29, Senator Murray hosted a roundtable with Washington state to hear from services providers about their experiences.
- Senator Murray is a lead sponsor for the [Freedom to Travel for Health Care Act of 2022](#) to protect every woman's constitutional right to travel across state lines to receive abortion care—and the providers who care for them. This bill was blocked by Senator Lankford (R-OK).



- Reminder: ASL mentioned the problem of hospital consolidation in Washington state creating additional difficulties for accessing abortion care.

## Title X

- Senator Murray has been a longstanding, strong supporter of the program; she opposed the previous Administration's Title X rule.
- In Washington, the sole grantee is Washington State Department of Health. They are a long-term grantee that provides direct services as well as sub grants to 85 organizations throughout the state. They withdrew from the program under the last administration due to the rule conflicting with state law and returned in October, shortly after implementing the new Title X regulations.
- On July 13, Sens. Murray, Warren, and Feinstein led a letter calling on Senate and House leadership to support robust funding for the Title X Family Planning Program.

## 2. LGBTQI+

Senator Murray is a cosponsor of the Equality Act, she is a strong supporter of the LGBTQI+ community. Last year, she and Senator Booker reintroduced their legislation to ban conversion therapy.

She continues to speak out against attacks on transgender youth. For example, earlier this spring, she hosted a roundtable with trans youth and families from Washington state and Texas, to discuss how these attacks are affecting them.

Note: ASL flagged that Senator Murray is particularly interested in LGBTQI+ youth mental health, as well as SUD in the community.

**Recommend discussing your visit to Seattle Children's Hospital in March where you met with leadership, staff and providers at the Gender Care clinic, and family and caregivers.** You toured the Gender Care Clinic and met patients and their families.

## 3. Behavioral Health



Senator Murray is a strong supporter of efforts to improve access to SUD treatment and prevention and mental health support. On July 26<sup>th</sup> the HELP Committee is holding a hearing on substance use disorders and the fentanyl crisis with HHS witnesses.

## OASH WASHINGTON STATE GRANTEES

- **OPA:** Washington State Department of Health received \$1,859,770 in **TPP Innovation and Impact Network** funds for 2020-2023. These funds are being used to establish the Youth Sexual Health Innovation Network, which will improve American Indian, Alaska Native, and homeless youth's access to and experience with sexual health services in Washington state.

The Washington State Department of Health also received \$4,550,000 for **Title X Family Planning**. The federal portion makes up 30% of Washington state's budget for Title X Family Planning, the rest is provided from the state general fund.

- **OIDP:** Sea Mar Community Health Centers in King and Clark County, WA are awardees in a cooperative agreement to **promote vaccine confidence**. Sea Mar will receive \$125,000 per year up to three years (currently in 1 of 3) to support a pilot program focused on increasing the "Combo 10" vaccination rate by the second birthday.
- **OWH:** Seattle Children's Hospital received a grant from the Youth Engagement in Sports program for \$440,231. The grant ends in September 2022.
- **OMH:** TBD

## RECENT HHS INTERACTIONS

HHS Engagement with Senator Murry and HELP Committee:

- May 2022: Secretary and Chair Murray participated in a 988 crisis call center event in Seattle, WA in May 2022.

- June 23, 2022: Secretary and Chair Murray spoke after the Dobbs Decision on June 23rd, 2022 where Chair Murray urged the Secretary to issue a Public Health Emergency
- July 26th: Chair Murray and the HELP Committee are holding a hearing on substance use disorder and the fentanyl crisis where HHS witnesses will testify, including SAMHSA Assistant Secretary Delphin-Rittmon; HRSA Administrator Carole Johnson and CDC National Center for Injury Prevention and Control, Acting Director Dr. Chris Jones.
- HHS staff have been engaged with Senator Murray's HELP Committee team on a variety of Technical Assistance related to the mental health package the HELP Committee is putting together. HELP is expected to release this legislation the week of July 25th.
- HHS staff are working with Senator Murray's HELP Committee team on Technical Assistance related to establishing protections for abortion providers and a mandatory funding stream for Title X grants. HELP may release their legislative proposals on reproductive health in the next week

#### 4. Long COVID

Senator Murray has helped lead the legislative response to COVID-19. She supports funding for medical research support for the longer-term impacts of COVID-19.

