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Sent: Tue, 19 Jul 2022 14:11:12 +0000
To: Levine, Rachel (HHS/OASH)
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Subject: Briefing Memo _ ADM Levine Meeting with Senator Murray_ 07 19 2022
Attachments: Briefing Memo_ADM Levine Meeting with Senator Murray_ 07 19 2022 v4.docx

Good evening,

Good morning ADM Levine ,

In preparation for today's Meeting with Senator Murray, we are sending along the attached briefing memo for your review. Sarah has reviewed and approved. The OPL and Comms team have provided talking points to support the discussion. Included in this document are the agenda, talking points based on aligning areas of interest, and then an appendix. The Appendix includes Senator Murray's Bio, background information regarding senator Murray's work related to areas of alignment, additional title x background, Potential Q&A's, as well as additional background on the corps modernization work provided by CCHQ and ASL regarding the 2 sections in the [PREVENT Pandemics Act](#) that pertain to Long COVID and USPHS. Please note that Leslie/ASL flagged to the Chair that we do not have Long COVID funding at the moment.

The talking points are prioritized based on the flow requested by ASL. Please let me know if you have any questions.

Best,
Megan

Megan Fisher (she/her)

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Deliberative and pre-decisional communication



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

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 25th.

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 31st, 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 3rd 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 26th 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 31st, 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 ¹	✓	✓	✓	✓	✓	✓	✓	Not yet authorized
Montgomery GI Bill—Selected Reserve ²	✓	✓	✓	✓	✓	✓	✓	Not yet authorized
TRICARE Reserve Select ³	✓	✓	✓	✓	✓	✓	✓	Not yet authorized
TRICARE Retired Reserve ⁴	✓	✓	✓	✓	✓	✓	✓	Not yet authorized
TRICARE Dental ⁵	✓	✓	✓	✓	✓	✓	✓	Not yet authorized
Able to Receive Dual Compensation & Leave for Reserve Service ⁶	✓	✓	✓	✓	✓	✓	✓	Not yet authorized

¹ 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.

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

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

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

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

⁶ 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"> • 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.
<p>Sec.301.Research and activities related to long-term health effects of SARS-CoV-2 infection.</p>	<ul style="list-style-type: none"> • 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. • 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. • Requires HHS to submit a report to Congress with an overview of the research conducted or supported under this section and any relevant findings.

From: Seigfreid, Kimberly (HHS/OASH)
Sent: Fri, 24 Jun 2022 21:59:15 +0000
To: Levine, Rachel (HHS/OASH)
Cc: Handley, Elisabeth (OS/OASH); Boateng, Sarah (HHS/OASH); Calsyn, Maura (HHS/OASH); Lyles, Johnalyn (HHS/OASH); Channer, Amber (OS/OASH); Migliaccio-Grabill, Kate (HHS/OASH); Seigfreid, Kimberly (HHS/OASH); Fisher, Megan (HHS/OASH); Lee, Kinbo (HHS/OASH); Cure, Kelly (OS/OASH) (CTR); Mataka, Arsenio (HHS/OASH); Oh, Kathy (OS/OASH); Iademarco, Michael (HHS/OASH); Rabin, Brian (HHS/OASH/IO)
Subject: Florida Trip Briefing Docs
Attachments: Agenda for ASH.docx, Trans Youth Roundtable with Rep Soto and ADM Levine_Actb (002).docx, PULSE tour with Rep Soto and ADM Levine.docx, EJ Roundtable with Rep Soto and ADM Levine.docx, S. 2938, The Bipartisan Safer Communities Act UPDATED.pdf, DRAFT AGENDA - ASH VISITATION.docx, 6-28-2022-Under 5 Vaccine Event Briefing Memo.docx, SnapShot-Borinquen Health Care Center, Inc June 2022.docx, Miami Heat Officer June 28.jbtp FINAL.docx, 6-29-2022-Meeting with Officers in Miami Area.docx, Roe v Wade Messaging .docx, CDC Meningococcal TPs 06242022.docx, LGBTQI+ Strategy Session Run-of-Show.pdf, Trans Roundtable in Miami.docx, Admiral Levine Visit June 28 2022.pdf, Admiral Rachel Levine Mental Health Roundtable.pdf, Florida First Lady_Follow Up_Behavioral Health copy.pdf, Strengthen_Kids_Mental_Health_Now_Act_fact_sheet_033022.pdf, Chad A. Perlyn, MD, PhD, FACS, FAAP - Professional Bio.pdf, Marcos Mestre, MD, MBA - Professional Bio.pdf, Jennifer M. McCafferty-Fernandez, PhD, CCEP, CHC, CHPC, CHRC - Professional Bio.pdf, Perry Ann Reed, MBA, MS, FACHE - Professional Bio.pdf, Matthew A. Love - bio.pptx

Hi ADM Levine,

Attached please find all the briefing docs for your trip to Florida.

Overview Agenda



Monday: (Adam and LCMD Lee)

- Site 1 Visit: Trans and non-binary youth event



- Site 2 Visit: Visit to Pulse Memorial















- Site visit 3: EJ Roundtable





- Site visit 4: Visit to the VA



Tuesday, June 28 (Kim and LCMD Lee)


- Site visit 1: COVID-19 Vaccines under 5
 
- Site visit 2: Nicklaus Children's Hospital
        
- Site visit 3: Meeting on Extreme Heat

-

Wednesday, June 29 (Kim and LCMD Lee)

- Site Visit 1: Gender Affirming Care Roundtable

- Site Visit 2: Meeting with PHS Officers

- Site visit 3: GIH Conference (Speech sent separately)



General TPs for the trip:

- Roe v. Wade
-
- 
- Meningococcal outbreak



Many thanks,
Kim

Florida Agenda June 26-29, 2022

Sunday, June 26th

Flight:

- 5:07pm on AA 2497 out of DCA arriving 7:31pm to MCO

Monday, June 27th:

Pre-order lunch: <https://www.allmenus.com/fl/kissimmee/631498-buchito/menu/>

Note: It is National HIV/AIDS Testing Day

Site #1: Trans and non-binary youth event

- 10:00 am – Rep. Soto and ASH arrive onsite. Short meet and greet and then walk into the roundtable room together
- 10:10 am – Roundtable begins
- 10:50 am: DC and Orlando Zoom rooms appear on the big screens
 - o Rep. Soto provides brief remarks
 - o The Secretary provides brief remarks
 - o ADM Levine provides brief remarks and closes the session
- 11:00 am: Roundtable ends. Group photo taken
- 11:05 am: Move to other room for media availability
- 11:30 am: End

Location: 946 N. Mills Avenue, Orlando, FL 32803

Participants: Zebra Coalition - Zebra Coalition is a network of organizations, which provide services to lesbian, gay, bisexual, transgender and all youth (LGBTQ+) ages 13 – 24. The Coalition assists young people facing homelessness, bullying, isolation from their families, and physical, sexual and drug abuse with individualized programs to guide them to recovery and stability.

Format: Roundtable (60min) and Press Conference (15-30 min)

Press: Yes, press conference after roundtable concludes (no press in roundtable).

Site #2: Visit to Pulse Memorial

- 11:45-12:15 PM (30 minutes)

Location: Orlando PULSE, 1912 S Orange Ave, Orlando, FL 32806

Format: Photo Op

Press: No

Site #3: EJ Stop

- 1:30 – 2:30 pm: Roundtable Toho Conference Room
- 2:27 pm: Photo with those at the roundtable
- 3:00 pm: Move to Commission Chambers for media availability
- 3:30 pm: End

Location: Osceola County Chamber 101 Church Street Kissimmee, FL 34741, 1st floor – Commission Chambers and Toho Conference Room

Format: Roundtable.

Participants: Florida Farm Workers Confirmed. Invited: Chispa Florida, Young American Dreamers in Polk County, United Farm Workers
Press: Open

Site #4: Visit to VA

- 4:00 – 4:10 p.m. Meet and greet with staff
- 4:10 – 4:40 p.m. Tour emergency department. Meet with mental health, suicide prevention staff, long COVID, and AIDS, HIV, and Syringe Program.
- 4:40 – 4:50 p.m. Tour Women's Health Clinic.
- 4:50 – 5:00p.m. Wrap up tour and escort ASH and entourage back to their vehicle.

Location: Lake Nona OVAHCS Medical Center (VA Hospital) at 13800 Veterans Way, Orlando, FL 32827

Format: Meet and greet with staff; tour VA

Press: Closed

Overnight in Orlando: Renaissance Orlando Hotel Airport

Tuesday, June 28, 2022

Flight:

- 7:45 am: Depart Orlando
- 8:52 am: Arrive in Miami

Site 1: COVID-19 Vaccines under 5

- 11:30 am – 11:50: Overview on services with staff
- 11:50 – 12:10: tour
- 12:15 – 12: Media availability

Location: Borinquen Health Care Center (FQHC), 3601 Federal Highway, Miami

Format: Roundtable and media availability

Participants: Staff and working to get a child vaccinated while there

Press: Yes, media availability

Site 2: Nicklaus Children's Hospital

- 12:30 – 1:00 pm: Drive to Nicklaus Children's Hospital
- 1:00 – 1:30 pm: Lunch at Nicklaus Children's Hospital
- 1:30pm – 2:00pm – Tribal consultation virtual meeting from Nicklaus Children's Hospital
- Event begins:
 - o 2:00 – 3:30: Tour and roundtable at Nicklaus Children's Hospital (Note one of the only hospitals able to withstand category 4 hurricanes)
 - Tour campus: Resiliency in Healthcare
 - Boardroom meetings on Resiliency and Sustainability

- Youth and Mental Health Roundtable Discussion Behavioral health model with community partnerships (community partnerships members invited)

Site 3: Extreme Heat

- 4:30 – 5:00: Meeting with Miami's Heat Officer Jane Gilbert, the first position like it in the world when announced last year. Several other cities now have this model. The co-chairs of the Extreme Heat Working Group will join virtually.
- 5:00 – 5:30 pm: Mayor of Miami-Dade County Daniella Levine Cava joins for the discussion.

Location: Steven Key Lark Center 111 Northwest First Street, 33182, 12th Floor

Format: Meeting

Participants: Miami's Heat Officer Jane Gilbert, Mayor of Miami-Dade County Daniella Levine Cava, Extreme Heat Working Group co-chairs from EPA, NOAA and OCCHE, and a participant from IEA.

Press: No

Overnight at Cadillac Hotel, Autograph Ca

Wednesday, June 29, 2022:

Site 1: Gender Affirming Care

- 9:00 – 10:00: Roundtable with roughly 10 members of the trans community
- 10:00 – 10:30: Media availability

Location: The Miami Foundation: 40 NW 3rd Street, Suite 305, Miami, FL 33128

Format: Roundtable and media availability

Participants: Airanna's Center, Miami Foundation and TransInclusive group

Press: Yes, media availability

10:30 am: Leave Airanna's Center to the restaurant

Site 2: VA Pride event and meeting with Officers

- 11:15-12:00pm: Take VA Pride Event call within the restaurant in the private room
- 12:00-12:15: Private Lunch in Alpha Room
- 12:15-1:00: Lunch Meeting with Miami PHS Officers
- 1:15: Depart

Location: 94th Aero Squadron Restaurant (1395 NW 57th Ave.)

Format: Luncheon

Participants: Commissioned Corps Officers

Press: No

Site 3: GIH Annual Conference on Health Philanthropy

- 2:00 pm: Greeted by Meg Senecal (518-569-6168) and Cara James (617-823-2742). Go to green room to wait in the Venus Room on the 3rd Floor.
- 2:15 pm: Speech begins
- 4:30 – session ends

Location: Loews Miami Beach Hotel, Miami Beach, FL.

Format: Keynote

Participants: Conference attendees

Press: No

Flights

- 5:57 pm: Flight from Miami to DCA
- 8:30 pm: Arrival at DCA

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: Trans Youth Roundtable

Event Date: June 27, 2022

Event Time: 10:00 am – 11:30 am

- 10:00 am – Rep. Soto and ASH arrive onsite. Short meet and greet and then walk into the roundtable room together
- 10:10 am – Roundtable begins
 - o 2-3 minute opening remarks by Rep. Soto
 - o 2-3 minute opening remarks by ADM Rachel Levine
 - o Open the room to questions and discussion
- 10:45 am: Zoom teams connect and coordinate the go-live
- 10:50 am: DC and Orlando Zoom rooms appear on the big screens
 - o Rep. Soto provides brief remarks
 - o The Secretary provides brief remarks
 - o ADM Levine provides brief remarks and closes the session
- 11:00 am: Roundtable ends. Group photo taken
- 11:05 am: Move to other room for media availability
 - o Rep. Soto provides 2-3 minute remarks
 - o ADM Levine provides 2-3 minute remarks
 - o Option for Zebra Coalition staff or parent to speak
 - o Rep. Soto moderates
- 11:30 am: End

Location: LGBTQI+ Center in Orlando: 946 N. Mills Avenue, Orlando, FL 32803

Participants in the room:

- Rep. Soto
- ADM Levine
- Zebra Coalition
- Jean Eckhoff (She/Her)
- Jennifer Cousins (She/Her) and child Saffy (She/They)
- 9 attendees from the Zebra Coalition, including child psychologist Stephanie Flautero. 8 people that are attending are 18 + (this includes 2 parents, 3 staff, and 3 youth) and one smaller child that may or may not be in attendance.

BACKGROUND

Today, many people living in this country are calling for our attention because they're being attacked, and they see few places to turn. Lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the Centers for Disease Control and Prevention *Adolescent Behaviors and Experiences Survey* covering January to June of 2021, which was just published on April 1 of this year, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

The CDC found that compared to 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. A September 2020 brief in the *Journal of Adolescent Health* titled "*I'm Kinda Stuck at Home With Unsupportive Parents Right Now: LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support*," which was published after youth around the country had been socially distancing for some time, found that LGBTQ youth were facing considerable additional stressors while staying at home and studying remotely compared to their non-LGBTQ peers. Youth remarked that they were leery of conducting therapy sessions over the phone while at home for fear of being overheard by parents, they were unable to dress according to their preferences while at home, and they were—as the paper's title suggests—feeling trapped at home with unsupportive parents and family members.

The authors noted at the time, "Given the potential for long-term physical distancing, concerted efforts are required to provide necessary resources and support for LGBTQ youth during the COVID-19 pandemic." The 2021 suicide and suicidal ideation data among this same population suggests that not enough resources and support have been brought to bear. Indeed, the Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health, based on responses from almost 34,000 LGBTQ youth ages 13 to 24, found that 56 percent of LGBTQ youth reported their mental health as poor most of the time or always due to the COVID-19 pandemic.

That same survey found in 2019, before the pandemic, that youth with at least one accepting adult were significantly less likely to report a suicide attempt, with youth reporting having no accepting adult in their life

attempting suicide at a 27.3 percent rate and those reporting at least one accepting adult attempting suicide at a 17 percent rate. That difference of more than 10 percent strikes me as a crucial finding. It takes very little—just one accepting adult—to significantly reduce the risk of youth LGBTQ suicide.

It is tragic that even after decades of social progress, the most vulnerable among us continue to suffer, including LGBTQI+ individuals of color, LGBTQI+ youth, LGBTQI+ seniors, and LGBTQI+ immigrants. Transgender women of color not only continue to be harassed, but are more likely than the population at large to suffer violence and even murder.

The American Medical Association, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the Pediatric Endocrine Society, and the Society for Adolescent Health and Medicine, among others, all agree that gender-affirming care is medically necessary, safe, and effective for transgender and nonbinary children and adolescents.

Gender-affirming care is medical care. 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. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients who are transgender or gender non-binary.

In March of 2016, the North Carolina state legislature passed and the governor signed what quickly came to be known as “the bathroom bill,” which required people to use the bathroom corresponding to the sex listed on their birth certificate regardless of other factors. The law was widely recognized as an insult to people who are transgender, and everyone from Bruce Springsteen to the National Basketball Association to PayPal quickly took their business elsewhere. After hundreds of millions of dollars in losses statewide, the Public Facilities Privacy & Security Act was repealed in March of 2017.

This politicization is not uniform. Governors in Indiana, North Dakota and Utah have spoken out against anti-trans bills passed by their state legislatures, citing compassion and a lack of any clear public need. Gov.

Spencer Cox of Utah published an impassioned statement in vetoing HB11—which blocks transgender youth from playing sports with other students of their gender—and pointed out that of the approximately 75,000 students participating in high school sports in his state, the law applied to just four of them.

HHS/Administration's Actions

Just this Pride Month, President Biden signed an Executive Order to help promote equality in American for those in the LGBTQI+ community. It's main tenants work at:

- Addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children;
- Preventing so-called “conversion therapy” with a historic initiative to protect children from the harmful practice;
- 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 by establishing a new federal coordinating committee on SOGI data, which will lead efforts across agencies to identify opportunities to strengthen SOGI data collection, while safeguarding privacy protections and civil rights for LGBTQI+ individuals.
- Supporting the new National HIV/AIDS Strategy to lead us toward ending the HIV epidemic in the United States by 2030. The President reestablished the White House Office of National AIDS Policy, and has made historic investments in ending the HIV epidemic globally.

HHS is committed to using every tool in our toolbox to ensure health equity for all. This includes actions like NIH increasing research funding on gender-affirming procedures to further develop the evidence base for improved standards of care. SAMHSA is advancing research addressing

the harms of conversion therapy. HHS expanding access to gender-affirming care as an essential health benefit.

The Healthy People 2030 report includes several important national public health goals specific to this population, and it's worth naming them to get a sense of how acute and pervasive these health risks are. Objectives include:

- Increase the number of national surveys that collect data on transgender populations
- Increase the number of states, territories, and DC that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System
- Reduce bullying of transgender students
- Reduce the proportion of transgender high school students who have used illicit drugs
- Reduce suicidal thoughts in transgender students

The Department of Health and Human Services provides evidence-based resources, available for free online at health.gov/healthypeople, on everything from suicide prevention to helping families support LGBT children.

The Department of Health and Human Services has made improving and supporting Americans' mental health a top priority. Surgeon General Murthy has spoken often of the need for better and more effective mental health supports, and he published an advisory last year titled *Protecting Youth Mental Health* in which he noted, "Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth." I recommend reading the advisory in full, and I'll note just a few of his recommended steps for health care organizations and health professionals:

- Implementing trauma-informed care principles and other prevention strategies to improve care for all youth, especially those with a history of adversity.
- Referring patients to non-medical resources such as economic supports, school enrichment programs, and legal supports.
- Routinely screening children for mental health challenges and risk factors, including adverse childhood experiences.

- Implementing school-hospital partnerships, such as behavioral health urgent care clinics supported by schools.
- Using new payment and delivery models, such as the CMS Innovation Center's Integrated Care for Kids Model, to support the mental health-related needs of children across multiple settings.
- Building multidisciplinary teams to offer services tailored to the needs of children and their families, and offering culturally appropriate services that, when possible, are offered in multiple languages by a diverse mental health staff.

Zebra Coalition

Zebra Coalition is a network of organizations, which provide services to lesbian, gay, bisexual, transgender and all youth (LGBTQ+) ages 13 – 24. The Coalition assists young people facing homelessness, bullying, isolation from their families, and physical, sexual and drug abuse with individualized programs to guide them to recovery and stability.

Florida State Actions

- Florida's governor Ron DeSantis signed controversial law opponents dubbed 'Don't Say Gay' aka "Parental Rights in Education" bill. It includes banning public school teachers in Florida from holding classroom instruction about sexual orientation or gender identity.
- Florida advises against gender-affirming medical or social care for trans kids. The nonenforceable guidelines single out socially transitioning rather than just medically transitioning. That puts Florida's efforts to restrict gender-affirming care beyond many other states', experts say.
- Proposed Rule Making: Florida Medicaid just posted its proposed rule for gender-affirming care. The proposed rule would exclude coverage of puberty blockers, hormones, gender affirming surgery and "any other procedures that alter primary or secondary sexual characteristics" for all Medicaid recipients. It also redefines EPSDT to exclude these services.

Talking Points

ASH Intro for Roundtable

- I'd like to thank you all for coming here today, and for Rep. Soto for bringing us all together to give us this opportunity.

- It is especially brave of you as we all face an onslaught of hate and bullying across our nation and particularly in Florida.
- I know it is a scary time. But there is hope. President Biden and the administration see you, they hear you, and they support you. As the President said: he has our backs, and I want you to know that I do too.
- This includes actions in an Executive Order the President signed during Pride Month. Among other actions, this EO addresses discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children.
- We're here today to hear from you. What you are facing, how you are coping, and how we can help.
- With that, I'd like us to go around the table and have everyone who is comfortable introduce themselves and tell us a little about their journey.

ASH remarks during closing via Zoom:

- Hello from Florida to the DC roundtable! We were so excited to be able to join these two groups together to hear from the Secretary and Rep. Soto as we work across the nation to help bring health equity to all, especially our trans and LGBTQI+ community.
- We have had a very insightful discussion on our end, and I know you were in good hands with the Secretary on your end.
- As I said here before, we want to thank you all for participating in the roundtable discussion, and for being brave enough to tell your story.
- I know it seems like scary time. But there is hope. President Biden and the administration see you, they hear you, and they support you. As the President said: he has our backs, and I want you to know that I do too.
- This includes actions in an Executive Order the President signed during Pride Month. Among other actions, this EO addresses discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children.
- President Biden and his administration see the LGBTQI+ community in all its diversity. We have a president who supports equality and works to ensure everyone is represented. That approach to governing gives people a voice, a chance to effect change, and an opportunity to help people understand the diverse needs of our nation. That includes their health needs.

- At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances. We believe medical and political discrimination against LGBTQI+ people has to end.
- An alarming Fifty-two percent of all transgender and nonbinary young people in the U.S. seriously contemplated killing themselves in 2020.
- I want you to know that for any LGBTQ children, adolescents or teenagers you know who may be having a mental health crisis, the difference between life and death is often a single caring adult.
- It doesn't have to be a parent or a family member. It makes all the difference in the world to hear just one supportive person reminding you that you are a valuable human being, that your life is important, that you have no less dignity than anyone else.
- Having a supportive person to bring them through difficult times has saved the lives of more LGBTQ people than we will ever know, and when we realize that we're not all so different from each other, becoming that supportive person for someone is easier.
- One supportive adult. Know that Rep. Soto, Secretary Becerra, and I are all supportive adults, working to help you find your place in this world. A place where you can be you, and know that you are accepted.
- My main message to you is that you are not alone. We support you.
- Thank you all for being here today. With that, we'll disconnect the Zoom. For those in the room here, we'll have time for a quick photo.

Remarks for Media Availability:

Many people living in this country are calling for our attention because they're being attacked. I want to say this very clearly: lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the CDC, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

It is tragic that even after decades of progress, the most vulnerable continue to suffer.

As Assistant Secretary for Health, I'm urging us to base medical care on facts rather than wild claims. The fact is that the appropriateness of a range of medical treatments for people who are transgender is thoroughly grounded

in medical research, and is no more an issue for public debate than how many bandages a doctor should apply to an injured patient.

There are good reasons we leave medical decisions to experts rather than political whims. If we started voting on how medicine should be practiced, regardless of what the vast majority of qualified experts tell us, it won't take long for many of the people cheering today's wave of anti-trans actions to regret where it takes us.

We need to continue to work against intolerance until everyone living in America can live their life openly and freely.

President Biden and his administration supports the LGBTQI+ community in all its diversity and works to ensure everyone is represented.

At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances.

Today, many politicians and their supporters are describing our LGBTQI+ community as a blight on our culture. Many of the targets of this kind of speech are driven to kill themselves.

I do not see enough warmth, empathy, compassion or understanding on their behalf. We need to say publicly to every LGBTQI+ person living in this country that it is okay to be you.

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. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients who are transgender or gender non-binary. It is free of any agenda other than to ensure that medical decisions are informed by science.

The truth we need to confront right now is that medicine and science are being politically perverted around the country in ways that destroy human lives. We have reached a tipping point for the role of medicine in civic life.

Those who now attack our LGBTQI+ community are driven by an agenda that has nothing to do with science and medicine.

The mantle of concern for children is being claimed to destroy children's lives.

We have to stand up. We have to take a stand on behalf of those who are being hurt.

Thank you so much.

If asked questions on anything political:

- I believe in health equity for all. This Pride Month, President Biden signed an Executive Order that builds on the historic progress he has made for LGBTQI+ people by addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children. The Department of Justice has intervened and filed statements of interest in lawsuits across the country challenging state laws that seek to ban transgender children from accessing gender-affirming health care and participating in school activities as unconstitutional.

Scientific support of gender affirming care:

- A paper published just a few months ago in the Journal of the American Medical Association found that receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60 percent lower odds of moderate or severe depression and 73 percent lower odds of suicidality over a 12-month follow-up. The positive value of gender-affirming care is not in serious scientific or medical dispute.

Conversation Starters:

Questions for Parents:

- How has your experience accessing gender affirming health care been? How can we help?

- What advice would you give to other parents?
- What goals do you have for your child and family?
- How can we best support you?

Questions for youth:

- If you were President or Secretary of HHS, what would change would you want to see in our actions?
- Today, the rights of the LGBTQI+ Americans are under relentless attack. How has the current events impacted you?
- What can we in the Government due to efforts can we make as the part of the government that works with health care and kids better support you and provide resources for your family?
- Are there mental health services offered school? What does that look like?

BIOS



Jean Eckhoff

FL teacher and LGBTQ activist. Wants to be a better resource for trans / non-binary / non-gender-conforming kids.



Jen Cousins and Saffy

Mom of 4 kids, a 6 year old girl, 8 year old boy, 12 year old non-binary child and a 14 year old boy. She lives in Orlando with her husband and family where she is a stay at home mom and an LGBTQI+ rights advocate. She is the co-founder of the Florida Freedom to Read Project and a found member of the Students' Rights Coalition. She is actively engaged

with the Orange County School Board and works with others in the community to support public schools. She also serves as the Membership Chair for the Orange County Democratic Party.

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: PULSE Tour

Event Date: June 27, 2022

Event Time: 11:45 am – 12:15 pm

- Tour by Raychel Cesaro
- Julian to take photos

Location: LGBTQI+ Center in Orlando: 946 N. Mills Avenue, Orlando, FL 32803

Participants in the room:

- Rep. Soto
- ADM Levine
- Raychel Cesaro

ATTACHMENTS: FACTSHEET ON GUN BILL

BACKGROUND

Orlando shooting of 2016, also called Pulse nightclub shooting, mass shooting that took place at the Pulse nightclub in Orlando, Florida, in the early morning hours of June 12, 2016, and left 49 people dead and more than 50 wounded. It was the deadliest mass shooting in U.S. history up to that time.

onePULSE Foundation is the official 501(c)(3) nonprofit incorporated to manage the design and construction of the permanent national memorial and museum dedicated to the Pulse nightclub tragedy.

onePULSE's mission is to create and support a memorial that opens hearts, a museum that opens minds, educational programs that open eyes and legacy scholarships that open doors. Its vision is to establish a sanctuary of healing and a beacon of hope by memorializing the lives taken, the lives saved, and all the lives affected by the Pulse nightclub tragedy of June 12, 2016 – ensuring Pulse's legacy of love lives on forever.

Note that this was not an act of LGBTQI+ violence, but rather gun violence/

In the days following the attack, numerous people stated that they had recognized Mateen from various gay dating Web sites and apps, but the FBI was not able to substantiate those claims through forensic examination of his phone, his computer, or online account records. There was no evidence that he had been directed to make the attack by the Islamic State in Iraq and the Levant (ISIL, also called ISIS), and the declaration of allegiance that he made to ISIL in his 911 phone call was just the latest in a series of contradictory statements along such lines made by Mateen. At various times, he had claimed solidarity with Hezbollah (a Lebanese Shī'ite militia allied with Syrian Pres. Bashar al-Assad), the Nusra Front (a Syrian al-Qaeda client engaging in open warfare with Assad), and ISIL (which was fighting both of the previous groups). Mateen's seeming inability to distinguish between these competing ideologies made his apparent self-radicalization no less dangerous, and it emphasized the threat posed by so-called "lone wolf" terrorists.

More details on the shooting: <https://www.britannica.com/event/Orlando-shooting-of-2016>

BIOS



Raychel Cesaro, onePULSE Foundation, Director of Philanthropy

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: Environmental Justice Roundtable

Event Date: June 27, 2022

Event Time: 1:30 – 3:00 pm

- 1:30 – 2:30 pm: Roundtable Toho Conference Room
 - o 2-3 minute opening remarks by Rep. Soto
 - o 2-3 minute opening remarks by ADM Rachel Levine
 - o Open the room to questions and discussion
- 2:25 pm: Wrap from Rep. Soto
- 2:27 pm: Photo with those at the roundtable
- 3:00 pm: Move to Commission Chambers for media availability
 - o Rep. Soto provides 2-3 minute remarks
 - o ADM Levine provides 2-3 minute remarks
 - o Re. Soto moderates and closes
- 3:30 pm: End

Location: Osceola County Chamber (101 Church Street Kissimmee, FL 34741).1st floor – Commission Chambers (media availability) and Toho Conference Room (roundtable)

Participants in the room:

- Rep. Soto
- ADM Levine
- Florida Farmworker Association
 - o Nezahualcoyotl “Neza” Xiuhtecutli
 - o Yesica Ramirez
 - o Sara Mangan
- Chispa Florida
 - o Jonathan Webber

INVITED: Young American Dreamers in Polk County, United Farm Workers

BACKGROUND

An estimated 2.4 million farmworkers work on farms and ranches in the United States (2017 Census of Agriculture). Most farmworkers are immigrants, and approximately 36% lack authorized work status under

current U.S. laws. (Department of Labor National Agricultural Workers Survey 2019-20). About 15% of farmworkers are “migrant”, meaning they travel a significant distance from a home base to find work at one or more agricultural employers.

Most farmworkers identify as Latino/Hispanic (78%). A smaller portion of farmworkers as indigenous (10%). Spanish is the most dominant (comfortable) language for 62% of all farmworkers. 32% of farmworkers reported they could speak English well, while 29% of workers shared that they do not speak any English.

Farmworker communities generally deal with a high level of poverty; few farmworkers have employment benefits or access to unemployment benefits.

- At least 20% of farmworker families earned incomes placing them below the poverty line
- Annual income for an individual was roughly \$20,000 – \$24,999
- Annual income for farmworker families was roughly \$25,000- \$29,999
- The average hourly wage was \$13.59.

Most farmworkers do not receive commonplace benefits like sick leave, paid vacation or health insurance. Because many agricultural employers are exempt from unemployment taxes, numerous farmworkers are not eligible for unemployment benefits even though they perform jobs that are seasonal and intermittent. Despite the high level of poverty, most farmworkers do not receive any public benefits. In 2019-2020, only 13% of farmworkers received food stamps, 9% received WIC (Special Supplemental Nutrition Program for Women, Infants and Children) and 39% received health insurance through a government program, like Medicaid.

Women make up roughly 34% of the agricultural workforce and face particular obstacles in the male-dominated agricultural sector, including sexual harassment by supervisors. Human Rights Watch’s report [Cultivating Fear: The Vulnerability of Immigrant Farmworkers in the US to Sexual Violence and Sexual Harassment](#), describes rape, stalking, unwanted touching, exhibitionism, or vulgar and obscene language by supervisors, employers, and others in positions of power. Most farmworkers interviewed in the report said they had experienced such

treatment or knew others who had. And most said they had not reported these or other workplace abuses, fearing reprisals.

One of the largest contributors to farmworkers' exposure to pesticides is pesticide drift, which is the movement of pesticide dust or droplets through the air at the time of application or soon after. Studies have estimated that as much as [45% of spray misses](#) its target and becomes drift or ground deposits, an imminent danger to farm workers laboring nearby.

Farmworker advocates may raise issues related to:

- Pesticide Exposure
- Lack of Federal Heat Standards for Outdoor Workers
- Sexual Violence and Sexual Harassment
- Reproductive Health
- Farmworker communities next to potential environmental hazards (landfill and superfund sites)
- Pollution in Lake Apopka and associated health impacts

Talking Points

Establishment of the Office of Environmental Justice (OEJ) at HHS

- HHS most recently established the Office of Environmental Justice (OEJ) in response to President Biden's Executive Order Tackling the Climate Crisis at Home and Abroad. The Office's mission is to protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and other environmental hazards that affect health. The office sits in my office -- the Office of the Assistant Secretary for Health's Office of Climate Change and Health Equity (OCCHE). Protecting the health and well-being of people living in America has always been at the heart of environmental justice, and now its importance is being elevated at HHS.

Climate Change and Health Equity and Environmental Justice

- Climate change and health equity and EJ are closely aligned. That's why OEJ is nested within OCCHE, as we work closely together and are stronger together.

- Climate change is a major issue for many of our vulnerable populations and underserved communities, and, in fact, a multiplier of many environmental justice issues. OEJ and OCCHE will work together to build resiliency within these communities.
- OEJ will focus and address issues outside of climate, including health protection issues resulting from:
 - pesticide/chemical exposure,
 - lack of access to sanitary conditions
 - solid waste, wastewater/sewage
 - clean water
 - food insecurities
- We want to help vulnerable populations and overburdened, and underserved communities have safe access to water, clean air to breathe, and the knowledge that where they live, work, play, and pray won't affect their health and wellbeing.

Environmental Justice and Farmworkers

- Farmworkers, a vulnerable population in a hazardous occupation, are due workplace health and safety protections. We are fully aware that farmworkers and their families face numerous health issues due to their living and working conditions. Many are exposed to the unsettling and threatening impacts of climate, most notably heat stress and other extreme weather conditions; unsanitary working and living conditions (such as lack of adequate drinking water and toilet facilities); and pesticide exposure.
- OEJ's mission is to protect the health of vulnerable populations, including farmworkers. OEJ will work closely with vulnerable populations and disadvantaged communities, and together with OCCHE, will serve as the connective tissue for HHS, bringing together different programs and resources at HHS, and connecting them with the communities most in need.
- OEJ will also partner with other federal agencies and national, state, local and community-based organizations to ensure occupational

safety and health protections for farmworkers, as well as economic opportunities.

- One of OEJ's top priorities includes strengthening HHS' work on Justice 40. Justice40 is a whole-of-government environmental justice effort to ensure that Federal agencies work with states and local communities to deliver at least 40 percent of the overall benefits from Federal investments in climate, clean energy, and other related environmental justice issues to disadvantaged communities. We will work with programs at HHS like Low Income Home and Energy Assistance Program (LIHEAP) to maximize our support to disadvantaged and vulnerable communities, including farming communities.
- HHS is committed to pursuing climate justice, environmental justice, and farmworker justice in communities disproportionately affected by indicators representing vulnerability to climate change, environmental burden, health vulnerability and social vulnerability.

BIOS

Florida Farmworker Association

Nezahualcoyotl (Neza) Xiuhtecutli, *General Coordinator, Principal Investigator*



Nezahualcoyotl "Neza" Xiuhtecutli is the General Coordinator/Executive Director of the Farmworker Association. Neza joined the Association's team in 2016 as part of the research team. In 2018 he became research coordinator and oversaw field operations for various research projects and actively engaged both research partners and community members in the dissemination of research results through heat stress and pesticide training.

He accepted the position of General Coordinator in December 2020.



Yesica Ramirez
Apopka Area Organizer

Sara Mangan

Climate Justice Organizer for FWAF



Florida Conversation Voters
Jonathan Webber, Legislative and Political Director



NANCY PELOSI
SPEAKER OF THE HOUSE

FACT SHEET

FROM SPEAKER OF THE HOUSE NANCY PELOSI
SPEAKER.GOV

June 24, 2022

S. 2938, The Bipartisan Safer Communities Act

Key Points

- Today, the House will consider S. 2938, The Bipartisan Safer Communities Act, historic gun violence prevention legislation.
- The Senate passed the bill last night by a vote of 65 to 33, with 15 Senate Republicans joining all 50 Senate Democrats in support of the bill.

The Bipartisan Safer Communities Act is a commonsense, bipartisan proposal to protect America's children, keep our schools safe, and reduce the threat of violence across our country, including with:

Some of the specific provisions include:

- **Support for State Crisis Intervention Orders:** Creates \$750 million for states to create and administer laws that will ensure deadly weapons are kept out of the hands of individuals determined by a court.
- **Protections for Victims of Domestic Violence by Closing the Boyfriend Loophole:** Adds convicted domestic violence abusers in dating relationships to the National Instant Criminal Background Check System.
- **Penalties for Straw Purchasing:** Creates federal straw purchasing and gun trafficking criminal offenses, allowing prosecutors to target dangerous illegal gunrunners.
- **Clarified Definition of Federally Licensed Firearms Dealer:** Cracks down on criminals who illegally evade licensing requirements and clarifies which sellers need to register, conduct background checks, and keep appropriate records.
- **Enhanced Background Checks for People Under 21:** Requires an investigative period to review juvenile and mental health records, including checks with state databases and local law enforcement, for buyers under 21 years of age, creating an enhanced, longer background check of up to ten days.
- **Anti-Violence Community Initiatives:** Provides \$250 million in funding for community-based violence prevention initiatives.

Investments in Children and Family Mental Health Services

The bill supports national expansion of community behavioral health center model; improves access to mental health services for children, youth and families through the Medicaid program and CHIP; increases access to mental health service for youth and families in crisis via telehealth; and provides major investments at the Department of Health and Human Services in programs that expand provider training in mental health, support suicide prevention, crisis and trauma intervention and recovery.

Some of the specific provisions include:

- **Certified Community Behavioral Health Clinic:** Expands the existing Medicaid CCBHC demonstration program to all states to increase access to community-based behavioral health services.
- **School-based mental health:** Helps states to implement, enhance, and expand school-based health programs under Medicaid through updated guidance, technical assistance, and state planning grants.

- **Gold standard in mental health coverage for children:** Improves oversight of states' implementation of Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the country's gold standard in children's health coverage, to strengthen children's access to comprehensive mental health services.
- **Telemental health services for children:** Requires CMS to provide guidance to states on how they can increase access to behavioral health services through telehealth under Medicaid and CHIP.
- **Training for pediatric providers:** Appropriates \$60 million over five years for training in mental health for primary care clinicians who treat children and youth.
- **Community and first responder mental health training:** Appropriates \$120 million over four years to prepare and train community members and first responders on how to appropriately and safely respond to individuals with mental disorders.
- **Support for states to expand mental health services:** Provides \$250 million for states, DC, and territories to enhance comprehensive community mental health services.
- **Building awareness of and access to services for mental health:** Appropriates \$240 million over four years for programs that increase awareness of mental health issues among school-aged youth, provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues, and connect school-aged youth who may have behavioral health issues and their families to needed services.
- **School-based trauma support:** Includes a set aside of \$28 million for grants to support trauma care in school settings.
- **Support after traumatic events:** Appropriates \$40 million over four years to improve treatment and services for children, adolescents, and families who have experienced traumatic events.
- **National Suicide Prevention Lifeline/9-8-8:** Appropriates \$150 million to support implementation of the 9-8-8 Suicide and Crisis Lifeline that provides 24/7, free and confidential support to people in suicidal crisis or emotional distress.

Increased Funding for Schools

The bill invests in programs to expand mental health and supportive services in schools, including early identification and intervention programs, school-based mental health and wrap-around services, improvements in school-wide learning conditions, and school safety.

Some of the specific provisions include:

- **School Based Mental Health Services and Staff:** Provides \$500 million through the School Based Mental Health Services Grant Program to increase the number of qualified mental health service providers that provide school based mental health services to students in school districts with demonstrated need.
- **Training and Pipeline Development for School Based Mental Health Staff:** Provides \$500 million in funding for School Based Mental Health Service Professionals Demonstration Grant. This money will help train and diversify the pipeline of school counselors, school social workers, and school psychologists.
- **Improving Conditions for Student Learning:** Provides \$1 billion in funding through Title IV-A to support a variety of activities to improve conditions for student learning, including developing positive school climates through evidence-based practices.
- **Out-of School Programs:** Provides \$50 million in funding to the 21st Century Community Learning Centers program, which funds extracurricular, after school and summer programs, with a focus of new funding to target programs for older youth.
- **School Safety:** Provides \$300 million in funding through the STOP School Violence Act to institute safety measures in and around schools, support school violence prevention efforts and provide training to school personnel and students. Codifies the SchoolSafety.gov clearinghouse, which provides evidence-based resources to improve school safety. Prohibits use of funds under the Elementary and Secondary Education Act to train or equip any person with dangerous weapons in schools.

DRAFT: Assistant Secretary for Health Visitation Agenda
Admiral Rachel L. Levine, MD
Monday, June 27, 2022
4:00 – 5:00 p.m.

- 3:55 – 4:00p.m. Meet ASH Admiral Levine at the information desk on the first floor in the lobby at the Lake Nona OVAHCS Medical Center at 3:55 p.m.
- 4:00 – 4:10 p.m. Meet and greet with staff at the piano/lobby area (bottled water will be made available).
- 4:10 – 4:40 p.m. Tour emergency department. Meet with mental health, suicide prevention staff, long COVID, and AIDS, HIV, and Syringe Program.
- 4:40 – 4:50 p.m. Tour Women's Health Clinic. Women's program staff and Mary Lu Williams will be available for NFS.
- 4:50 – 5:00p.m. Wrap up tour and escort ASH and entourage back to their vehicle.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary for Health

To: ADM Rachel Levine
From: Office of Communications
Subject: **Children Under 5 COVID-19 Vaccine Event**
Date: Friday, June 24, 2022

Event Details

Date: Tuesday, June 28, 2022
Time: 11:30 a.m. to 12:30 p.m.
Location: Borinquen Medical Centers. 3601 Federal Highway, Miami, FL 33137
Staff: LCDR Kinbo Lee, Kim Seigfreid
POC: Paul Velez, CEO.
Parking: There will be reserved parking.

Overview

YOU will travel to Borinquen Medical Centers to meet with health care leaders, providers, and staff to hear firsthand how they are protecting our youngest children with COVID-19 vaccines. After the discussion, YOU will tour Borinquen Medical Centers and meet with parents, families, and kids under 5 who will receive the COVID-19 vaccine.

Borinquen Medical Centers started in 1972 as a grass-roots community effort from a group of community organizers in the Puerto Rican community. Over the years Borinquen Medical Centers have grown to become a Comprehensive Primary Health Care, Dental and Behavioral Health Center serving Miami-Dade County.

Following the tour, YOU along with parents and families will be made available to the media.



Event Timeline

- 11:30 am Arrive at Borinquen Medical Centers (Greeted Paul Velez, CEO, and Kim Seigfreid)
- 11:35 am Meeting with Paul Velez and his leadership team. Mr. Velez and his time will provide an overview and talk about their COVID-19 vaccines outreach efforts.
- 11:55 am Tour
- 12:05 am Vaccinations
- 12:15 am Informal media availability
- 12:30 am Depart

Attachments

- [Snapshot of Borinquen Medical Centers](#)

Talking Points: Vaccines Approved for Kids Under 5

- This is a celebration for parents and families across the country and a historic milestone in our fight against COVID-19: vaccines for kids under 5 have now been authorized by the FDA and recommended by the CDC. The United States is now the first country to protect our youngest children with COVID-19 vaccines, offering safe and highly effective mRNA doses to children as young as six months old.
- This is a monumental step forward for the nation and follows a rigorous scientific review by both the FDA and CDC. For the first time, virtually every American can access the protections from these lifesaving vaccines, from our youngest to our most senior Americans.



- We have come a long way in our fight against COVID: over 220M Americans are fully vaccinated, 100M are boosted, and daily deaths due to COVID-19 are down by 90 percent. We have worked tirelessly to make vaccines, treatments, and other tools widely available for the American people.
- The Administration has been planning and preparing for this moment, having secured vaccine doses for America's youngest children and now launching a comprehensive effort with states, local health departments, America's pediatricians, family doctors, pharmacies, rural health clinics, community centers and many others to help get shots into arms.
- These vaccines are safe, highly effective, and will give parents the peace of mind of knowing their child is protected from the worst outcomes of COVID-19. Tens of millions of children over 5 in the US have already been protected by these safe and effective vaccines.
- We encourage you to talk to your pediatrician or health care provider and make a plan to get your child vaccinated.

Latest on Florida Vaccines for Kids under 5

- To take a step back, despite repeated attempts and outreach to engage officials in the State of Florida, elected officials deliberately chose to delay taking action to deny Florida parents the choice whether to vaccinate their children.
- For every state but Florida, vaccines began shipping Friday to pediatricians, health providers, and children's hospitals, so that parents can begin to have important, medical conversations about getting their kids vaccinated as soon as possible.
- We are encouraged that after seeing strong pressure on Florida's governor to allow parents to make their own decisions with their pediatricians about getting their kids vaccinated that Florida has



opened up ordering of COVID-19 vaccines to providers, including pediatricians' offices across the state.

- Already, Florida has ordered over 20,000 doses, and we are working hard to get these doses to the state as quickly as possible because Florida families should not suffer because of the Governor's inaction. We hope that despite the Governor's delay, doses could arrive by the end of this week.
- This is an encouraging first step, but Florida must do more. Currently, it is refusing to offer the vaccine to families that want it through its state and local public health departments – which play a critical role in serving kids who may not have regular access to a doctor. This will leave the state's most underserved kids behind.
- The President wants to make sure that every parent is given the opportunity to protect his or her children and this includes the families and over 1 million of the youngest children in the State of Florida. That is why we are committed to pulling every lever possible, to get vaccine doses to Florida children as quickly as possible, and we will continue to push the state to order doses for their local health departments.

FLORIDA – KIDS UNDER 5

What's your message to the Florida Governor who initially didn't order vaccines for children under 5 and has since said these vaccines aren't safe for kids?

- I encourage parents everywhere to follow the advice of the health and medical experts who have made clear these vaccines are safe and effective.
- Bottom line: Get your kids vaccinated. The Governor of Florida shouldn't be standing in the way of that.



Florida officials are saying that they did not reverse course in allowing health care providers to order vaccines – why did the White House say that they did?

- For weeks, we've asked Florida and every state about submitting pre ordering so they can get vaccines shipped upon any authorization
- 49 out of 50 states did just that, with Florida being the exception
- Thursday, you heard Governor DeSantis say he does not support vaccines for kids under 5 and would not order them.
- And Friday, providers were able to order them. So, I will let those actions speak for themselves.

What would you say to Florida parents of kids under 5 who are concerned about not being able to get their child vaccinated?

- The President wants to make sure that every parent is given the opportunity to protect his or her children and this includes the families and over 1 million of the youngest children in the State of Florida.
- We are committed to pulling every lever possible, to get vaccine doses to Florida children as quickly as possible, and we will continue to push the state to order doses for their local health departments.

Can you provide an update on where Florida is on placing an order? How soon will Florida receive their order?

- As of June 22, the jurisdiction has placed the following orders:
 - 38,800 doses (jurisdiction) for under 5/under 6
 - 27,400 of those orders have been shipped
 - 24,300 of those orders have been delivered
- We are working hard to get these doses to the state as quickly as possible because Florida families should not suffer because of the Governor's inaction.
- We hope that despite the Governor's delay, doses could arrive by the end of this week.



Were other orders placed for locations by the State of Florida?

- As of June 22, pharmacies placed the following orders:
 - 59,100 doses for under 5/under 6
 - 59,000 of those orders have been shipped
 - 58,000 of those doses have been delivered
- As of June 22, federal entities such as federally qualified health centers and rural health clinics placed the following orders:
 - 24,500 doses for under 5/under 6
 - 24,500 of those orders have been shipped
 - 21,800 of those doses have been delivered

###



Health Center Snapshot

Borinquen Health Care Center, Inc.

3601 Federal Hwy
Miami, FL 33137
Paul C Velez, Chief Executive Officer
305-576-6611 (b)(6)
pvelez@borinquenhealth.org

Borinquen Health Care Center, Inc. provides affordable, accessible, quality primary health care services to 34,667 patients across 46 delivery sites in Florida. Borinquen Health Care Center, Inc. offers medical, dental, mental health, substance use disorder, and enabling services to patients.

HRSA Health Center Program FY 2021 Investments

- \$12,262,125 in American Rescue Plan (ARP) funding
- \$978,313 in ARP Construction and Capital Improvements funding
- \$7,393,571 in annual base funding
- \$199,080 in Hypertension Control funding

Patient Profile

- 100% of patients seen within 90 days of first diagnosis of HIV
- 71% of diabetic patients effectively manage their disease, exceeding the national average of 60%¹
- 70% of Ischemic Vascular Disease patients receive aspirin therapy
- 58% of hypertensive patients have their blood pressure controlled
- 96% of pediatric patients receive a weight assessment and counseling for nutrition and physical activity
- 87% of pediatric patients, age 6 to 9 years, receive dental sealants, exceeding the Healthy People 2030 goal of 42.5%
- 85% of patients are screened for depression
- 79% of patients are screened for tobacco use and receiving cessation intervention
- 97% of patients live at or below 200 percent of federal poverty guidelines
- 52% of patients are children 17 years or younger
- 48% of patients are uninsured



Health Center Quality Leader - Silver



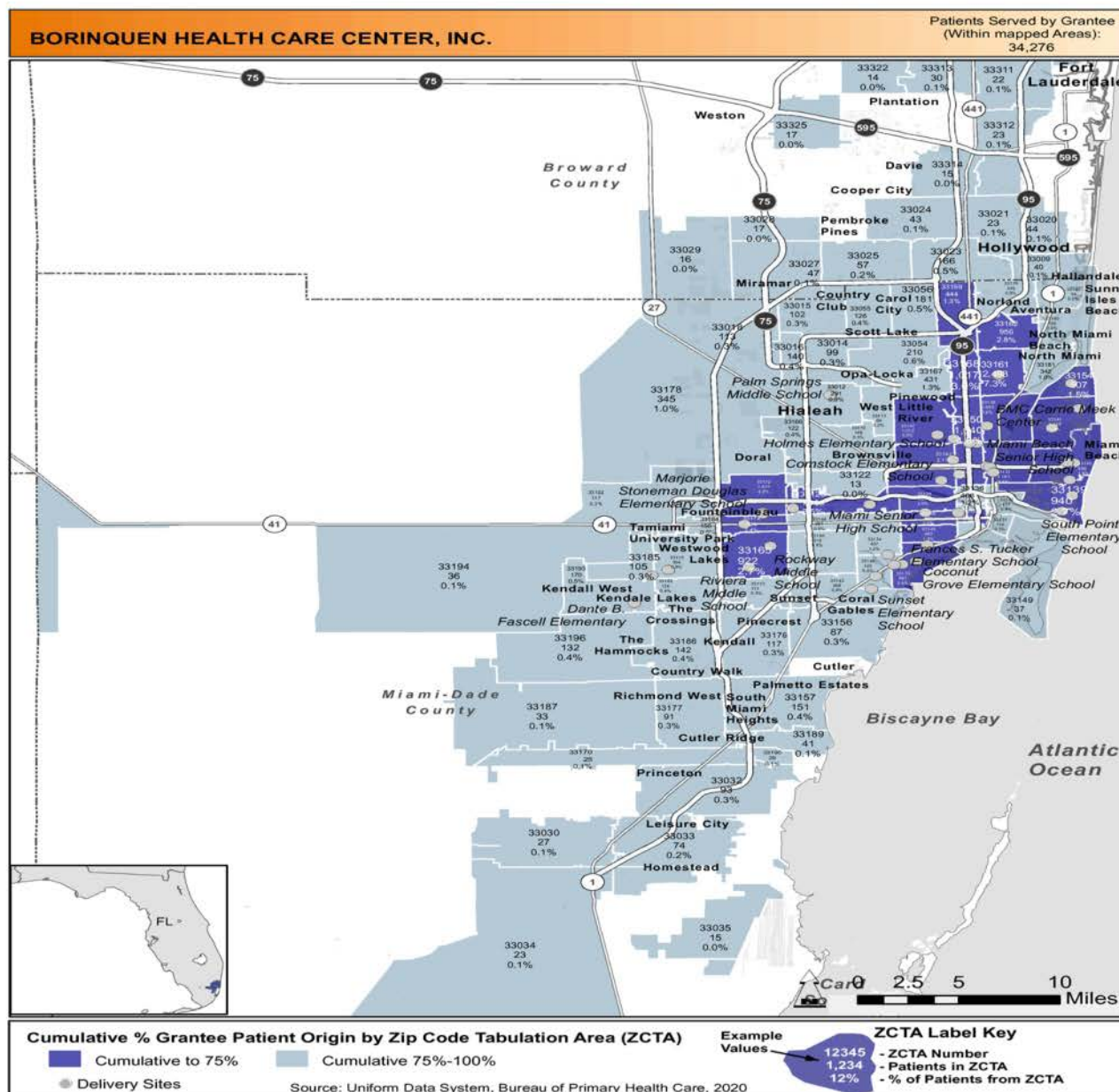
Advancing Health Information Technology (HIT) for Quality

¹Comprehensive Diabetes Care, Medicaid-HMO, 2019, National Committee for Quality Assurance.



Health Center Snapshot

Service Area Map



¹Comprehensive Diabetes Care, Medicaid-HMO, 2019, National Committee for Quality Assurance.

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: Miami Heat Officer Meeting

Event Date: June 27

Event Time: 4:30 – 5:30 pm

- 4:30 – 5:00: Overview by Jane Gilbert
- 5:00 – 5:30: Miami-Dade County Mayor joins for discussion

Location: Steven Key Lark Center 111 Northwest First Street, 33182, 12th Floor

Participants in the room:

- Jane Gilbert, Miami Heat Officer
- Daniella Levine Cava, Mayor Miami-Dade County

Participants on Zoom:

- Co-chairs of the Interagency Working Group on Extreme Heat: John Balbus from HHS, Juli Trtanj from NOAA, and Vicki Arroyo from EPA
- Gregorio Hunt, IEA

BACKGROUND

In May 2021, Jane Gilbert became Miami-Dade County's chief heat officer, the first in the U.S. — and in the world. Since then, a handful of others have established this position, the most recent being in LA.

Known as the “silent killer,” heatwaves cause more deaths than any other climate-driven natural disasters in the U.S., threatening the health and wellbeing of billions of people across the globe. Appointing Miami-Dade's first Chief Heat Officer will help expand, accelerate, and coordinate our efforts to protect people from heat and save lives.

Miami-Dade County has long been a leader in addressing extreme heat and the urban heat island effect. Signature programs include Million Trees Miami led by Gabriela Lopez and Miami-Dade Parks Recreation and Open Spaces Department with the mission of growing a healthy urban forest that provides a minimum of 30 percent tree canopy coverage and the maximum social, economic, and environmental benefits. The Department of Environmental Resources Management's popular “Adopt a Tree” Program has also

provided shade and fruit trees to over 200,000 Miami-Dade residents. The County's Office of Emergency Management and OEM Director Frank Rollason will work with the new Heat Health Task Force to create a Heat Plan that includes such innovations as "Resilience Hubs" to ensure all residents have access to a place where they can cool off during extreme heat events or power outages.

YOU will be joined by the co-chairs of the Interagency Working Group on Extreme Heat, formed by the White House Climate Policy Office in July 2021 and co-led by HHS, NOAA, and EPA.

Talking Points

- I am excited to be able to tell you a bit about the Office of Climate Change and Health Equity (OCCHE). OCCHE was created by executive order in January 2021 and launched on August 30, 2021.
- 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 coordinating a multidisciplinary approach than a comparable investment in just one 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;** in the interest of time, I'll just mention some of the highlights related to work on the health aspects of extreme heat.

- Last summer OCCHE supported the launch of the Biden Administration's Interagency Working Group on Extreme Heat, which coordinates the national response to extreme heat. Our Office Director co-chairs the working group along with staff from NOAA and EPA, and aims to connect communications and operational response measures more closely to longer term policy and heat risk mitigation programming.
- Right after Earth Day, OCCHE launched the Climate and Health Outlook, a new information resource that provides a seasonal forecast for health impacts of weather extremes. The first two editions, which focused on extreme heat, have used the most current long-term temperature forecasts from NOAA and information from CDC's heat health tracker to highlight counties at risk of extreme heat and put that in the context of population vulnerability and resources to help protect those at greatest risk.
 - The next edition of the Climate Health Outlook will include a focus on hurricanes and the connections to extreme heat. Something likely to be of interest to the city of Miami!
- Importantly, OCCHE is collaborating closely with CDC and AHRQ to improve statistics, indicators and analyses related to heat and health, as part of our effort to focus HHS resources on those populations who need protection the most. This has included supporting recent AHRQ analyses on heat-related emergency room admissions by county and ongoing work at CDC to extend the 30 day heat health forecast out to a full 90 days.
- We look forward to ongoing collaboration with you, your office, and the Arsht-Rockefeller Resilience Center to help improve how we save lives and protect people's health in the face of extreme heat, which we recognize is a hazard that is going to grow in the coming years as climate change continues to worsen. We especially hope you will be able to review and use our informational resources and give us feedback on how we can make them more useful to you.

BIOS

Daniella Levine Cava – Mayor



Daniella Levine Cava was elected Miami-Dade County's first-ever woman Mayor in November 2020. She enters the Mayor's office following a 40-year career as a relentless advocate for South Florida families in public service and elected leadership. As Miami-Dade County's Mayor, she oversees a metropolitan government with more than 28,000 employees serving nearly 3 million residents, managing an annual budget of approximately \$9 billion.

Since taking office, she has worked to protect lives and livelihoods by deploying a countywide operation to distribute coronavirus vaccines efficiently and equitably across Miami-Dade; appointing the County's first Chief Medical officer; and working closely with city leaders and the business community to spread a unified pandemic response message. In collaboration with the Board of County Commissioners, she is working to distribute millions of federal dollars in American Rescue Plan relief funds to support small businesses and residents impacted by the pandemic, invest in critical infrastructure projects, and kickstart long term recovery.

Mayor Levine Cava's administration is focused on building a stronger, more inclusive, more resilient Miami-Dade: prioritizing reforms to make our county safer and prevent gun violence through the Peace and Prosperity Plan; restoring and reinvigorating a thriving economy that delivers economic security for Miami-Dade businesses and families and attracts new industries; saving Biscayne Bay and building and protecting our environment; and directly engaging with residents to make local government more responsive, transparent, and accountable. Learn more about the Mayor's key priorities and progress.

A social worker, lawyer, and community activist, she was first elected in 2014, and re-elected in August 2018, to serve as the Miami-Dade County Commissioner representing District 8. As Commissioner, she invested in

Miami-Dade small businesses and expanded economic opportunity, protected the environment and our water, increased the County police force for underserved areas, advocated for an expanded, reliable public transportation system, worked to create affordable housing and revitalize neighborhoods, and helped make local government more accountable and transparent.

She came to elected office after having served as an advocate for South Florida families for over 30 years. She served special needs children, low-income families and immigrants at Legal Services of Greater Miami, and then represented children in foster care and adoption system as Acting, Associate and Legal Director for the Guardian Ad Litem Program.

In the aftermath of Hurricane Andrew, she was recruited to create a new intake system for child abuse cases with the Department for Children and Families. Her efforts were concentrated on the neighborhoods of District 8 where she helped restore the lives and homes of those devastated by the storm.

In 1996, Mayor Levine Cava founded Catalyst Miami to help low- and middle-income families through service, education, and advocacy. Catalyst helps approximately 5,000 people each year to become more self-sufficient and civically engaged.

She is the Immediate Past Chair of the South Florida Regional Planning Council (SFRPC) and served as an SFRPC Council Member from 2015 – 2020. She has served on the Florida Bar Committee on Legal Needs of Children; the boards of League of Women Voters, Orange Bowl Foundation, North Dade Medical Foundation, South Florida Health Information Initiative, and several national boards. She's won numerous awards from various organizations including: the Commission on Ethics, Red Cross, American Society for Public Administration, ACLU, National Council of Jewish Women, League of Women Voters, among others.

