



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 16, 2011

The Honorable Harry Reid
United States Senate
Washington, DC 20510

Dear Senator Reid:

Since the Affordable Care Act became law on March 23, 2010, millions more Americans have access to quality health insurance. We have ended some of the worst insurance abuses, developed new delivery system models, and worked to eliminate waste and inefficiency. These efforts have resulted in real benefits to Americans. Just this week, we reported that 2.5 million young adults have gained health coverage as a result of the new law. Working in close collaboration with our partners in state government and with Members of Congress, we have been able to offer flexibility in implementing Affordable Insurance Exchanges, where millions more consumers and businesses will be able to purchase coverage.

Today, HHS is announcing another important step toward putting consumers in charge of their health care with the enclosed Essential Health Benefits Bulletin. This Bulletin is intended to provide states with the approach that HHS plans to pursue in a proposed rule that we will issue in the future to define essential health benefits. The Bulletin puts forth a comprehensive and flexible approach to ensuring high quality affordable health plans are available to consumers and businesses. It should be helpful as states continue to prepare for the opening of an Affordable Insurance Exchange by January 1, 2014 – whether a state-based or federally-Facilitated Exchange.

Under the proposed approach issued today, states would be able select a plan from among the four benchmark types listed in the Bulletin. These options would give the state the flexibility to select from plans that reflect the scope of services offered by a “typical employer plan” as required by statute. Each state may choose a plan that best addresses the needs of your state and reflects your insurance market.

The Essential Health Benefits Bulletin was developed after analyzing reports from the Department of Labor and the Institute of Medicine, extensive internal HHS research, and significant input from states, consumer representatives, employers, issuers, providers, and other stakeholders. As a former Governor, I recognize the impact this proposed approach may have on the provision of health care. I believe this proposed approach would build on the existing marketplace, minimize disruption, and help address the unique health challenges of different states while providing affordable and comprehensive options for individuals and small businesses.

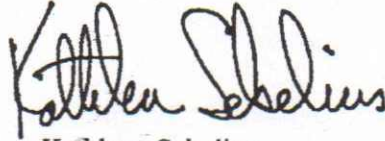
The Honorable Harry Reid

December 16, 2011

Page 2

I am pleased to send this Bulletin to you today, and I look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Sebelius". The signature is written in a cursive style with a large initial "K".

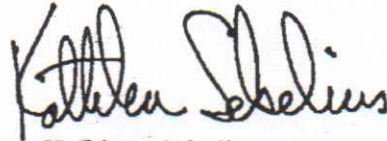
Kathleen Sebelius

Enclosure

cc: Senator Max Baucus
Senator Tom Harkin

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Kathleen Sebelius

Enclosure

cc: Senator Max Baucus
Senator Tom Harkin



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 14, 2011

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

Dear Senator Reid:

Last year, the U.S. Department of Health & Human Services (HHS) initiated a comprehensive analysis of the Community Living Assistance Services and Supports (CLASS) program. The CLASS initiative – championed by the late Senator Edward M. Kennedy – was added as a separate program to health reform legislation with the goal of creating better long-term care insurance options for Americans. The Congressional Budget Office carefully analyzed this legislation and provided public estimates of how it would work and its effects on the Federal budget. And, the Administration worked with Congress to strengthen the program during Congressional consideration of the Affordable Care Act.

For 19 months, experts inside and outside of government have examined how HHS might implement a financially sustainable, voluntary, and self-financed long-term care insurance program under the law that meets the needs of those seeking protection for the near term and those planning for the future. The work has been groundbreaking in many ways and has taught us a great deal, much of which is captured in the attached report. But despite our best analytical efforts, I do not see a viable path forward for CLASS implementation at this time.

In 2009, the actuary at the Centers for Medicare and Medicaid Services released a report to Congress during the consideration of the legislation that raised concerns about the program's viability. Because of such concerns, the law passed by Congress required me to design a plan that would be actuarially sound and financially solvent for at least 75 years. The provision protected both taxpayers and beneficiaries. After all, if CLASS failed, no one would be hurt more than those who would pay into it and would be counting on it the most.

