

Chairman Roy Blunt Opening Statement
Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services,
Education and Related Agencies

Hearing to Review the FY2021 Budget Request for the Department of Health and Human Services

February 25, 2020

(As prepared for delivery)

Good morning. Thank you, Secretary Azar, for appearing before the Subcommittee today to discuss the Department of Health and Human Services' fiscal year 2021 budget request. We look forward to your testimony.

The FY2021 budget request mirrors the FY2020 budget request in many ways – which isn't unexpected.

It proposes a \$9.7 billion, or 10 percent, cut to the Department. Similar cuts that you have proposed before – to healthcare workforce programs, medical research, preparedness programs, home energy assistance, and rural healthcare – are once again part of this year's request.

I do appreciate that this budget, unlike many in the past, reflects specific priorities from the Administration.

The budget builds off investments this Subcommittee has made to support the “Ending the HIV Epidemic” initiative, improve maternal health outcomes, and prioritize resources to fight the opioid epidemic. The budget also maintains the significant recent investments this Subcommittee has made in other areas, like supporting high-quality child care for working families, including through Head Start and the Child Care and Development Block Grant.

However, many of the increases in this budget request are financed by unrealistic cuts. Cuts we cannot take and ones that you would not want us to take – like eliminating Children's Hospitals Graduate Medical Education or LIHEAP.

And we know by this point in my chairmanship that I will never write a bill that slashes the investment in medical research as the budget proposes.

It is clear that National Institutes of Health-funded research has raised life expectancy and vastly improved the quality of life for all Americans.

This fact was reinforced by a recently-released report from the Centers for Disease Control and Prevention that announced that Americans' life expectancy rose for the first time since 2014.

Smart investments in medical research have brought about new treatments, screening tools, and vaccines, particularly in cancer, leading to the largest one-year decline in cancer deaths ever reported.

But your budget strategy, like many secretaries before you, puts pressure on the Subcommittee to find savings in real ways to try to reflect some of your priorities because we simply will not cut the programs you did.

I understand you had to make difficult decisions under a tight FY2021 budget number. We will have to do the same. And my goal for FY2021 remains the same as it has been during my five years as chairman – for us to work together to identify priorities and find common ground while responsibly allocating taxpayers’ resources.

Before I finish, I want to touch on the Department’s response to the coronavirus.

Two years ago, this Subcommittee created an Infectious Disease Fund to provide flexible funding for the Department to immediately respond to an infectious disease outbreak. For the ongoing coronavirus response, you have used this money as intended.

I support your efforts to act quickly to contain the effects in the United States. However, responding to a potential epidemic like this not only takes effective communication between agencies, but a recognition that Congress is an important partner throughout the response.

This Committee has provided necessary flexibility to you and your Department, but what gives me pause about the Infectious Disease Fund in particular, and these flexible pots of funding in general, relates to both the broad authority the Department has to use them and the lack of accountability that seems to accompany them.

Since we were initially notified of the use of the Infectious Disease Fund on January 25, one month ago, the Subcommittee has asked, virtually every day, how fast the Department is spending money from the Fund and what, specifically, you’re spending it on. I know the response is rapidly changing and that obligations have a lag time, but I am not asking difficult questions or questions that this Subcommittee should not receive complete and timely answers to.

We need transparency into what you are spending now and a recognition that the funding flexibility we provide comes with an expectation of open communication even during an ongoing response.

Yesterday evening, the Office of Management and Budget transmitted a supplemental request for the coronavirus. This Committee will take that request seriously and I hope will quickly act upon it.

As we work to assess whether the request provides the resources needed for a complete response, I hope you will work to provide timely answers.

I want to make sure funding is not a limitation to the response. I want to ensure that state and local communities have the resources they need. And I want to make certain that we are looking at our response capabilities for the long game – and not, as we seem to do, leaping from one disease outbreak to the next.

I appreciate your strong leadership, along with the expertise CDC and NIH bring to this response. We must continue to work together as we protect the homeland.

Mr. Secretary, I look forward to hearing your testimony today and appreciate your dialogue with us about these important issues. Thank you.