Additional background on Senator Murray's work on this topic:

- Chair Murray and Ranking Member Burr introduced the bipartisan PREVENT Pandemics Act, a comprehensive bill to improve biosafety and biosecurity related to biomedical research, address undue foreign influence in biomedical research, bolster the public health and allied health workforces, strengthen collaboration regarding the blood supply, update the CDC Director's ability to appoint and regularly review leadership within the agency, and establish a new office in the White House to oversee pandemic preparedness and response activities.
  - This bill includes provisions to support Long COVID response.



- She also partnered with Ranking Member Cole to introduce the ARPA-H Act which would establish the Advanced Research Projects Authority for Health (ARPA-H), which would be housed in the National Institutes of Health and support cutting-edge, high-reward biomedical research.
- Thursday June 16th Senate HELP Hearing on the Current Status and Future Planning of the COVID\_19 Response: Senator Murray asked why additional investments in COVID-19 are needed and how the COVID-19 response would change without additional funding.
- Her opening remarks generally showed support to “stay the course”, continue to be vigilant, and continue to support public health response with strong investments.

Ask: Support for funding for Long COVID research and support for programs addressing the longer-term impacts of COVID-19.

#### 5. Office of Climate Change and Health Equity

Senator Murray has regularly championed legislation throughout her career to protect and conserve Washington state’s public lands, rivers, and forests. She released a statement in support of President Biden’s executive order establishing the Office of Climate Change and Health Equity.

#### **Recommend mentioning the climate change roundtable you participated in when you were in Seattle last March:**

- Participated in Climate Change and Health Round Table Discussion, March 17, 2022, at Harborview Medical Center, Seattle, WA 98104
  - The round table discussion focused on lessons learned from the 2021 extreme heat event.
  - Participants shared their experience in responding to the health impacts of the event and its effect on communities.
  - Participants also shared how lessons learned will be applied to planning for future events.
  - Participants were a mix of hospital and EMS staff along with representatives from local public health, the state department of health, and community organizations serving those disproportionately affected by the event.
  - Participants included:



- Dr. Jeremy Hess is Professor of Environmental and Occupational Health Sciences, Global Health and Emergency Medicine at the University of Washington. He serves as the director of the UW Center for Health and the Global Environment (CHanGE). Dr. Hess has an MD and an MPH in global environmental health and is residency-trained and board-certified in emergency medicine.

Additional background on Senator Murray's work on this topic:

- In 2008, she helped pass the *Wild Sky Wilderness Act* to protect thousands of acres of low elevation old-growth forests in Washington state.
- Last summer, during Washington's wildfire season and shortly after a record-setting heat wave hit the Pacific Northwest, Murray published an op-ed in Seattle Times. In the op-ed she called on Congress to send President Biden a landmark investment in climate action. 5
- Senator Murray also championed the *Clean School Bus Act* to transition school buses across the nation from diesel to zero emission, electric buses. The bill was ultimately included and signed into law as part of the Bipartisan Infrastructure Law.
  - In February, Senator Murray joined colleagues in writing to the Biden administration and USDA urging them to conserve mature and old-growth forests on the National Forest System lands as a central climate strategy for the agency.
  - Senator Murray is currently building support for her *Wild Olympics Wilderness & Wild and Scenic Rivers Act*, which would permanently protect more than 126,500 acres of Olympic National Forest Land and a total of 464 river miles.

MISC.

- Confirmation hearing: Senator Murray asked you the following:

In your role as Pennsylvania Secretary of Health, you worked closely with experts throughout the state on your COVID-19 response, how

will that experience inform your efforts to work with state, local, and tribal public health community leaders if confirmed as Assistant Secretary for Health?

