

United States Senate Committee on Finance

May 6, 2025

Hearing to Consider the Nominations of James O'Neill, of California, to be Deputy Secretary of Health and Human Services, vice Andrea Joan Palm, resigned and Gary Andres, of Virginia, to be an Assistant Secretary of Health and Human Services, vice Melanie Anne Egorin, resigned

Questions for the Record submitted to Jim O'Neill from Senator Ron Wyden

Affordable Care Act (ACA)

1. Enhanced premium tax credits have helped over 24 million working people buy affordable health coverage on the ACA Marketplace and have been especially critical for working families and those in non-expansion states. These tax credits will expire at the end of this year if congressional Republicans do not take action. If confirmed, what is your plan to preserve or improve these tax credits, which are essential to reducing the number of uninsured Americans?

Your testimony before the Finance Committee included the following statement:

“Imagine every American waking up vibrant, energetic, and free of disease. That’s President Trump’s vision to make America healthy again.”

How can every American wake up free of disease if they no longer have access to affordable health care when they contract diseases?

Response: President Trump stabilized the ACA, lowered premiums, and fostered innovation. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families.

2. A recently proposed Trump Administration rule would impose red tape that keeps eligible people from accessing and staying on their coverage, reduce special enrollment periods, increase costs, and lower the quality of plans offered on the Marketplace. This will disproportionately harm lower-income working Americans. Centers for Medicare and Medicaid Services (CMS)’s own estimates show that the rule will kick 2 million people off their coverage if finalized, with many more becoming underinsured. The ‘savings’ from this rule would be due to coverage losses, and people not receiving tax credits to buy insurance. Do you support the policies in this proposed rule, or will you advocate for a more equitable and consumer-focused policy approach?

Again, given your statement that you support the goal of having every American free of disease, how can that goal be achieved if CMS implements policies that make it harder to access and maintain affordable health coverage?

3. Given that CMS estimates 2 million people losing their ACA coverage if the Trump Administration's recently proposed rule is finalized, what policies would you propose to ensure that these people can access affordable health coverage on the individual market? How can the goal of having every American free of disease be attained if millions of people lose their ACA health coverage?
4. