

Congress of the United States
Washington, DC 20515

January 13, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-8016

RE: Stripping Child Immunization Rates from the Child Core Health Care Quality Measurement Set

Dear Administrator Oz:

We write to express our deep concern that the Centers for Medicare & Medicaid Services (CMS) dropped a critical indicator of child health and well-being from the Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP) (the Child Core Set)—childhood immunization rates. As you know, the Child Core Set assists CMS, states, and the public in understanding the quality of health care provided in Medicaid and CHIP, monitoring access to health care for beneficiaries, and improving the understanding of the health disparities that beneficiaries experience. This decision, communicated to state health officials on December 30, represents a dangerous abdication of the agency's responsibility to monitor the quality of care provided to nearly half of our nation's children.

The timing and manner of this decision display an egregious lack of transparency. Releasing such a consequential policy shift just before a holiday, without public comment or robust stakeholder engagement, certainly does not reflect Robert Kennedy's promise of "radical transparency" during his confirmation hearing. Instead, it is consistent with the many reckless steps he and the Department of Health and Human Services (HHS) have taken under the Trump Administration to undermine access to childhood vaccines. Congress mandated the reporting of the Child Core Set to ensure that federal dollars go toward high-quality care and drive improvements in child health outcomes. By stripping away one of the most fundamental metrics of preventive health—immunization rates—CMS is effectively blinding itself and the public to the health care needs of tens of millions of children.

This decision is the latest in the HHS' anti-vaccine crusade that is actively harming American children and families. As you know, the United States is currently experiencing a record-breaking resurgence of vaccine-preventable diseases, including a measles outbreak exceeding 2,000 known infections and three tragic deaths in 2025.¹ Record levels of pertussis are raging in

¹ Centers for Disease Control and Prevention, "Measles Cases and Outbreaks | Measles (Rubeola) | CDC," updated January 7, 2026, <https://www.cdc.gov/measles/data-research/index.html>

states like Arkansas and South Carolina, resulting in 13 deaths in 2025.² The 2025-2026 flu season is on track to be one of the worst in decades, already resulting in the deaths of nine children. This latest action by CMS represents yet another misguided step in Robert Kennedy Jr.'s anti-science crusade to erode vaccine access nationwide, endangering the lives of all Americans, including young children and their families, pregnant women, older adults, and people with disabilities.

The rationale provided—that CMS wishes to explore measures regarding "alternative vaccine schedules" and whether parents were "informed about vaccine choices"—is scientifically and medically unsound. Substituting reliable data on evidence-based disease protection with ambiguous measures regarding "alternative schedules" – which contradict science and the evidence-based recommendations of the American Academy of Pediatrics – will not measure quality; it will obscure risk.

This action comes at the same time that the Centers for Disease Control and Prevention (CDC) unilaterally and recklessly gutted childhood vaccine recommendations—stripping away lifesaving universal vaccine recommendations for influenza, rotavirus, respiratory syncytial virus (RSV), hepatitis A, hepatitis B, dengue, meningococcal disease, and human papillomavirus (HPV). HHS' press release announcing the change to the schedule claimed that all vaccines previously recommended by CDC will remain covered by insurance without cost sharing, and that "no family will lose access." Yet, just days prior, your agency eliminated any national, systemic measure of childhood vaccination rates in Medicaid and CHIP—programs that provide health coverage to nearly half of all American children—seemingly in an effort to obscure the impacts of undercutting vaccine recommendations.

We request a response no later than January 26th, 2026, that includes answers to the following questions:

1. Section 1139A(a)(8) of the Social Security Act (the Act) requires that the core set include "valid, reliable, and evidence-based quality measures." What, if any, evidence did CMS use to determine that vaccination rates are no longer a core measure of child health quality?
2. Section 1139A(a)(6) of the Act also requires the HHS Secretary to regularly report to Congress on the quality of children's health care in Medicaid and CHIP, specifically "including preventive health services." Recognizing the critical role immunizations play

² Arkansas Department of Health, "Arkansas Reports Highest Number of Whooping Cough Cases in Fifteen-Year Collection History," Healthy Arkansas, December 30, 2025, <https://healthy.arkansas.gov/article/arkansas-reports-highest-number-of-whooping-cough-cases-in-fifteen-year-collection-history/>

in the prevention of disease, since its inception,³ the childhood core set has consistently included measures of childhood and adolescent immunization status.⁴ What, if any, legal justification does CMS have for modifying the mandatory Core Set reporting requirements in a way that undermines Congress' ability to monitor access to standard preventive care?

3. Section 1139A(b)(5) of the Act requires that, to revise, strengthen, and improve upon the initial core measure set, the Secretary must publish recommended changes that "reflect the testing, validation, and consensus process" set out in the statute. These processes include consulting states, pediatricians, children's hospitals, national organizations representing children, and other statutorily enumerated stakeholders. What process did CMS undertake and with what stakeholders did CMS consult in order to make this decision to remove immunization measures from the core set?
4. How, if at all, does CMS intend to measure the effect of HHS' changes to the childhood vaccination schedule on the quality of preventive care in state Medicaid programs without state-level immunization data? Does CMS intend to measure or monitor childhood immunization rates among children with Medicaid and CHIP coverage at all and, if so, how?

We cannot manage what we do not measure. We urge you to reverse this decision and restore the vaccination rate quality measures in the Child Core Set immediately to protect the health and lives of American children. Please respond to our specific questions no later than January 26th, 2026.

Sincerely,



Ron Wyden
Ranking Member
Senate Committee on Finance



Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce

³ Centers for Medicare & Medicaid Services, "CHIPRA Quality Measures," State Health Official Letter SHO #11-001 (Washington, DC: U.S. Department of Health and Human Services, February 14, 2011), <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO11001.pdf>

⁴ Centers for Medicare & Medicaid Services, "Medicaid Core Set History Table," Medicaid.gov, <https://www.medicare.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>