With this in mind, experts across HHS – including the CLASS Office, the Office of the Assistant Secretary for Planning & Evaluation and the Office of the General Counsel – have worked steadily to find a path forward on CLASS. We have undertaken a methodical and comprehensive analysis of the statute and plan design options. We have broadly considered how to design potential benefit structures and reviewed those designs carefully to determine if they meet the twin tests of solvency and consistency with the law. We hired a chief actuary for the CLASS Office, engaged with other government actuaries, and worked with two outside actuarial firms in order to maximize the reliability of solvency estimates. I am proud of the careful and thorough approach that we have taken, engaging talented professionals across the Department and in the private sector.

Our work is detailed in the comprehensive report being transmitted to Congressional leadership with this letter. In the report, you will find the results of our actuarial and policy analyses of the CLASS Act along with our legal analysis of multiple plan design options. While the report does not identify a benefit plan that I can certify as both actuarially sound for the next 75 years and consistent with the statutory requirements, it reflects the development of information that will ultimately advance the cause of finding affordable and sustainable long-term care options.

The challenge that CLASS was created to address is not going away. By 2020, we know that an estimated 15 million Americans will need some kind of long-term care and fewer than three percent have a long-term care policy. These Americans are our family, our friends and our neighbors. If they are to live productive and independent lives, we need to make sure that they have access to the long-term care supports that make that possible.

We also know that left unaddressed, long-term care costs to taxpayers will only increase. Without insurance coverage or the personal wealth to pay large sums in their later years, more Americans with disabilities will rely on Medicaid services once their assets are depleted, putting further strain on State and Federal budgets.

The CLASS program seeks to address the critical need that Americans have for affordable long-term care services. The current market does not offer viable options for those unable to access private long-term care insurance. We look forward to continuing our work with you and your colleagues in Congress, consumer advocates, health care providers, insurers and other stakeholders to find solutions that ensure all Americans have the choices that best meet their needs.

Sincerely,



Kathleen Sebelius

cc. The Honorable Tom Harkin
Chairman, Committee on Health, Education, Labor, and Pensions

The Honorable Michael B. Enzi
Ranking Member, Committee on Health, Education, Labor, and Pensions



SEP 24 2011

The Honorable Harry Reid
Majority Leader
United States Senate
S-221 United States Capitol
Washington, D.C. 20510

Re: Declaration of a Public Health Emergency and Waiver and/or Modification of Certain HIPAA, Medicare, Medicaid, and Children's Health Insurance Program Requirements

Dear Majority Leader Reid:

I am writing to notify you that, as a consequence of the remnants of Tropical Storm Lee in the State of New York, and pursuant to the authority vested in me under section 319 of the Public Health Service Act, 42 U.S.C. § 247d, I determined that a public health emergency exists in the State of New York. In addition, as required under Section 1135(d) of the Social Security Act (the Act) (42 U.S.C. § 1320b-5), I hereby notify you that, on September 26, 2011, I intend to waive or modify certain HIPAA and Medicare, Medicaid, and Children's Health Insurance Program requirements as indicated on the attached document. I certify that these waivers and/or modifications are necessary to carry out the purposes of Section 1135 of the Act.

Sincerely,

A handwritten signature in black ink, which appears to read "Kathleen Sebelius", is written over a faint, larger version of the same signature.

Kathleen Sebelius
Secretary

Enclosures

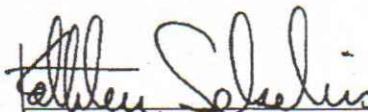


DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS

As a consequence of remnants of Tropical Storm Lee in the State of New York, on this date and after consultation with public health officials as necessary, I, Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby determine that a public health emergency exists in the State of New York.

09 | 24 | 11

Date


Kathleen Sebelius



**WAIVER OR MODIFICATION OF REQUIREMENTS
UNDER SECTION 1135 OF THE SOCIAL SECURITY ACT**

September 24, 2011

1. Pursuant to Section 1135(b) of the Social Security Act (the Act) (42 U.S.C. § 1320b-5), I hereby waive or modify the following requirements of titles XVIII, XIX, and XXI of the Act and regulations thereunder, and the following requirements of Title XI of the Act, and regulations thereunder, insofar as they relate to Titles XVIII, XIX, and XXI of the Act, but in each case, only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services, to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare, Medicaid and CHIP programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of these requirements as a result of remnants of Tropical Storm Lee, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse:
 - a. Certain conditions of participation, certification requirements, program participation or similar requirements for individual health care providers or types of health care providers, including as applicable, a hospital or other provider of services, a physician or other health care practitioner or professional, a health care facility, or a supplier of health care items or services, and pre-approval requirements.
 - b. Requirements that physicians or other health care professionals hold licenses in the State in which they provide services, if they have an equivalent license from another State (and are not affirmatively barred from practice in that State or any State a part of which is included in the emergency area).
 - c. Sanctions under section 1867 of the Act (the Emergency Medical Treatment and Labor Act, or EMTALA) for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or a state pandemic preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency for remnants of Tropical Storm Lee.
 - d. Sanctions under section 1877(g) (relating to limitations on physician referral) under such conditions and in such circumstances as the Centers for Medicare & Medicaid Services determines appropriate.
 - e. Limitations on payments under section 1851(i) of the Act for health care items and services furnished to individuals enrolled in a Medicare Advantage plan by health care professionals or facilities not included in the plan's network.

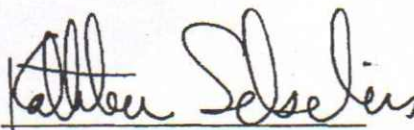


2. Pursuant to Section 1135(b)(7) of the Act, I hereby waive sanctions and penalties arising from noncompliance with the following provisions of the HIPAA privacy regulations: (a) the requirements to obtain a patient's agreement to speak with family members or friends or to honor a patient's request to opt out of the facility directory (as set forth in 45 C.F.R. § 164.510); (b) the requirement to distribute a notice of privacy practices (as set forth in 45 C.F.R. § 164.520); and (c) the patient's right to request privacy restrictions or confidential communications (as set forth in 45 C.F.R. § 164.522); but in each case, only with respect to hospitals in the designated geographic area that have hospital disaster protocols in operation during the time the waiver is in effect.
3. Pursuant to Section 1135(b)(5), I also hereby modify deadlines and timetables and for the performance of required activities, but only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services, to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare, Medicaid and CHIP programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of these requirements as a result of remnants of Tropical Storm Lee, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.

These waivers and modifications will become effective at 10:00 AM Eastern Standard Time on September 26, 2011, but will have retroactive effect to September 24, 2011 in the State of New York, and continue through the period described in Section 1135(e). Notwithstanding the foregoing, the waivers described in paragraphs 1(c) and 2 above are in effect for a period of time not to exceed 72 hours from implementation of a hospital disaster protocol but not beyond the period described in Section 1135(e), and such waivers are not effective with respect to any action taken thereunder that discriminates among individuals on the basis of their source of payment or their ability to pay.

The waivers and modifications described herein apply in the geographic area covered by the President's declaration, pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, on September 13, 2011 of a major disaster in the State of New York as a result of remnants of Tropical Storm Lee; and my September 24, 2011 determination, pursuant to section 319 of the Public Health Service Act, that a public health emergency exists in the State of New York as a result of remnants of Tropical Storm Lee.