## **BACKGROUND - TEEN PREGNANCY PREVENTION PROGRAM UPDATES**

- At the beginning of July, OPA awarded its 78 grantees continuation awards totaling \$91.5 million for evidence-based and promising teen pregnancy prevention interventions. These awards are for the final year of funding before the national competition next fiscal year.
  - July 26 through July 28, OPA will host its national TPP conference. The conference, which brings OPA-funded grantees and other partners working in the field of adolescent sexual health together has objectives including helping participants identify both strategies to promote equity and inclusion in youth-serving programs and best practices for designing and implementing high-quality teen pregnancy prevention programs.
  - The conference includes a Youth Mental Health First Aid session will be held for registered grantees as a pre-conference session on the 25th, 3 plenary speakers, over 50 breakout sessions, 29 poster sessions, and 5 networking sessions

## **POTENTIAL Q&As**

### **REPRODUCTIVE HEALTH - POSSIBLE Q&A:**

#### **Public Health Emergency**

*Question #1: Is HHS planning to declare a PHE?*

- Answer #1:
  - As I have continued to say, we're exploring many options.
  - We will continue to assess what's possible, in consultation with leading experts here at the Department. The Biden-Harris



Administration is never going to stop fighting to protect access to abortion care.

*Question #2: What did the President mean when he said he directed his team to look into whether he has the authority to declare a public health emergency? You haven't actually done that yet? Is it still under consideration? And you said everything is on the table – what about federal lands?*

- Answer #2:
  - The team has been evaluating every option – including a public health emergency. When we looked at declaring a public health emergency, we learned a couple things. One is that it doesn't free very many resources. For example, what's in the public health emergency fund, there's very little money — tens of thousands of dollars in it. So, it doesn't give us new dollars to help folks. We are still evaluating the legal implications and what sorts of authorities it may help with. But that doesn't mean it's off the table if it were to be a meaningful action.

## **Federal Lands**

*Question #3: What is the Administration thinking in regards to using federal lands to provide abortion access?*

- Answer #3:
  - As I have continued to say, we're exploring many options. However, we at HHS are not experts on public lands.
  - We will continue to assess what's possible, in consultation with leading experts here at the Department.
  - The Biden-Harris Administration is never going to stop fighting to protect access to abortion care.

## **Criticism of Biden Not Going Far or Fast Enough**

*Question #4: In a statement to The Washington Post on Friday, White House communications director Kate Bedingfield responded to criticism that President Biden had not gone fast or far enough in his response to the Supreme Court overturning the constitutional right to abortion last month in Dobbs v. Jackson Women's Health Organization, saying: "Joe Biden's goal*

*in responding to Dobbs is not to satisfy some activists who have been consistently out of step with the mainstream of the Democratic Party.” What is your response?*

- Answer #4:
  - I share President Biden’s unwavering commitment to protecting access to reproductive health care, including abortion care – and we stand with people across the country in the fight for reproductive freedom for everyone, no matter who you are and where you live.
  - I agree with the President: “Keep protesting. Keep making your point. It’s critically important.”
  - If Pressed: When the Supreme Court announced its ruling in Dobbs v. Jackson Women’s Health organization, I was at a Planned Parenthood in St. Louis, Missouri – what was, before the ruling, the last abortion clinic in the state. After my visit to that clinic, Secretary, I traveled across the state line to a clinic in Fairview Heights, Illinois – a clinic that Planned Parenthood intentionally built in anticipation of the Supreme Court’s ruling to ensure women in the area and across the country still have access to abortion care. Suffice it to say, I have seen in no uncertain terms why health care providers and organizations that work to give patients a voice are so critically important to this fight.

## **Hyde**

*Question #5: What are you doing to ensure that women in States have access to abortion under Hyde? (E.g., According to an OIG report 14 states don’t provide mifepristone and South Dakota and Virginia don’t have rape/incest exceptions)?*

- Answer #5:
  - We will be doing everything new can to expand access, including taking action where we can on things like this when we can.

## **Protecting Providers**

*Question #6: When is HHS taking action to protect family planning providers like Planned Parenthood?*



- Answer #6:
  - We are doing all we can, and this remains a priority for us to act on.

### **Medicaid Provider Freedom of Choice**

*Question #7: Why haven't you acted to protect women who utilize Medicaid in states that have eliminated access to certain reproductive health providers?*

- Answer #7:
  - HHS is working to undue this harmful guidance which allows states to limit access to abortion providers in Medicaid. We are happy to stay in touch on this important issue.

### **OCCE - POSSIBLE Q&A:**

*Question #8: If asked about OEJ's early accomplishments...*

- Answer #8: The Office was only launched on May 31<sup>st</sup>, but already it:
  - Announced an Interim Director and brought on a couple of additional detailed staff.
  - Has released a proposed 2022 HHS Environmental Justice Strategy and Implementation Plan and is now reviewing comments.
  - The current plan is more than a decade old. We want to create a better path forward, listening and incorporating communities' needs, to be of better service to them.
  - Leads HHS involvement in Justice40, an initiative to deliver at least 40 percent of the overall benefits from Federal investments in climate and clean energy to disadvantaged communities.

- OEJ will work with programs at HHS like Low Income Home and Energy Assistance Program (LIHEAP) to maximize our support to these communities.

*Question #9: If asked about the specifics of the Climate Health Sector Pledge...*

- Answer #9: For the pledge, we specifically asked stakeholders to commit to three things:
  - **Reduce emissions.** At minimum, reduce their emissions by 50% by 2030 and achieve net-zero by 2050.
  - **Look beyond their facility footprint.** Conduct an inventory of Scope 3 (supply chain or indirect) emissions by the end of 2024.
  - **Plan to bounce back.** Develop and release a climate resilience plan for continuous operations by the end of 2023...a plan that anticipates the needs of groups in the community that experience disproportionate risk of climate-related harm.

*Question #10: If asked how many groups signed the health sector pledge...*

- Answer #10:
  - We will be announcing that number soon in concert with a late June White House event.
  - Until then, I can't get into specifics, but I will be sure to have our office notify you as soon as that information is public.

*Question #11: If asked why HHS may need to coordinate to fight climate change...*

- Answer #11:
  - Today, the complexity of medical science and the healthcare marketplace mean that a single problem may involve multiple expert teams from HHS.
  - For example, consider an area frequently impacted by hurricanes. The local government may apply for Hospital Preparedness



Program funds to invest in healthcare system readiness. Many providers are also required to adhere to federal emergency preparedness regulations.

- The Centers for Disease Control and Prevention (CDC) helps prepare clinicians for potential disasters. And the Food and Drug Administration (FDA) works to prevent medical product shortages.
- After a disaster, Medicare will pay for the care of older and disabled community members receive and help them get replacement medical equipment. The goal is for these elements to work seamlessly.

*Question #12: If asked what OCCHE is doing on extreme heat...*

- Answer #12:
  - OCCHE co-chairs the Biden Administration's Interagency Working Group on Extreme Heat, which coordinates the national response to extreme heat.
  - OCCHE also just put out its second Climate and Health Outlook, which uses the most current long-term temperature forecasts that come from the National Oceanic and Atmospheric Administration to illustrate how extreme heat poses a health risk for all Americans.

## **BACKGROUND- USPHS MODERNIZATION: CURRENT AREAS FOR IMPROVEMENT**

The United States Public Health Service (USPHS) Commissioned Corps has focused efforts on modernizing the service and its infrastructure since 2015. The initiative currently referred to as "Commissioned Corps Modernization" is focused on updating our IT infrastructure, processes, policies, workforce and headquarters operations. The USPHS Commissioned Corps recognized the following programmatic and policy areas for improvement that needed address to better align with modernization efforts to reshape

the USPHS Commissioned Corps. The three focus areas include: 1) Ready Reserve 2) Modernizing the Corps - Aligning the Forces and 3) Increasing Recruitment and Retention.

The CARES Act paved the way for the USPHS Commissioned Corps to implement a Ready Reserve Corps. The purpose of the Ready Reserve Corps, as stated in 42 U.S.C. § 204(c)(1), is “to fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed service's reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.” This legislative language was instrumental in the implementation of this component of the service in CY2021. As we established our implementation plan, we realized that the language as written did not extend some of the benefits currently available to the Active-Duty component and the Armed Forces’ Reserves (e.g. leave authorities, dual compensation, extension of Tricare benefits, and Montgomery GI Bill). This is hampering our ability to recruit and retain highly skilled and specialized health care professionals in the Ready Reserve Corps. Secondly, there are programmatic needs to address the continued Modernization of the USPHS Commissioned Corps and Alignment of Authorities with Other Uniformed Services (such as leave, Employment and Reemployment Rights, and recalling active-duty officers).



**Uniformed Services Reserves Benefits Comparison Chart**

|  | Air Force Reserve | Air National Guard | Army National Guard | Army Reserve | Coast Guard Reserve | Marine Corps Reserve | Navy Reserve | USPHS Ready Reserve |
|--|-------------------|--------------------|---------------------|--------------|---------------------|----------------------|--------------|---------------------|
| Post-9/11 GI Bill <sup>1</sup>   | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |
| Montgomery GI Bill—Selected Reserve <sup>2</sup>                           | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |
| TRICARE Reserve Select <sup>3</sup>  | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |
| TRICARE Retired Reserve <sup>4</sup>                                       | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |
| TRICARE Dental <sup>5</sup>  | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |
| Able to Receive Dual Compensation & Leave for Reserve Service <sup>6</sup> | ✓                 | ✓                  | ✓                   | ✓            | ✓                   | ✓                    | ✓            | Not yet authorized  |

<sup>1</sup> 38 U.S.C. Ch. 33; available to members who serve on active duty after certain call-up authorities as outlined in 38 U.S.C. § 3301. Can also be transferred to dependents.

<sup>2</sup> 10 U.S.C. Ch. 1606; Available to members of the Selected Reserve of the Ready Reserve.

<sup>3</sup> 10 U.S.C. § 1076d; Available to members of the Selected Reserve of the Ready Reserve and their dependents.

<sup>4</sup> 10 U.S.C. § 1076e; available to members of the Retired Reserve under age 60 and dependents.

<sup>5</sup> 10 U.S.C. § 1076a; Available to Ready Reserve and their dependents.

<sup>6</sup> 5 U.S.C. §§ 5534, 6323; available to reservists also employed as federal civil servants

## READY RESERVE

- Align the USPHS Commissioned Corps' Ready Reserve Corps' Dual Compensation and Leave Rights with those of the Armed Forces
- Clarify the Surgeon General's Authority to Voluntarily and Involuntarily Call the Ready Reserve to Active Duty for Training
- Extend TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Dental Program Benefits to Eligible Members of the Ready Reserve Corps
- Extend Benefits of the Montgomery GI Bill to Members of the USPHS Commissioned Corps Ready Reserve to Align the Ready Reserve Corps with the Selected Reserves of the Armed Forces

## ALIGN WITH ARMED FORCES:

- Align the Leave Authorities for the USPHS Commissioned Corps with All Uniformed Services
- Align the USPHS Commissioned Corps' Employment and Reemployment Rights with those of the Armed Forces
- Expand the "Recall to Active Duty" Authority to Allow the Secretary to Involuntarily Recall Retired Public Health Service Officers
- Improved Recruitment and Retention:
- Authorize Permissive Constructive Service Credit for Select Candidates Critical Legislative Fixes to Broaden Service Capabilities
- Deeming Training in Emergency Response as a Federal Activity
- Authority to Detail PHS Personnel Directly to Certain State, Local, or Nonprofit Health or Mental Health Entities

#### ADDITIONAL DETAILS :

- Below is a detailed description of the items listed above:
- Allow members of the USPHS Commissioned Corps' Ready Reserve Corps to obtain or retain a federal civil service job and receive dual government pay from their federal job and from their Reserve service. Allow federal employees who are members of the USPHS Commissioned Corps' Ready Reserve Corps to take leave from their federal jobs for Reserve service or training.
- Authorize the Surgeon General to order a PHS officer to active duty for training involuntarily with the pay and allowances provided by law. This includes calls to active duty for training voluntarily with or without pay and allowances.
- The Veterans Administration (VA) uses both voluntary and involuntary active service training for the purpose of determining a reserve service



member's eligibility for Post 9/11 GI Bill benefits. We need to align with DoD allowing the VA to correctly determine PHS officers' eligibility for Post 9/11 GI Bill benefits.

- Extend the benefits of TRICARE to members of the USPHS Commissioned Corps' Ready Reserve Corps.
- Extend the benefits of the Montgomery GI Bill to the USPHS Commissioned Corps Ready Reserve by establishing that this service is equivalent to the Selected Reserve services in the Armed Forces for the purpose of the Montgomery GI Bill.
- Expand the types of leave the USPHS Commission Corps can provide its officers to align with those of the other uniformed services (e.g., primary caregiver leave, secondary caregiver leave, and convalescent maternity leave) and allow for expanded carryover of leave (beyond the existing 60 days) at the Secretary's discretion by extending the provisions of title 10, chapter 40 of the U.S. Code (U.S.C.) to Public Health Service (PHS) officers.
- Extend to the U.S. Department of Health and Human Services (HHS) the military exemption in the Uniformed Services Employment and Reemployment Rights Act (USERRA) (38 U.S.C. §§ 4301 through 4333) to clarify that the anti-discrimination provisions of USERRA exempt officers of the Regular Corps of the USPHS Commissioned Corps on active duty in the same manner as they exempt members of the Armed Forces.
- Because the USPHS Commissioned Corps is not part of a military department, the exemption for the military currently does not apply to PHS officers. So, an active duty PHS officer currently can file a claim with the Merit Systems Protection Board (MSPB) regarding basic decisions that are key components of the force management of a uniformed service (e.g., reassignments, promotions, performance evaluations, etc.).
- Grant the Secretary of HHS the authority to recall certain retired PHS officers involuntarily to active duty (e.g., those who have unique skills

sets that would be required during emergencies or those who need discipline after being convicted of criminal offenses that occurred while on active duty).

- OASH proposes changing the existing “constructive credit” for new appointees to the Commissioned Corps – crediting them with prior service even if they have not had such service – from mandatory to discretionary.
- Under current provisions, the USPHS Commissioned Corps must credit candidates for appointment to the Regular Corps, who have no prior uniformed service experience, with extra years of service when calculating pay and benefits as if they had prior uniformed service experience. This is known as the constructive credit.
- As a result of this constructive credit, candidates appointed at the O-3 grade are paid an additional \$980 per month. Officers appointed to the O-4 grade are paid an additional \$2,475 per month. Officers appointed to the O-5 grade are paid an additional \$3,244 per month and officers appointed to the O-6 grade are paid an additional \$3,456 per month. Furthermore, these officers become eligible for promotion consideration earlier in their careers. This would be like requiring Human Resources (HR) to automatically place new civil service employees at a higher step level based on their appointed GS grade level without the ability to negotiate this step level.
- Include training for urgent or emergency public health care needs as an authorized activity of a Federal entity to which a PHS officer is detailed or assigned, for purposes of pay, allowances, and benefits.
- Expand the authority of the Surgeon General (SG) to detail PHS officers directly to local health and mental health authorities and to nonprofit health or mental health agencies to provide additional services, including patient care to underserved communities.
- Granting the Secretary of the Department of Health and Human Services the authority to organize the Ready Reserve Corps of the



USPHS Commissioned Corps to include a Selected Reserve and an Individual Ready Reserve.

- Authority to organize its Ready Reserve Corps to include a Selected Reserve and an Individual Ready Reserve, similar to the organization of the armed forces' Reserves.
- ASL provided more related to what is flagged above. There are 2 sections in the [PREVENT Pandemics Act](#) that pertain to Long COVID and USPHS – below is a quick summary of the two. These won't be big areas of focus for tomorrow but wanted to make sure you had as background.

|   |  |
|---|--|
| <p>Sec.226.Public Health Service Corps annual and sick leave.</p>                                   | <ul style="list-style-type: none"> <li>• Allows for regulations to be updated to authorize accumulated annual leave up to 120 days for any commissioned officer of the Regular Corps or officer of the Ready Reserve Corps on active duty, consistent with the other uniformed services.</li> </ul>  |
| <p>Sec.301.Research and activities related to long-term health effects of SARS-CoV-2 infection.</p> | <ul style="list-style-type: none"> <li>• Directs HHS to continue conducting or supporting basic, clinical, epidemiological, behavioral, and translational research on the long-term health effects of SARS-CoV-2 infection.</li> <li>• Requires HHS to develop and inform recommendations, guidance, and provide educational materials for health care providers and the general public on the long-term effects of SARS-CoV-2 infection based on this research.</li> <li>• Requires HHS to submit a report to Congress with an overview of the research conducted or supported under this section and any relevant findings.</li> </ul> |