Born in New York and raised partly in Latin America, Mayor Levine Cava received her bachelor's degree in psychology with honors from Yale University and graduate degrees in law and social work from Columbia University. She came to South Florida in 1980 to join her husband, Dr. Robert Cava, a Miami native, who returned home to join his father in medical practice. Daniella and Robert raised two children, Eliza and

Edward, in Miami-Dade, supported by strong networks of friends, families, and co-workers.

Jane Gilbert



Gilbert previously served as the Chief Resilience Officer for the City of Miami, leading development of the Resilient305 Strategy among diverse stakeholders. For more than 20 years, she has created and led public-private partnerships focused on strengthening the community. As a consultant, she managed The Miami Foundation's civic leadership agenda on sea level rise, coordinating the unified application to 100 Resilient Cities. She also led efforts for a study on how best to communicate policy and action priorities related to sea level rise. Previously, she led Wells Fargo's philanthropy and community affairs in South Florida and was the founding executive director for two nonprofits, Dream in Green and Arts for Learning/Miami.

Gilbert will co-lead an interagency Heat Health Task Force with Dr. Cheryl Holder as co-chair of this initiative.

Juli Trtanj



Juli Trtanj is the One Health and Integrated Climate and Weather Extremes Research Lead for NOAA. She is responsible for developing and implementing the National Oceanic and Atmospheric Administration (NOAA) Health Strategy across NOAA and with other federal, state, local and international Agencies, academic and private sector partners. She is leading efforts to build the National Integrated Heat Health Information System (NIHHIS) in partnership with the Centers for Disease Control, FEMA, OSHA, NIOSH, ASPR, EPA and other agencies. She coordinates the NOAA One Health Working Group which brings together NOAA data, research, information and actions to inform health decision making. She started the first multidisciplinary and multi-partner research program on Climate Variability and Human Health. She developed and

directed NOAA's Oceans and Human Health Initiative focused on Early Warning Systems, Health Benefits from the Sea, and Graduate Training. Ms. Trtanj co-chairs the US Global Change Research Program, Climate Change and Human Health Group (CCHHG) and represents NOAA on the Pandemic Prediction and Forecasting Science and Technology Working Group. She is an author on the Fourth National Climate Assessment, served on the Steering Committee of the USGCRP Climate and Health Assessment and was a Convening Lead Author for the Water-Related Illness chapter. She is the Integrated Information System for Health Lead for the Group on Earth Observations (GEO), and is directly involved with the World Health Organization (WHO), and other partners in the development of the Integrated Information Systems for heat, cholera and other water-related illnesses. She has contributed to, reviewed, or edited sections of several IPCC and US National Climate Assessment reports and authored several book chapters and journal articles. Ms. Trtanj earned her Master in Environmental Science from Yale School of Forestry and Environmental Studies in 1994, and her Bachelors in 1986 from the University of California Santa Barbara.

Vicki Arroyo



As EPA's Regulatory Policy Officer and Regulatory Reform officer, Vicki oversees the intra-agency Action Development Process within EPA and serve as chief liaison with OMB's Office of Information and Regulatory Affairs (OIRA), negotiating the successful interagency review of significant regulatory actions. She is policy lead for EPA's economic analysis, including cost-benefit analysis used in rulemakings and development of the interim and final social cost of greenhouse gases. As EPA's lead National Environmental Policy Act (NEPA) official, supports the agency's role under NEPA and Section 309 of the Clean Air Act which provides for EPA review of other federal agency environmental impact assessments. Oversees work of EPA's active and growing Office of Environmental Justice as well as EPA's Office of Community Revitalization (formerly Office of Sustainable Communities), and its Smart Sectors Program. Appointed by Administrator Regan to serve

as EPA's senior climate adaptation official, leads agency work on adaptation and resilience.

Prior to that, Vicki Arroyo was the Executive Director of the Georgetown Climate Center at the Georgetown University Law Center, where she is also a Professor from Practice and a Special Advisor to the President of Georgetown University. She was also previously Georgetown Law's Assistant Dean for Centers and Institutes and the Environmental Law Program Director. In 2018, Professor Arroyo was elected a member of the American College of Environmental Lawyers.

Professor Arroyo has served as Chair of the Executive Committee of the National Transportation Research Board (TRB) of the National Academy of Sciences and chaired TRB's Resilience and Sustainability Task Force. In 2020, Professor Arroyo served on the Steering Committee of the Climate 21 Project and was lead author of the transportation chapter providing recommendations for immediate policy steps the Biden-Harris Administration can take towards a cleaner, more resilient future. She also co-chaired the Transportation Working Group for America's Zero Carbon Action Plan, an initiative by the UN Sustainable Development Network to develop a pathway for the United States to decarbonize by 2050.

Arroyo previously served in EPA's Office of Air and Radiation and the Office of Research and Development, where she supported development of air toxics and criteria pollutant standards under the Clean Air Act. From 1988 to 1991, she created and directed the Louisiana Department of Environmental Quality's policy office, and also served during some of that period as Governor Buddy Roemer's environmental advisor. She also served as Vice President and General Counsel at the Pew Center on Global Climate Change, overseeing work on economics, science and impacts of climate change, and policy analysis for more than a decade.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary for Health

To: ADM Rachel Levine
From: Office of Communications
Subject: **Visit with Public Health Service Officers**
Date: Wednesday, June 29, 2022

Event Details

Date: Wednesday, June 29, 2022
Time: 12:00 p.m. to 1:00 p.m.
Location: 94th Aero Squadron Restaurant (1395 NW 57th Ave, Miami, FL)

Overview

YOU will participate in a meet and greet with PHS officers stationed in the Miami area after your private lunch.

Event Timeline

12:00 pm Private lunch in the restaurant's "Alpha" room with staff

Meeting with Public Health Service officers

12:15 pm LCDR Lee calls the room to attention
12:17 pm Introductory remarks by ADM Rachel Levine
12:25 pm Discussion and Q/A
12:50 pm Closing remarks by ADM Levine
12:55 pm Picture with ADM Levine
1:00 pm Meeting concludes

Talking Points

Meeting with Public Health Service officers: Suggested Talking Points

- Thank you for your service to our nation and your commitment to improving the nation's public health.



- I have witnessed the sacrifices you make to serve. In the process, my admiration for the USPHS Commissioned Corps has only deepened.
- As I've said before, it is the honor of my lifetime to lead such a distinguished group of officers dedicated to making this world a better, healthier place.
- Over the last 20 years, the U.S. Public Health Service Commissioned Corps focus has risen to every occasion by responding to public health emergencies, stepping up to face the unknown to help others during their darkest hours. As America's Health Responders, you are first in line to defend our nation against public health threats both large and small.
- Since the start of the pandemic, so many of our Public Health Service officers have stepped up and left their homes, their loved ones to serve our country.
- Thank you for standing tall and remaining committed to your oath to serve during these trying times. This pandemic has really underscored the important nature of public health. Public health needs to be at the table, front and center. And as America's Health Responders, you remain committed to placing yourself in harm's way to counter emerging and chronic threats. You have taken an oath to protect our nation's public health and you live it every day, demonstrating to all that we are a critical force in responding to the health threats of our nation.

COMMISSIONED CORPS OPERATIONAL UPDATES

- I also want you to know that VADM Murthy, RADM Hinton, and our leadership team, remain committed, in everything that we do, to leave our service much stronger, more stable, and more capable.
- We are focused on providing you with the adequate tools and training you need to be successful when you respond to emergencies, in your career progression, and at your current duty stations.



- Your training, opportunities, and career growth matter to me, matter to our leadership team.
- We remain committed to making our service stronger by:
 - Enhancing training, professional opportunities, and professional development for the Regular Corps;
 - Focusing on recruitment and retention of officers;
 - Seeking to improve morale and officer well-being;
 - Training the Public Health and Emergency Response Teams; and,
 - Training a Ready Reserve Corps.

CLOSING

- Thank you all for you have done, and continue to do, to protect, promote, and advance the health of this country.
- With that, I will take your questions.
- Thank you.

Roe v. Wade Messaging

TOPLINE: This fight is not over. Congress must act and the American people must use their voice.

Today, the Supreme Court expressly took away a Constitutional right from the American people. New extreme state laws will jeopardize the health of millions of women without exceptions for rape or incest.

And, as Justice Thomas specifically referenced today, this decision also puts at risk the right to marry who you love or make decisions about your own health. The President and his administration will use its lawful powers to protect women's right to travel and access medication.

Today –the Supreme Court of the United States expressly took away a Constitutional right from the American people that it had already recognized. It's never been done. And as a result, the health and lives of women are now at risk. The Administration will use its lawful power, but Congress must act. And the American people can have the final word and act with their vote.

For 50 years, Roe v. Wade has been the law of the land. It was a constitutional principle upheld by Justices appointed by Democratic and Republican Presidents. It was a 7-2 decision written by a Justice appointed by *Republican* President Richard Nixon. It was a decision with broad national consensus that most Americans of all faiths and backgrounds found acceptable.

Today's decision is the culmination of a deliberate effort over decades to upset the balance of our law.

New state laws have been triggered with abortion bans jeopardizing the health of millions of women some without exceptions. These laws are so extreme that women will have no choice to protect their own life, women and girls will be forced to bear their rapist's child, doctors will be criminalized for fulfilling their duty of care. And, as is too often the case, poorer women are hit the hardest.

It's cruel. It's extreme.

Roe was the basis of the fundamental right to privacy and has served as the basis for so many more rights that we have come to take for granted and are ingrained in the fabric of this country. The right to make the best decisions for your health. The right to use birth control. The right to marry the person you love.

Today's decision puts all of those rights at risk.

Today, the President and the Attorney-General made clear that the administration will defend a woman's bedrock right to travel from her home to a state that allows abortion. Women must remain free to travel safely to another state to seek the care they need. And, if any elected official tries to interfere with women exercising this basic right, the Administration will do everything in its power to fight that deeply un-American attack.

The President also said that administration will also protect women's access to medications that are approved by the Food and Drug Administration, like contraception and mifepristone, which the FDA approved over twenty years ago to safely end an early pregnancy of up to ten weeks

and is commonly used to treat miscarriages. The President directed the Department of Health and Human Services to ensure these critical medicines are available to the fullest extent possible.

Last updated June 24, 2022

Florida Meningococcal Disease Outbreak among MSM

Key Messages

About the Outbreak and Vaccine Recommendations for MSM Living in Florida

- There is a deadly outbreak of meningococcal disease in Florida, primarily among gay, bisexual, and other men who have sex with men (MSM).
- This is the worst outbreak of meningococcal disease among MSM in U.S. history.
- Since December 2021, there have been at least 26 cases and 6 deaths among MSM. (Note: 2 new cases reported since the press release was finalized)
 - 15/26 cases are among Hispanic men.
 - 11/26 cases were co-infected with HIV.
 - 6/26 have died
 - There have been 7 total deaths associated with this outbreak; one in non-MSM.
 - There is some geographical clustering of cases in the central part of the state, but specific links between cases have not been established. This is not surprising, however, because multiple rounds of transmission can occur between asymptomatic carriers before there is a case of invasive disease.
- In response to this outbreak, CDC recommends gay, bisexual, and other men who have sex with men get a MenACWY vaccine if they live in Florida.
- People can find a meningococcal vaccine by contacting their doctor's office, pharmacy, community health center, or local health department.
- If recommended meningococcal vaccination during an outbreak, it should be covered by insurance providers. In Florida, anyone can get a MenACWY vaccine free of charge at a county health department during the outbreak.
- More information about the outbreak and vaccine is available at [Meningococcal Disease in Florida, 2022 | CDC](#).

About Meningococcal Disease

- The two most common types of meningococcal infections are meningitis (an infection of the lining of the brain and spinal cord) and bloodstream infection, both of which can quickly become deadly.
- If someone has symptoms of meningococcal disease (e.g., fever, headache, stiff neck, nausea/vomiting, dark purple rash), they should seek medical care right away.
 - Symptoms can first appear as a flu-like illness and rapidly worsen.
- Anyone can get meningococcal disease, regardless of sex, age, race, ethnicity, or sexual orientation.
 - In general, MSM are not at increased risk for meningococcal disease.
- People spread meningococcal bacteria to other people by sharing respiratory and throat secretions (saliva or spit).
 - Generally, it takes close (e.g., kissing) or lengthy contact (e.g., roommates) to spread these bacteria.
 - Fortunately, meningococcal bacteria are not as contagious as germs that cause the common cold or the flu. People do not catch the bacteria through casual contact or by breathing air where someone with meningococcal disease has been.
- Meningococcal disease is very dangerous and can cause death in those with underlying health conditions and in those who are otherwise healthy.
 - At this time, we are unable to share specifics about those who died.

Last updated June 24, 2022

Related Vaccine Recommendations

- While this outbreak is mostly affecting people who live in Florida, it has also affected some people who have traveled to the state.
 - In light of this and the number of Pride events being held in the state this summer, CDC encourages men who have sex with men who are traveling to Florida to talk with their healthcare provider about getting vaccinated too.
- In addition, CDC is highlighting that MenACWY vaccination is routinely recommended for all people with HIV in the United States.



Grantmakers In Health Annual Conference Strategy Session Run-of-Show

Session Title: Advancing LGBTQI+ Health Equity

Session Date: Wednesday, June 29

Session Time: 2:15 – 4:30 pm, please arrive no later than 2:00 pm

Session Location: Loews Miami Beach, Cowrie on the 3rd Floor

Session Participants:

Michelle Larkin (Moderator)

Associate Executive Vice President
Robert Wood Johnson Foundation

Amy Latham (Panelist)

Chief Impact Officer
The Colorado Health Foundation

Admiral Rachel L. Levine (Keynote)

Assistant Secretary for Health
U.S. Department of Health and Human
Services

Skye Perryman (Panelist)

President and CEO
Democracy Forward

Kellan Baker (Panelist)

Executive Director
Whitman Walker Institute

Nadine Smith (Panelist)

Co-founder and Executive Director
Equality Florida

Ryan Barker (Panelist)

Vice President of Responsive Philanthropy
Missouri Foundation for Health

Session Description:

Policies that threaten the health and safety of LGBTQI+ communities are being introduced in a rising number of states across the country. These policies cover a wide range of issues – including education, employment, health care, housing, and public accommodation – and jeopardize philanthropy's efforts to advance diversity, equity, inclusion, and justice. This strategic discussion will focus on the acute health needs of LGBTQI+ communities, recent threats to LGBTQI+ equality and well-being, and promising philanthropic strategies to secure LGBTQI+ health equity. It will be the first in a series of conversations focused on actionable steps funders can take to protect the physical and mental health of LGBTQI+ communities.

Session Format:

The session will begin with welcome remarks by Cara James, president and CEO of GIH and Steph Perkins, program office at the Gill Foundation. The Gill Foundation is sponsoring the session. Cara will then introduce Michelle Larkin, who will introduce ADM Levine. ADM Levine will speak for about 20 minutes and then take questions for 10 minutes. Afterwards, Michelle will moderate a conversation amongst the panelists before dividing the room into small groups. We have more than 100 people registered for the strategy session, so we will utilize 5 rooms (Cowrie, and Poinciana 1-4) for the small group discussions. Following the discussions, Michelle will turn it back to Cara, who will provide closing remarks.