09/24/11
Date


Kathleen Sebelius

HARRY REID
NEVADA

*** RECEIVED ***
Aug 02, 2011 08:50:40 WS# 20
OSNUM: 080220111004
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

MAJORITY LEADER

United States Senate

WASHINGTON, DC 20510-7012

July 13, 2011

RECEIVED

2011 JUL -1 P 2:25

SECRET
POLITIC

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20210

Dear Madam Secretary:

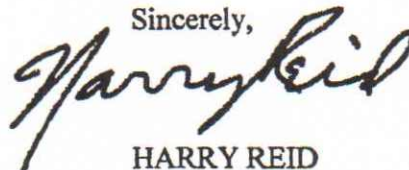
I am writing today in support of the Clark County Department of Family Services (DFS) and their application for funding through Improving Service Delivery to Youth in the Child Welfare System.

As Nevada's senior Senator, the well-being and prosperity of our state's youth, and those within our foster care system, has always been of high priority during my career in Congress. That is why I support this proposal's efforts to improve the lives of our transitioning foster youth through the development of protective capacities and relationships that help them leave foster care and thrive in adulthood.

In Nevada, there are approximately 7,921 children in foster care and 3,500 of them reside in Clark County. Our foster youth encounter a multitude of difficulties and challenges and those most affected are the approximate 600 children who are transitioning out of foster care. Pregnancy among foster youth is 2.5 times that of teens in the general population and early parenting has shown to increase the likelihood of dependence on governmental assistance, poor educational outcomes, unstable housing, and involvement in multiple legal systems. Youth who have a strong, healthy, and positive relationship with a parent (or another significant adult) are less likely to suffer poor outcomes. The DFS' proposal, in a coordinated effort with multiple service providers, private and public entities, and youth themselves, use a peer-to-peer approach to develop relationships, protective mechanisms and other core capacities that when combined with reproductive health education will prevent early pregnancy and guard them against poor outcomes.

I fully support this project and hope you keep my recommendation in mind when making your funding decisions. Thank you for your time and consideration.

Sincerely,



HARRY REID
United States Senator
Nevada



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

AUG 12 2011

The Honorable Harry Reid
United States Senate
Washington, D.C. 20510

Dear Senator Reid:

Secretary Sebelius has asked me to thank you for your letter supporting the application submitted by the Clark County Department of Family Services, and to respond to you directly. This application was submitted under the Administration for Children and Families' (ACF) Improving Service Delivery to Youth in the Child Welfare System program.

Grant awards are made on the basis of the program policy and selection criteria as published on the ACF website located at: www.acf.hhs.gov/grants. An integral part of that process includes a comprehensive review of each application by a panel of independent reviewers, which will assist ACF in making funding determinations. Please be assured that this application will receive fair and full consideration, and a copy of your letter will be added to the applicant's file.

I hope this information is helpful to you. Please call me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "George H. Sheldon", is written over the typed name.

George H. Sheldon
Acting Assistant Secretary
for Children and Families

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Jul 27, 2011 12:43:35 WS# 20
OSNUM: 072720111031
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

United States Senate
WASHINGTON, DC 20510

July 22, 2011

RECEIVED

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

2011 JUL 26 A 10:12

OFFICE OF THE SECRETARY
CORRESPONDENCE CONTROL CENTER

Dear Secretary Sebelius,

The *Patient Protection and Affordable Care Act* requires that qualified health plans provide benefits without cost-sharing for certain recommended preventive health care services. Because gaps have historically existed in preventive service recommendations for women, bipartisan members of the Senate worked together to include the "Women's Preventive Health Amendment," which will ensure that health plans are required to cover preventive services specifically recommended for women's health. As you know, the Institute of Medicine (IOM) was charged with making evidence-based recommendations to the Department of Health and Human Services (HHS) with respect to these women's preventive health care services.

We write today to affirm our strong support for the recommendations made by the IOM. Further, we urge you to accept these recommendations in a timely manner in order to ensure our nation's women are able to access these life-saving health care screenings and services as quickly as possible. Providing preventive health care services such as gestational diabetes screening, HIV and sexually transmitted infection testing and counseling, and access to a full range of contraceptive methods has been shown to improve women's health outcomes and reduce the overall cost of their health care. Additionally, services such as lactation support and screening and counseling for domestic violence can improve the lives of children and families as well as women.