2:15 – 2:30 p.m.	Welcome and Introductions (Cara)
2:30 – 2:50 p.m.	Opening Remarks -ADM Rachel Levine
2:50 – 3:00 p.m.	Audience Q&A
3:00 – 3:45 p.m.	Panel Discussion moderated by Michelle
3:45 – 3:50 p.m.	Michelle turns to Cara to divide the room into small groups
3:50 – 4:25 p.m.	Small Group Strategic Discussions
4:25 – 4:30 p.m.	Cara provides closing remarks

Polling Questions:

1. Does your foundation support programming by population group (e.g., race or ethnicity, sex, geography, etc.)?
2. Is your foundation currently supporting work to advance LGBTQI+ health equity? If yes, what type of work (e.g., direct services, capacity building, advocacy or policy, systems change, or something else)?
3. Where are you in your work? Trying to figure it out, recently started, or long-time funder

Panel Discussion Questions:

- You each represent different perspectives, could you briefly talk about your organization and how you are working to advance equity for the LGBTQI+ community?
- Admiral Levine talked about the work HHS is doing, what would you add to the department's agenda that would have an impact?
- I'm sure many people are wondering what impact the recent Dobbs decision could have on LGBTQI+ equity. What are your top concerns, and what can philanthropy do to address them?
- How can philanthropy help? Some foundations do not currently support work in this area. For those who may be thinking about beginning, what advice would you have, and where would you suggest they begin?

- Part of the goal of this conversation is to build an agenda to advance LGBTI+ equity. How can health funders work together on this issue, and how can we strengthen public-private partnerships to improve LGBTQI+ health and wellbeing?

Small Group Discussion Question:

Group discussions will take place in Cowrie and Poinciana rooms.

- What three strategies should philanthropy pursue to address continuing threats to LGBTQI+ health and well-being in the short term (over the next 12 months) and in the long term (over the next three years)?

Next Steps:

- A follow-up webinar with Funding Partners in the fall
- Another convening at the GIH Fall Forum, which is November 17-18 in Washington, DC

Important note regarding Event COVID-19 Guidelines:

- Please remember to add your vaccine card to CLEAR Health Pass. Please visit <https://www.clearme.com/healthpass> to access information regarding the CLEAR Health Pass. The event code for our conference is EFATTENDEE419.
- Miami's community level remains high, so we are taking the additional precaution of requiring masks when indoors at the conference, except when eating or presenting.
- As much as we want to have you join us, please do not attend if you feel sick.
- Be considerate – be kind, we are in this together keeping each other's health and safety our utmost priority

Points of Contact:

Please let us know if you have any questions.

Meg Senecal – (b)(6) (talk or text) or msenecal@gih.org
Sumintra Palm – (b)(6) or sjpalm@gih.org

Promote your participation:

Event URL: <https://gih2022.hubb.me/>
LinkedIn Company: Grantmakers In Health
Twitter: @GIHealth and @GIHealth_CEO
Event Hashtag: #GIHAC

Speaker Bios:

Rachel L. Levine, M.D.
Admiral, U.S. Public Health Service
Assistant Secretary for Health
U.S. Department of Health and Human Services

Admiral Rachel L. Levine serves as the 17th Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS) and the head of the U.S. Public Health Service Commissioned Corps. She fights every day to improve the health and well-being of all Americans. She's working to help our nation overcome the COVID-19 pandemic and build a stronger foundation for a healthier future - one in which every American can attain their full health potential. ADM Levine's storied career, first, as a physician in academic medicine focused on the intersection between mental and physical health, treating children, adolescents, and young adults. Then as Pennsylvania's Physician General and later as Pennsylvania's Secretary of Health, she addressed COVID-19, the opioid crisis, behavioral health and other public health challenges.

Kellan Baker
Executive Director
Whitman Walker Institute

Kellan Baker is the Executive Director of the Whitman-Walker Institute, which is the research, policy, and education arm of Whitman-Walker, a federally qualified community health center in Washington, DC. Kellan is a frequent advisor on health equity research and policy for government and health care organizations and currently serves as an appointed member of a National Academies of Sciences, Engineering, and Medicine consensus study committee convened to develop standards for the collection of sex, gender identity, and sexual orientation data for the National Institutes of Health. He holds a PhD in health policy and management from the Johns Hopkins School of Public Health, an MPH and MA from the George Washington University, and a BA with high honors from Swarthmore College.

Ryan Barker
Vice President of Responsive Philanthropy
Missouri Foundation for Health

Ryan Barker, MSW, MPPA is the Vice President of Responsive Philanthropy at Missouri Foundation for Health (MFH). He joined the Foundation in 2002 and assisted in the establishment and growth of the Health Policy area at MFH before moving into his new role in January 2020. His work at the Foundation has included research and education on the impact of the Affordable Care Act (ACA), Missouri's Medicaid program, and strategies to eliminate health inequities and create lasting structural change. Throughout his time at MFH, he has worked closely with health advocates from across the state within the MFH Advocacy initiative. He also oversees the foundation's Medicaid Expansion initiative as well as Opportunity Fund which seeks to identify and support innovative ideas and approaches that provide systematic solutions for problems affecting the health and well-being of individuals and communities throughout Missouri. Prior to joining MFH, Ryan

worked at The Health Foundation of Greater Cincinnati focusing on program evaluation and grantmaking in the area of severe mental illness. Before entering the foundation world, Ryan was a clinical social worker with runaway and homeless youth at agencies in Cincinnati, Ohio and Portland, Oregon. Ryan obtained a Bachelor in Science from Xavier University, a Master in Social Work from the University of Cincinnati, and a Master in Public Policy Administration from the University of Missouri - St. Louis (UMSL).

Michelle Larkin

Associate Executive Vice President
Robert Wood Johnson Foundation

Michelle A. Larkin, associate executive vice president, joined the Robert Wood Johnson Foundation (RWJF) in 1999. With more than 27 years as a leader in health policy and practice, and as an attorney committed to using law and policy to improve health, she provides leadership to the executive vice president, senior management team, and staff on strategy and all program, policy, communications, research, evaluation, and learning activities. In this role, she helps shape the Foundation's vision to build a Culture of Health in America, where everyone has a fair and just opportunity for health and well-being.

Michelle's path to RWJF began with a career in nursing. Inspired by her maternal aunt, a nurse, she realized her dream when she earned a BSN from the University of Pennsylvania and an MS in nursing/health policy from the University of Maryland. As an oncology nurse at the University of Maryland Medical System in Baltimore, she experienced firsthand the opportunities, challenges, and rewards of bedside nursing.

Her experiences in Baltimore led her from direct care nursing to a concentration in health policy. As a Presidential Management Fellow, she worked at the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC), and as a legislative fellow, for the U.S. Senate Labor and Human Resources Committee. She then served as a health policy analyst at the Office on Smoking and Health, CDC in Washington, D.C.

Michelle joined RWJF as a program associate, continuing her commitment to tackling some of the nation's toughest health and health care problems, and fulfilling a promise she made to herself early in her career: "to create a positive impact on the lives of many and make it easier for people to live healthier lives." Her earliest focus at the Foundation involved promoting increased tobacco excise taxes, state and local smoke-free air laws, and funding for tobacco prevention and treatment, but she has served in many roles at RWJF. She has been director of the public health team, assistant vice president for program portfolios, assistant vice president, associate vice president-program, and associate chief of staff.

She is a member of the American Public Health Association, the American Bar Association, and the New Jersey Bar. She is chair of the Grantmakers in Health Board, serves on the National Board of Public Health Examiners, and the National Academy of Medicine's Population Health Roundtable.

Michelle and her daughter live in Bordentown City, N.J. and are fiercely devoted to the fortunes of the Philadelphia Flyers hockey team.

Amy Latham

Chief Impact Officer

The Colorado Health Foundation

Amy is passionate about creating and supporting opportunities for all Coloradans to live healthy, fulfilling lives. Since 2008, she has served The Colorado Health Foundation in roles within communications, community investment and impact, and its executive team.

As chief impact officer (CIO), Amy oversees all programmatic strategies related to grantmaking, impact investing, and policy advocacy in service of the Foundation's mission to improve the health of Coloradans. Prior to her appointment as CIO, Amy served as vice president of community investment and impact, leading the Foundation's areas of focus, funding initiatives and related community engagement efforts. She moved to Colorado from Missouri, where she was director of communications and public policy for Missouri Family Health Council, a nonprofit health care organization. Amy began her career in newspaper reporting and then worked in public relations and strategic communications for a telecommunications company before entering the nonprofit world.

A trusted leader and thought partner within the field of philanthropy, Amy is actively engaged in a number of governance and advisory capacities, including serving as chair of Philanthropy. Amy is often called to advise on philanthropy-related conferences and convenings. Amy lives in Denver, Colorado with her husband. They enjoy hitting the road with their two sons, headed somewhere new for adventure.

Nadine Smith

Co-founder and CEO

Equality Florida

Nadine Smith is the co-founder and CEO of Equality Florida, the state's largest organization dedicated to ending discrimination based on sexual orientation and gender identity. A former award-winning journalist turned organizer, Nadine was one of four national co-chairs of the 1993 March on Washington. She was part of the historic oval office meeting between then - President Clinton - the first such meeting between a sitting President and gay community leaders. She served on the founding board of the International Gay and Lesbian Youth Organization, which celebrates 30 years in 2014. She is a Florida Chamber Foundation Trustee, board member for Green Florida and served on President Obama's National Finance Committee. In 2013, was named one of the state's "Most Powerful and Influential Women" by the Florida Diversity Council. She was also given the League of Women Voter's Woman of Distinction Award earlier this year. She currently serves on the U.S. Commission on Civil Rights Florida Advisory Committee. Nadine also recently received the Keys to the City of Saint Petersburg in 2021. Equality Florida Executive Director Nadine Smith to the 2022

TIME100, its annual list of the 100 most influential people in the world. She lives in St. Petersburg with her wife Andrea and son Logan.

Skye Perryman

President and CEO

Democracy Forward

Skye Perryman is the President and CEO of Democracy Forward, a national legal organization that advances democracy and social progress through litigation, policy engagement, and regulatory advocacy. Perryman previously served as General Counsel of the American College of Obstetricians and Gynecologists, the nation's leading association of physicians dedicated to the health of women and has held litigation roles in two of the nation's elite law firms. She has developed and led groundbreaking legal and policy strategies, including those that have enhanced access to Medicaid for millions of postpartum women, enabled the distribution of mifepristone by mail during the COVID-19 pandemic, and restored federal funding to evidence-based community programs. Perryman's legal work has been cited by the US Supreme Court as well as state supreme courts and covered in outlets such as The New York Times, National Public Radio, NBC News, The Washington Post, The Houston Chronicle, and Teen Vogue.

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: Trans Health Roundtable

Event Date: June 29, 2022

Event Time: 9:00 – 10:30 am

- 9:00 am: Arrive at The Miami Foundation and start the roundtable
 - o ADM Levine to provide opening remarks (2 minutes)
 - o Remarks offered to each leader of the three organizations
 - o Go around the room and have introductions
 - o Open it up to conversation
- 9:55 am: End roundtable and take photo
- 10:00 am: Move to separate room for a media availability (this is to protect everyone's privacy.)
 - o ADM Levine to provide opening remarks
 - o Remarks offered to each leader of the three organizations
 - o Open it up to questions
- 10:30 am: End

Location: The Miami Foundation, 40 NW 3rd Street | Suite 305, Miami, FL 33128

Participants in the room:

- ADM Levine
- 10-15 individuals from Arianna's Center, Miami Foundation and TransInclusive group

BACKGROUND

Today, many people living in this country are calling for our attention because they're being attacked, and they see few places to turn. Lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the Centers for Disease Control and Prevention *Adolescent Behaviors and Experiences Survey* covering January to June of 2021, which was just published on April 1 of this year, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

The CDC found that compared to 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. A September 2020 brief in the *Journal of Adolescent Health* titled *“I’m Kinda Stuck at Home With Unsupportive Parents Right Now”: LGBTQ Youths’ Experiences With COVID-19 and the Importance of Online Support*, which was published after youth around the country had been socially distancing for some time, found that LGBTQ youth were facing considerable additional stressors while staying at home and studying remotely compared to their non-LGBTQ peers. Youth remarked that they were leery of conducting therapy sessions over the phone while at home for fear of being overheard by parents, they were unable to dress according to their preferences while at home, and they were—as the paper’s title suggests—feeling trapped at home with unsupportive parents and family members.

The authors noted at the time, “Given the potential for long-term physical distancing, concerted efforts are required to provide necessary resources and support for LGBTQ youth during the COVID-19 pandemic.” The 2021 suicide and suicidal ideation data among this same population suggests that not enough resources and support have been brought to bear. Indeed, the Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health, based on responses from almost 34,000 LGBTQ youth ages 13 to 24, found that 56 percent of LGBTQ youth reported their mental health as poor most of the time or always due to the COVID-19 pandemic.

That same survey found in 2019, before the pandemic, that youth with at least one accepting adult were significantly less likely to report a suicide attempt, with youth reporting having no accepting adult in their life attempting suicide at a 27.3 percent rate and those reporting at least one accepting adult attempting suicide at a 17 percent rate. That difference of more than 10 percent strikes me as a crucial finding. It takes very little—just one accepting adult—to significantly reduce the risk of youth LGBTQ suicide.

It is tragic that even after decades of social progress, the most vulnerable among us continue to suffer, including LGBTQI+ individuals of color, LGBTQI+ youth, LGBTQI+ seniors, and LGBTQI+ immigrants. Transgender women of color not only continue to be harassed, but are more likely than the population at large to suffer violence and even murder.

The American Medical Association, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the Pediatric Endocrine Society, and the Society for Adolescent Health and Medicine, among others, all agree that gender-affirming care is medically necessary, safe, and effective for transgender and nonbinary children and adolescents.

Gender-affirming care is medical care. 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. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients who are transgender or gender non-binary.

In March of 2016, the North Carolina state legislature passed and the governor signed what quickly came to be known as “the bathroom bill,” which required people to use the bathroom corresponding to the sex listed on their birth certificate regardless of other factors. The law was widely recognized as an insult to people who are transgender, and everyone from Bruce Springsteen to the National Basketball Association to PayPal quickly took their business elsewhere. After hundreds of millions of dollars in losses statewide, the Public Facilities Privacy & Security Act was repealed in March of 2017.

This politicization is not uniform. Governors in Indiana, North Dakota and Utah have spoken out against anti-trans bills passed by their state legislatures, citing compassion and a lack of any clear public need. Gov. Spencer Cox of Utah published an impassioned statement in vetoing HB11—which blocks transgender youth from playing sports with other students of their gender—and pointed out that of the approximately 75,000 students participating in high school sports in his state, the law applied to just four of them.

HHS/Administration’s Actions

Just this Pride Month, President Biden signed an Executive Order to help promote equality in American for those in the LGBTQI+ community. It’s main tenants work at:

- Addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children;
- Preventing so-called “conversion therapy” with a historic initiative to protect children from the harmful practice;
- 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 by establishing a new federal coordinating committee on SOGI data, which will lead efforts across agencies to identify opportunities to strengthen SOGI data collection, while safeguarding privacy protections and civil rights for LGBTQI+ individuals.
- Supporting the new National HIV/AIDS Strategy to lead us toward ending the HIV epidemic in the United States by 2030. The President reestablished the White House Office of National AIDS Policy, and has made historic investments in ending the HIV epidemic globally.

HHS is committed to using every tool in our toolbox to ensure health equity for all. This includes actions like NIH increasing research funding on gender-affirming procedures to further develop the evidence base for improved standards of care. SAMHSA is advancing research addressing the harms of conversion therapy. HHS expanding access to gender-affirming care as an essential health benefit.

The Healthy People 2030 report includes several important national public health goals specific to this population, and it’s worth naming them to get a sense of how acute and pervasive these health risks are. Objectives include:

- Increase the number of national surveys that collect data on transgender populations

- Increase the number of states, territories, and DC that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System
- Reduce bullying of transgender students
- Reduce the proportion of transgender high school students who have used illicit drugs
- Reduce suicidal thoughts in transgender students

The Department of Health and Human Services provides evidence-based resources, available for free online at health.gov/healthypeople, on everything from suicide prevention to helping families support LGBT children.

The Department of Health and Human Services has made improving and supporting Americans' mental health a top priority. Surgeon General Murthy has spoken often of the need for better and more effective mental health supports, and he published an advisory last year titled *Protecting Youth Mental Health* in which he noted, "Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth." I recommend reading the advisory in full, and I'll note just a few of his recommended steps for health care organizations and health professionals:

- Implementing trauma-informed care principles and other prevention strategies to improve care for all youth, especially those with a history of adversity.
- Referring patients to non-medical resources such as economic supports, school enrichment programs, and legal supports.
- Routinely screening children for mental health challenges and risk factors, including adverse childhood experiences.
- Implementing school-hospital partnerships, such as behavioral health urgent care clinics supported by schools.
- Using new payment and delivery models, such as the CMS Innovation Center's Integrated Care for Kids Model, to support the mental health-related needs of children across multiple settings.
- Building multidisciplinary teams to offer services tailored to the needs of children and their families, and offering culturally appropriate services that, when possible, are offered in multiple languages by a diverse mental health staff.

Arianna's Center

Arianna's Center engages, empowers and lifts up the trans community of South Florida. They place a special emphasis on the most marginalized, including the Trans Latinx community, undocumented immigrants, people living with HIV and AIDS, and those who have experienced incarceration.

- YOU have met the leader, Arianna, at the White House during Trans Day of Visibility

The Miami Foundation

Established in 1967, The Miami Foundation is the foundation for people who are passionate about Miami. The Miami Foundation is focused on building a stronger Miami forever. Over the last 50 years they have invested more than \$400 million into our community, and house more than \$350 million in assets focused on strengthening Greater Miami.

TransInclusive group

Transinclusive Group, Inc. is a Transgender-Led LGBTQ+ tax exempt, 501(c)(3) non-profit organization. Founded in 2017, Transinclusive Group advocates to protect and defend equality for Transgender and LGBTQ+ individuals in South Florida by building trust and relationships with community providers to end discrimination, stigma, and racial disparities in order to address social determinants of health, with a concentrated focus on serving people of color. As an advocacy driven organization, Transinclusive Group's goal is to cultivate advocates to take action to influence social, political, and economic systems to bring about change for all TLGBQ+ individuals.

Florida State Actions

- Florida's governor Ron DeSantis signed controversial law opponents dubbed 'Don't Say Gay' aka "Parental Rights in Education" bill. It includes banning public school teachers in Florida from holding classroom instruction about sexual orientation or gender identity.
- Florida advises against gender-affirming medical or social care for trans kids. The nonenforceable guidelines single out socially transitioning rather than just medically transitioning. That puts Florida's efforts to restrict gender-affirming care beyond many other states', experts say.

- Proposed Rule Making: Florida Medicaid just posted its proposed rule for gender-affirming care. The proposed rule would exclude coverage of puberty blockers, hormones, gender affirming surgery and “any other procedures that alter primary or secondary sexual characteristics” for all Medicaid recipients. It also redefines EPSDT to exclude these services.

Talking Points

ASH Intro for Roundtable

- I'd like to thank you all for coming here today.
- It is especially brave of you as we all face an onslaught of hate and bullying across our nation and particularly in Florida.
- I know it is a scary time. But there is hope. President Biden and the administration sees you, they hear you, and they support you. As the President said: he has our backs, and I want you to know that I do too.
- This includes actions in an Executive Order the President signed during Pride Month. Among other actions, this EO addresses discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children.
- At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances. We believe medical and political discrimination against LGBTQI+ people has to end.
- We're here today to hear from you. What you are facing, how you are coping, and how we can help.
- With that, I'd like us to go around the table and have introduce themselves and tell us a little about their journey.

Remarks for Media Availability:

Many people living in this country are calling for our attention because they're being attacked. I want to say this very clearly: lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the CDC, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

It is tragic that even after decades of progress, the most vulnerable continue to suffer.

As Assistant Secretary for Health, I'm urging us to base medical care on facts rather than wild claims. The fact is that the appropriateness of a range of medical treatments for people who are transgender is thoroughly grounded in medical research, and is no more an issue for public debate than how many bandages a doctor should apply to an injured patient.

There are good reasons we leave medical decisions to experts rather than political whims. If we started voting on how medicine should be practiced, regardless of what the vast majority of qualified experts tell us, it won't take long for many of the people cheering today's wave of anti-trans actions to regret where it takes us.

We need to continue to work against intolerance until everyone living in America can live their life openly and freely.

President Biden and his administration supports the LGBTQI+ community in all its diversity and works to ensure everyone is represented.

At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances.

Today, many politicians and their supporters are describing our LGBTQI+ community as a blight on our culture. Many of the targets of this kind of speech are driven to kill themselves.

I do not see enough warmth, empathy, compassion or understanding on their behalf. We need to say publicly to every LGBTQI+ person living in this country that it is okay to be you.

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. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients

who are transgender or gender non-binary. It is free of any agenda other than to ensure that medical decisions are informed by science.

The truth we need to confront right now is that medicine and science are being politically perverted around the country in ways that destroy human lives. We have reached a tipping point for the role of medicine in civic life.

Those who now attack our LGBTQI+ community are driven by an agenda that has nothing to do with science and medicine.

The mantle of concern for children is being claimed to destroy children's lives.

We have to stand up. We have to take a stand on behalf of those who are being hurt.

Thank you so much.

If asked questions on anything political:

- I believe in health equity for all. This Pride Month, President Biden signed an Executive Order that builds on the historic progress he has made for LGBTQI+ people by addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children. The Department of Justice has intervened and filed statements of interest in lawsuits across the country challenging state laws that seek to ban transgender children from accessing gender-affirming health care and participating in school activities as unconstitutional.

Scientific support of gender affirming care:

- A paper published just a few months ago in the Journal of the American Medical Association found that receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60 percent lower odds of moderate or severe depression and 73 percent lower odds of suicidality over a 12-month follow-up. The positive value of gender-affirming care is not in serious scientific or medical dispute.



Admiral Rachel L. Levine
Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS)

Nicklaus Children's Health System Visit
Tuesday, June 28, 2022
2:00pm – 3:30pm
3100 SW 62nd Avenue
Miami, Florida 33155

2:00pm – 2:05pm	Arrival, Welcome and Meet and Greet Matthew A. Love , President & CEO, Nicklaus Children's Health System Perry Ann Reed , SVP/COO NCHS & President Nicklaus Children's Hospital Jennifer McCafferty-Fernandez , Senior Vice President, Strategy & External Affairs, Chief of Staff, Office of the CEO Jose Perdomo , Sr. Vice President, Administration / Special Projects
2:05pm – 2:15pm	Tour campus: Resiliency in Healthcare Jose Perdomo , Sr. Vice President, Administration / Special Projects
2:15pm - 2:20pm	Boardroom (walk over)
2:20pm – 2:30pm	Resiliency and Sustainability, Nicklaus Children's Hospital Initiatives Jose Perdomo , Sr. Vice President, Administration / Special Projects
2:30pm – 2:35pm	Nicklaus Children's Health System – Overview Matthew A. Love , President & CEO, Nicklaus Children's Health System
2:35pm – 2:45pm	White House Conference on Hunger, Nutrition and Health Nicklaus Children's Hospital Initiatives Dr. Joanna Perdomo , Physician, Pediatric Care Center Julie Katz , Exec. Director, Community Relations & Corporate Responsibility
2:45pm – 3:30pm	Youth and Mental Health - Roundtable Discussion Dr. Marcos Mestre , Vice President & Chief Medical Officer, NCH Dr. Sara Rivero-Conil , Associate Director, Department of Psychology, NCH Dr. Marisa Azaret , Clinical Director, Department of Psychology, NCH Devin Browne , Founder & CEO, Sports Konnect (sportskonnect.org)
3:30pm	Admiral Rachel L. Levine Departure

On-site contact: Shira Kastan-Goldstein, Government Affairs, NCHS, (b)(6)



Admiral Rachel L. Levine

Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS)

Nicklaus Children's Health System Visit

Youth & Mental Health Roundtable Discussion

Dr. Marcos Mestre, Vice President & Chief Medical Officer, NCH

Marcos Mestre, MD, serves as vice president and chief medical officer (CMO) for Nicklaus Children's Hospital, a nationally recognized nonprofit pediatric specialty hospital based in Miami, Florida and the flagship campus of Nicklaus Children's Health system, the region's only healthcare system exclusively for children.

In his role, Dr. Mestre oversees the medical affairs and operations of the 309-bed Nicklaus Children's Hospital and its network of pediatric outpatient centers situated in Miami-Dade, Broward, Martin and Palm Beach. He serves as a dyad leader, along with the hospital's chief nursing officer (CNO), responsible for ensuring patients receive high quality, coordinated care throughout their health journey. As a board-certified practicing physician in general pediatrics, Dr. Mestre supports the well-being of Nicklaus Children's patients in both administrative and clinical roles.

Dr. Mestre has over 15 years of clinical practice and medical staff leadership experience. Most recently, he served as the section chief and division director of hospital medicine at Nicklaus Children's Hospital where he was also the senior medical director, pediatric services for Nicklaus Children's Pediatric Specialists, a nonprofit physician practice subsidiary of Nicklaus Children's Health System. Prior to Nicklaus Children's, Dr. Mestre practiced as a hospitalist physician for a private physician practice in Miami, Florida. He is a fellow of the American Academy of Pediatrics (AAP) and a clinical assistant professor at the Florida International University Herbert Wertheim College of Medicine.

Dr. Mestre is a graduate of the University of Miami where he earned a bachelor's degree with honors in Biology and Psychology and an executive master's degree in Business Administration in Health Sector Management and Policy. He earned his medical degree from the University of Florida College of Medicine and completed his residency at the University of North Carolina (UNC) Hospitals in Chapel Hill.



Dr. Sara Rivero-Conil, Associate Director, Department of Psychology, NCH

Dr. Sara Rivero-Conil is employed by Nicklaus Children's Pediatric Specialists (NCPS), the physician-led group practice of Nicklaus Children's Health System. She has served as a pediatric psychologist within the Department of Psychology at Nicklaus Children's Hospital since 2010 and focuses primarily on assessing and treating the psychosocial impact of medical illness on the child and their family. She also provides therapeutic intervention for children and adolescents with anxiety, depression, bereavement, among other emotional and behavioral concerns. Other interests include mental wellness and prevention as well as program development. Dr. Rivero-Conil earned her Doctor of Psychology from Albizu University in Miami, Florida. She completed her internship at Nicklaus Children's Hospital, followed by a fellowship at Emory University/Children's Healthcare of Atlanta. She is the Associate Director of the Department of Psychology and serves on the Board of Directors of NCPS. Dr. Rivero-Conil is a member of the American Psychological Association. She has lectured nationally and is frequently quoted in the media. She is fluent in English and Spanish.

Dr. Marisa Azaret, Clinical Director, Department of Psychology, NCH

Dr. Marisa Azaret is the clinical director of the Department of Psychology and a faculty member of the Pediatric Residency Program at Nicklaus Children's Hospital. She earned her Doctor of Psychology from Nova Southeastern University in Fort Lauderdale, Florida. Dr. Azaret is a licensed clinical psychologist who has been dedicated to the practice of pediatric psychology for more than 30 years. Her clinical interests include program development, parenting skills training, adolescent development and prevention in the mental health field.

Dr. Azaret has for many years served as a producer, writer and on-air host for programs and segments on the subject of mental health in Hispanic media outlets, including CNN en Español, Univision and Telemundo. She currently contributes regular reports, analysis and mental health expertise across a number of CNN en Español programs and is the host of "Vive la Salud con Dra. Azaret," a weekly, half-hour show centered on health, prevention and education. To date, Dr. Azaret has won three Emmy awards. She also has been the recipient of two prestigious Sentinel Awards from the Hollywood, Health & Society (HH&S), a program of the University of Southern California's (USC) Annenberg Norman Lear Center, which recognizes exemplary achievements of television shows and movies that inform, educate and motivate viewers to make choices for healthier and safer lives.

Dr. Azaret previously served as the Spanish-language spokesperson for Stewards for Children, a chapter of the national Darkness to Light nonprofit organization that strives to reduce the incidence of child sexual abuse by educating adults about the steps they can take to prevent, recognize and react responsibly to the reality of child sexual abuse.



Dr. Azaret is employed by Nicklaus Children's Pediatric Specialists (NCPS), the physician-led multispecialty medical group practice of Nicklaus Children's Health System. She is a native of Cuba and bilingual in English and Spanish.

Devin Browne, Founder & CEO, Sports Konnect (sportskonnect.org)

At Sports Konnect, our vision is to focus on helping under-privileged youth grow and develop, both emotionally and academically. We do this through a carefully crafted curriculum of organizational infrastructure, cooperative play, and sportsmanship to show what the world of sports has to offer. We also have divisions focusing on mental health and STEM/robotics, in order to help our local youth in learning to problem solve and better understand the world around them.

Devin Browne, Founder and Chief Executive Officer of Sports Konnect, received his Bachelor's Degree in Communication & Sports Management with a focus on Social Entrepreneurship at Barry University. As part of the Public Allies Leadership Program in 2008, he graduated from the District 8 class Non-Profit Academy, and is also an alumni of Neighborhood Heroes from Radical Partners Cohort 3 group. Devin saw a need in his community and couldn't turn away from the problems surrounding at-risk and underserved youth. From there, Sports Konnect was born. Sports Konnect now mentors at-risk youth through Sports, Science and Mental Health Awareness across multiple school districts. In the future, Devin plans to pursue a Master's Degree in Non-Profit Management from Colombia University.



FLORIDA'S MENTAL & BEHAVIORAL HEALTH IN CHILDREN & ADOLESCENTS A CRISIS MADE WORSE BY THE PANDEMIC

BACKGROUND

- Approximately 1 of 6 children experience a mental health disorder
- Most common mental health diagnoses in childhood and adolescence include ADHD, anxiety and depression
- Some pandemic consequences include 140,000+ children becoming orphans or lost a caretaker
- Significant increase in anxiety, depression, eating disorders, suicidal ideation and other
- Severe academic impact during the pandemic (regular education as well as special education)
- Emergency department and admissions for mental health conditions are dramatically increasing
 - At Nicklaus from 2020 and 2021, ED visits and inpatient admissions for mental health increased 34%
 - Mental health ED visits increased from 810 to 1359 – a 68% increase
 - While ED visits that required transfers out, 376 in 2020 and 701 in 2021, increased by 86%
- Families desperately need better access to mental health services now
 - 50% of mental illness symptoms are present by age 14 and 75% by age 25, hence child and adolescent mental health is critical

FLORIDA'S BEHAVIORAL HEALTH ACCESS PORTAL

- Mental health is a team sport – it will take a village to support our communities and we are committed to be part of the solution
- Nicklaus Children's Hospital is one of only four specialty licensed children's hospitals in Florida. Patients travel from all 67 counties to seek our care and Medicaid represents 55-70% of our patients seeking specialty care
- Every day, specialty children's hospitals and other healthcare providers are spending significant time searching to identify available inpatient beds for children in crisis
- Florida needs an access portal where healthcare providers can quickly and efficiently identify available inpatient beds, so patients receive treatment when they need it most
- For healthcare providers, a simple log in can provide access to regional snapshot to identify available beds
- For families, helpful information can be made available about service providers in their community, as well as resources, guides about identifying, conversation starters, and support as a parent or caregiver
- In addition to inpatient availability, The Intensive Outpatient Program (IOP) provides intensive treatment for adolescents and their families in a least-restrictive environment. It is ideal for adolescents transitioning from a psychiatric admission or partial hospitalization program or when outpatient treatment alone is not sufficient. It is crucial the portal provides information regarding available IOP programs with mental health professionals. This would also be via login as well.
 - At Nicklaus Children's we currently have over 200 children awaiting services. Many presenting problems can be addressed in an outpatient setting, not resulting in Urgent Care or Emergency Department visits, and saving costs





CHALLENGES & NEEDS TO BUILD CAPACITY & RECRUIT PROFESSIONALS

- Florida ranks #49 in the country in per capita spending on mental health

FLORIDA	MAINE
\$ 37.28 per person	\$ 338.24 per person

- Given these levels, specialty children's hospitals and safety net providers cannot offer competitive salaries to psychologists
- Spanish speaking psychologists are in high demand in the country and represent a hiring priority to treat the Hispanic population in South Florida and other parts of the State

SEEKING SOLUTIONS

- Through more integrated and coordinated screening, care and treatment to mitigate crisis and ensure children's access to the right care in the right place at the right time. Why? Early and organized interventions result in better health outcomes and lower costs
 - Screening to promote early intervention and educating health care professionals to recognize and rapidly care for patients with mental health needs
 - Integrating mental health care with primary care services by equipping pediatricians and families at checkups to care for kids early, strengthening care coordination services, and decreasing the likelihood kids will need emergency mental health services

NICKLAUS CHILDREN'S HOSPITAL RESPONSE TO MENTAL HEALTH CRISIS

- The Pediatric Health Network Clinic Initiative addresses the overwhelming mental health needs of our community. Nicklaus Children's developed a partnership/referral program with key community agencies in different geographic locations to mitigate the severe need for mental health services in the pediatric population
- Pediatric Behavioral Health Integration in Primary Care
 - Nicklaus Children's Department of Psychology, Telehealth and Primary Pediatric Clinic developed the initiative to promote psychological wellness in pediatric practices via telehealth as well as consult with primary care providers on patient mental health and wellness. The aim is to improve access to behavioral health providing brief interventions, anticipatory guidance and the implementation of a coordinated triage and referral service as well as train and support for pediatricians.
- Multidisciplinary Clinics/Programs
 - Programs that address childhood chronic conditions and their mental health needs in an interdisciplinary setting. Evidence has shown that children with chronic medical illness have better medical outcomes when provided with psychological support.
 - Examples include Diabetes Clinic, Cancer Program, Sickle Cell Clinic, Epilepsy, Rare Chromosome among others.
 - Currently have over 25 programs that involve an interdisciplinary team to include psychologists
 - Consultation Liaison Service: Inpatient program addressing the mental health needs of children and families while hospitalized on medical units



The Strengthen Kids' Mental Health Now Act Puts Kids First!

Child and Adolescent Mental Health is a National Emergency – Key Facts

- 1 in 5 children and adolescents experience a mental health condition each year. (Source: [CDC](#))
- 50% of mental illness begins by age 14. (Source: [SAMHSA](#))
- Emergency department visits for children's mental health more than doubled between 2016 and 2020. (Source: CHA PHIS Data)
- Suicide is the second leading cause of death in youth ages 10-24. (Source: [CDC](#))

Urgent action is needed to expand capacity to deliver appropriate care to meet children's mental and behavioral health needs across a full continuum of services. In many communities, there are too few options for children in need of mental health treatment and too often children go without the necessary care, often resulting in more serious mental health conditions. As a result, children's hospitals are reporting significant increases in the number of children in crisis who are “[boarding](#),” or waiting in hospitals for appropriate care placements to become available. A comprehensive approach to pediatric mental health care must include clinical and non-clinical health services and access to a full spectrum of care, including mental health promotion and prevention as well as early intervention and treatment. Transformational actions must be taken now to strengthen access to mental health care for kids. It must include a clear path to grow and support the pediatric mental health workforce in order serve our children in need, now and into the future.

All too often, federal resources to address mental health do not make their way to children or the pediatric providers who serve them. [H.R. 7236, the Strengthen Kids' Mental Health Now Act](#), puts **kids first!** Purposefully designed to address children's unique needs, this bill includes reforms and investments that will bolster the pediatric mental health workforce and ensure the availability of a full continuum of care for kids.

The Strengthen Kids' Mental Health Now Act (H.R. 7236) will:

Strengthen support for pediatric mental health through Medicaid:

- Increase reimbursement for pediatric mental health services, targeting support directly to providers.
- Guide states toward best practices for improving access to a full continuum of mental, emotional and behavioral health services for children, including through telehealth.
- Review state implementation of EPSDT annually to identify barriers and opportunities to improve the availability of pediatric mental and behavioral health services.

Improve timely access to community-based care and support:

- Identify regulatory and legal barriers which inhibit providers' ability to increase care capacity and promote existing flexibilities states might use to expand pediatric mental health service availability.
- Create a new grant program at the Health Resources and Services Administration (HRSA) uniquely focused on strengthening community-based pediatric mental health services and enabling communities to implement or develop new programs and policies tailored to meet the mental and behavioral health needs of children and adolescents.

Develop and grow the pediatric mental health workforce:

- Establish a new HRSA workforce grant program focused specifically on bolstering the pediatric mental and behavioral health workforce, through expanded training for the current workforce and targeted investment in the recruitment, retention and diversity of the next generation of pediatric mental health professionals.

Investment in critical pediatric mental health infrastructure:

- Creates a HRSA program dedicated to strengthening critical pediatric mental health infrastructure and expanding our national capacity to deliver appropriate care for children with more intensive treatment needs, including inpatient psychiatric care and step-down care, such as day programs or intensive outpatient services.

Chad A. Perlyn, MD, PhD, FACS, FAAP

President, Nicklaus Children's Pediatric Specialists



Chad Perlyn, MD, PhD, FACS, FAAP, serves as president of Nicklaus Children's Pediatric Specialist, the physician group practice of Nicklaus Children's Health system, the region's only healthcare system exclusively for children.

In his role, Dr. Perlyn is responsible for the vision and strategic growth of the multi-speciality physician practice, which employs over 550 physicians, advanced practice providers, and support staff with practices located in Miami-Dade, Broward, Martin, Monroe and Palm Beach. He is responsible for ensuring high-quality care is always delivered by guiding clinical quality programs, medical research and the deployment of clinical integration strategies. As a board-certified practicing physician, Dr. Perlyn supports the well-being of Nicklaus Children's patients in both administrative and clinical roles.

Dr. Perlyn has over 15 years of clinical practice and medical staff leadership experience. Most recently, he served as the division chief of plastic surgery at Nicklaus Children's Hospital, where he was also the medical director of the Nicklaus Children's Hospital Ambulatory Surgery Center and an associate professor in the Department of Surgery for the Florida International University Herbert Wertheim College of Medicine. Prior to that, Dr. Perlyn served as the associate program director of the craniofacial surgery fellowship program. He is a fellow of the American Academy of Pediatrics (AAP) and American College of Surgeons (ACS).

A graduate of Northwestern University, Dr. Perlyn earned a bachelor's degree in English Literature and his medical degree from the University of Miami School of Medicine. He completed his residency at the Washington University School of Medicine, Barnes Hospital and St. Louis Children's Hospital, and completed his fellowship at St. John's Mercy Medical Center in St. Louis, Missouri. He also holds a doctorate of philosophy from the University of Oxford, Department of Physiology, Anatomy, and Genetics in Oxford, England.

Marcos Mestre, MD, MBA

Vice President and Chief Medical Officer
Nicklaus Children's Hospital



Marcos Mestre, MD, serves as vice president and chief medical officer (CMO) for Nicklaus Children's Hospital, a nationally recognized nonprofit pediatric specialty hospital based in Miami, Florida and the flagship campus of Nicklaus Children's Health system, the region's only healthcare system exclusively for children.

In his role, Dr. Mestre oversees the medical affairs and operations of the 309-bed Nicklaus Children's Hospital and its network of pediatric outpatient centers situated in Miami-Dade, Broward, Martin and Palm Beach. He serves as a dyad leader, along with the hospital's chief nursing officer (CNO), responsible for ensuring patients receive high quality, coordinated care throughout their health journey. As a board-certified practicing physician in general pediatrics, Dr. Mestre supports the well-being of Nicklaus Children's patients in both administrative and clinical roles.

Dr. Mestre has over 15 years of clinical practice and medical staff leadership experience. Most recently, he served as the section chief and division director of hospital medicine at Nicklaus Children's Hospital where he was also the senior medical director, pediatric services for Nicklaus Children's Pediatric Specialists, a nonprofit physician practice subsidiary of Nicklaus Children's Health System. Prior to Nicklaus Children's, Dr. Mestre practiced as a hospitalist physician for a private physician practice in Miami, Florida. He is a fellow of the American Academy of Pediatrics (AAP) and a clinical assistant professor at the Florida International University Herbert Wertheim College of Medicine.

Dr. Mestre is a graduate of the University of Miami where he earned a bachelor's degree with honors in Biology and Psychology and an executive master's degree in Business Administration in Health Sector Management and Policy. He earned his medical degree from the University of Florida College of Medicine and completed his residency at the University of North Carolina (UNC) Hospitals in Chapel Hill.

Jennifer M. McCafferty-Fernandez, PhD, CCEP, CHC, CHPC, CHRC

Vice President and Chief of Staff

Nicklaus Children's Health System



Jennifer M. McCafferty-Fernandez, PhD, serves as Vice President and Chief of Staff to the CEO for Nicklaus Children's Health System, the region's only healthcare system exclusively for children and the parent organization of Nicklaus Children's Hospital, a nationally recognized nonprofit pediatric specialty hospital based in Miami, Florida.

In her role, Dr. McCafferty-Fernandez oversees a wide array of key functions at the health system including strategy, innovation, government relations, community affairs and corporate responsibility, board governance, and marketing and communications. Dr. McCafferty-Fernandez's work directly impacts all areas of the health system and ensures the organization is well-positioned for the future while being well-represented in the local, state, and national communities.

Dr. McCafferty-Fernandez has over 20 years of experience in academic medical center leadership, program development and strategy, communications, healthcare ethics, and governance. Most recently, she served as Chief Research Officer at Nicklaus Children's where, through her leadership, the Research Institute tripled its clinical research portfolio and created the Sanford-Nicklaus Personalized Medicine Initiative. Prior to Nicklaus Children's, Dr. McCafferty-Fernandez served in research and compliance leadership roles for the University of Miami Health System and the Miller School of Medicine.

She is a graduate of Maryville College where she earned a bachelor's degree in Chemistry, and earned her doctorate from the University of Miami in molecular and cellular pharmacology. Dr. McCafferty-Fernandez is also a member of multiple professional societies.

Perry Ann Reed, MBA, MS, FACHE

Sr. Vice President and Chief Operating Officer, Nicklaus Children's Health System
President, Nicklaus Children's Hospital



Perry Ann Reed serves as Senior Vice President and Chief Operating Officer (COO) of Nicklaus Children's Health System, the region's only healthcare system exclusively for children, and President of Nicklaus Children's Hospital, the health system's flagship nationally recognized, nonprofit pediatric specialty hospital based in Miami, Florida.

In these roles, Ms. Reed oversees the operations and strategy of the 309-bed Nicklaus Children's Hospital and its network of pediatric outpatient centers situated in Miami-Dade, Broward, Martin and Palm Beach counties. She works closely with nursing and physician leadership to formulate and implement strategic initiatives that help grow Nicklaus Children's pediatric volume while improving patient care. Under Ms. Reed's leadership, Nicklaus Children's Health System operates with efficiency to provide the best patient and family centered care.

Ms. Reed has more than 20 years of experience in strategic and operational leadership in pediatric healthcare systems. Most recently, she served as executive director of women's and children's services at WakeMed Health and Hospitals where she was directly responsible for over 300 beds across three hospitals. Prior to WakeMed, Ms. Reed served as the director of ethics and palliative care at Texas Children's Hospital in Houston. She is a fellow in the American College of Healthcare Executives (FACHE).

She is a graduate of Texas A&M University where she earned a bachelor degree in science curriculum and instruction. Ms. Reed also holds master's degrees in Business Administration from the University of Texas and in Bioethics from Columbia University, along with two post-graduate certificates. She also publishes and presents, nationally, on the topic of pediatric bioethics.

Matthew A. Love, MBA, FACHE

President and Chief Executive Officer
Nicklaus Children's Health System



Matthew A. Love serves as President and Chief Executive Officer (CEO) of Nicklaus Children's Health System, parent organization of Nicklaus Children's Hospital, a nationally recognized nonprofit pediatric specialty hospital based in Miami.

In his role, Mr. Love oversees the 309-bed Nicklaus Children's Hospital and its network of outpatient centers situated in Miami-Dade, Broward, Martin and Palm Beach counties, along with other health system entities. These include Nicklaus Children Pediatric Specialists, a nonprofit physician practice subsidiary; a managed care plan, an ambulatory surgery center, Nicklaus Children's Hospital Foundation, the organization's 501c3 fundraising arm; as well as an e-commerce line of children's wellness and safety products that support the hospital's mission of serving the region's pediatric population.

Mr. Love has more than 20 years of experience in financial and operational leadership in both adult and pediatric healthcare systems. Most recently, he served as senior vice president and chief financial officer, Regions for Mercy Health System in Ohio where he led a team of seven regional CFOs.

He is a graduate of Ohio State University where he earned a bachelor's degree in industrial and systems engineering, and has a master's degree in business administration from Cleveland State University.