Access to preventive health care is essential for improving the health of our nation and bringing our health care costs back under control. If fully adopted, the IOM's recommendations will not only improve the availability and accessibility of women's health services, but they will also represent an important step toward a healthier and more fiscally responsible future.

Sincerely,



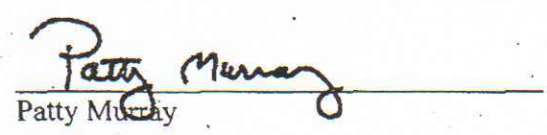
Barbara A. Mikulski



Al Franken



Tom Harkin



Patty Murray

Richard Blumenthal

Richard Blumenthal

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CONTROL CENTER

Jeff Bingaman

Jeff Bingaman

Ben Cardin

Benjamin L. Cardin

Bernard Sanders

Bernard Sanders

Jeanne Shaheen

Jeanne Shaheen

Ron Wyden

Ron Wyden

Patrick J. Leahy

Patrick J. Leahy

Carl Levin

Carl Levin

John F. Kerry

John Kerry

Frank R. Lautenberg

Frank R. Lautenberg

Sherrod Brown

Sherrod Brown

Robert Menendez

Robert Menendez

Barbara Boxer

Barbara Boxer

Dianne Feinstein

Diane Feinstein

Mark Udall

Mark Udall

Kirsten E. Gillibrand

Kirsten E. Gillibrand

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OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

Daniel K. Akaka

Daniel K. Akaka

Tim Johnson

Tim Johnson

Harry Reid

Harry Reid

Charles E. Schumer

Charles E. Schumer

Mark Begich

Mark Begich

Debbie Stabenow

Debbie Stabenow

Amy Klobuchar

Amy Klobuchar

Claire McCaskill

Claire McCaskill

Maria Cantwell

Maria Cantwell



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 18, 2011

The Honorable Harry Reid
United States Senate
Washington, DC 20510

Dear Senator Reid:

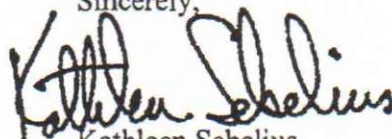
Thank you for your letter supporting the Institute of Medicine (IOM) recommendations on preventive services for women. I appreciate your thoughtful comments on this important women's health issue.

As I am sure you know, immediately following release of the IOM recommendations, HHS announced historic guidelines providing women with new access to critical preventive health services. Most health plans will be required to cover these services without cost sharing for plan or policy years beginning on or after August 1, 2012. The new coverage provisions will provide greater access for women to well-woman visits; screening for gestational diabetes; human papillomavirus (HPV) DNA testing in addition to cytology testing for women 30 years and older; sexually-transmitted infection counseling; human immunodeficiency virus (HIV) screening and counseling; FDA-approved contraception methods and contraceptive counseling; breastfeeding support, supplies, and counseling; and domestic violence screening and counseling. The rules governing coverage of these preventive services allow plans to continue to use reasonable medical management, retaining the flexibility to promote efficient delivery of care and control costs by, for example, continuing to charge cost sharing for branded drugs when an effective and safe generic version is available.

The new guidelines fill the coverage gaps in preventive care services for women. Studies have shown that even moderate cost sharing for preventive services such as mammograms, Pap smears, and HIV testing can deter patients from receiving services. By eliminating barriers like co-payments, co-insurance, and deductibles, these guidelines will help improve access to affordable, quality health care for women and will help prevent serious health conditions. For example, it is well documented by the research community that family planning services improve maternal health and birth outcomes by promoting healthy birth spacing; and breastfeeding support can improve child health.

I appreciate your leadership on this very important issue. I am grateful to have partners like you and other members of Congress to offer ideas and support as we implement the Affordable Care Act to improve health care for women and all Americans. I will share this response with the cosigners of your letter.

Sincerely,


Kathleen Sebelius

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OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

United States Senate
WASHINGTON, DC 20510

July 22, 2011

RECEIVED

2011 JUL 26 4 10:12

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Sebelius,

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Access to preventive health care is essential for improving the health of our nation and bringing our health care costs back under control. If fully adopted, the IOM's recommendations will not only improve the availability and accessibility of women's health services, but they will also represent an important step toward a healthier and more fiscally responsible future.


Sincerely,



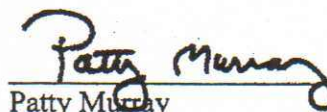
Barbara A. Mikulski



Al Franken



Tom Harkin



Patty Murray

Richard Blumenthal

Richard Blumenthal

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CORRESPONDENCE
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Jeff Bingaman

Jeff Bingaman

Ben Cardin

Benjamin L. Cardin

Bernard Sanders

Bernard Sanders

Jeanne Shaheen

Jeanne Shaheen

Ron Wyden

Ron Wyden

Patrick J. Leahy

Patrick J. Leahy

Carl Levin

Carl Levin

John J. Kerry

John Kerry

Frank R. Lautenberg

Frank R. Lautenberg

Sherrod Brown

Sherrod Brown

Robert Menendez

Robert Menendez

Barbara Boxer

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Diane Feinstein

Mark Udall

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Kirsten E. Gillibrand

Kirsten E. Gillibrand

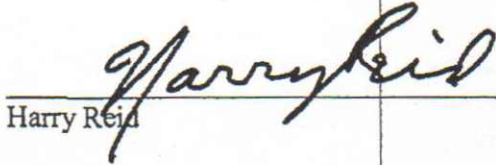
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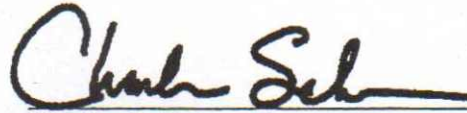
Daniel K. Akaka



Tim Johnson



Harry Reid



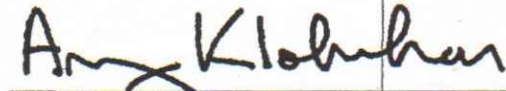
Charles E. Schumer



Mark Begich



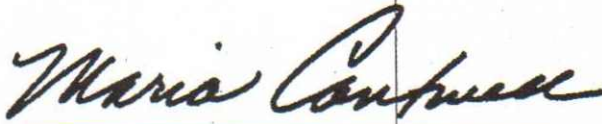
Debbie Stabenow



Amy Klobuchar



Claire McCaskill



Maria Cantwell

HARRY REID
NEVADA

*** RECEIVED ***
Mar 07, 2011 08:32:21 WS# 20
OSNUM: 030720111002
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

WHL

MAJORITY LEADER

United States Senate

WASHINGTON, DC 20510-7012

March 4, 2011

b6

b5

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

I am writing to recommend *b6* for the newly created National Foundation for Fitness, Sports and Nutrition under Public Law 111-332.

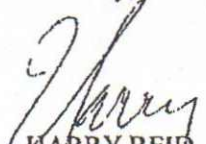
b6 for the Cleveland Clinic Nevada and the CEO of Keep Memory Alive, which is the support organization for the Lou Ruvo Center for Brain Health in Las Vegas. In that connection, *b6* is responsible for business development and long-range planning for one of the leading medical facilities in Nevada.

b6 is also a leader in the fight against childhood obesity. In her work with the Cleveland Clinic, *b6* has been an active supporter of First Lady Michelle Obama's "Let's Move" initiative to encourage healthy lifestyles for children. The Cleveland Clinic has been at the forefront of health and wellness programs in our schools and they have established a number of successful resources for students, including an Obesity Prevention ToolKit and the HealthCorps education seminars. These programs have been very effective in bringing greater awareness to childhood obesity in Ohio, and under *b6* leadership, the Cleveland Clinic will begin implementing their successful programs in Southern Nevada schools.

b6 attended the George Washington University on a soccer scholarship and graduated with a degree in Sports Medicine and Exercise Physiology. She serves on the Andre Agassi Charter Academy school board, the Agassi Foundation, and the Nevada Community Foundation.

I hope you will agree with me that *b6* would be a strong addition to the work of the Foundation for Fitness, Sports and Nutrition. I appreciate your consideration.

Sincerely,


HARRY REID
Majority Leader

b5

MAUREEN E. PECKMAN

Chief Executive Officer, Keep Memory Alive
Cleveland Clinic Lou Ruvo Center for Brain Health

Maureen Peckman is the Chief Executive Officer for Keep Memory Alive, Cleveland Clinic Lou Ruvo Center for Brain Health, based in Las Vegas, Nevada.

Locally, Maureen serves on the Advisory Board for the Andre Agassi Foundation for Education. Additionally, she is the Chairwoman of the Nevada Community Foundation.

Ms. Peckman leads the Council for a Better Nevada, a community-based organization comprised of Nevada's leading CEO's whose purpose is to engage private sector resources and ideas to positively impact Nevada issues of critical community interest.

Maureen is a member of the Nevada Commission on Homeland Security which advises the Governor on matters pertaining to the prevention, mitigation and response to terrorism related events.

She is a frequent media contributor to radio, print, and television on a variety of topics that include national security, conservation, public education reform, and health care.

Nationally, Ms. Peckman is an active member of Conservation International and member of its Chairman's Council. Conservation International's purpose is to pursue global conservation. Maureen is a member of the Harvard Kennedy School Women's Leadership Board.

She graduated from George Washington University in Washington, D.C. with a Bachelor of Science in Sports Medicine and Exercise Physiology. Ms. Peckman has lived in Las Vegas since 1999 and is married with a daughter.



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

March 15, 2011

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

Dear Mr. Leader:

Thank you for your letter recommending ^{b6} for appointment to the Board of Directors of the National Foundation on Fitness, Sports, and Nutrition. It is always a pleasure hearing from you.

We are working diligently to attract highly qualified individuals to this important board, and I appreciate your consultation. Please be certain ^{b6} will be considered for appointment in accordance with the statute.

Thank you for your interest in the future of the Department of Health and Human Services.

Sincerely,

Kathleen Sebelius

Case No. 2012-0914

October 5, 2012

Mr. Mark Wohlschlegel
Americans for Limited Government
9900 Main Street, Suite 303
Fairfax, Virginia 22031

Dear Mr. Wojlschlegel:

This is in response to your June 12, 2012, Freedom of Information Act (FOIA) request for a copy of records of correspondence between Department of Health and Human Services (HHS) and Senate Majority Leader Harry Reid from January 1, 2011 to the present.

Staff in the Office of Documents and Regulations Management (ODRM) performed a search and located twenty two (22) pages of records responsive to your request. They are enclosed with portions withheld under FOIA exemptions (b)(4), (b)(5) and (b)(6). The withheld material includes handwritten notes, a company's name and personal identifiers.

Exemption (b)(4) permits commercial or financial information that was obtained from a person outside the government and that is privilege or confidential. Exemption (b)(5) permits the withholding of intra-agency and/or inter-agency government communications which are predecisional and contain staff advice, opinion and recommendation. This exemption is intended to preserve free and candid internal dialogue leading to decisionmaking. Exemption (b)(6) permits the withholding of information that if released would constitute a clearly unwarranted invasion of personal privacy.

There is no charge for FOIA services in this instance because chargeable fees are under this Department's \$25 threshold for billing purposes.

If you have reason to believe that any denied documents should not be exempt from disclosure, you may appeal. Your appeal should be mailed within thirty (30) days from the date of receipt of this letter to the Director, News Division, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, 330 C Street, SW, Room 2206, Mary E. Switzer Building, Washington, D.C. 20201. Clearly mark both the envelope and your letter of appeal "FOIA APPEAL".

Sincerely,

Kimberly Epstein, Team Leader
FOI/Privacy Act Division
Office of Public Affairs

Enclosures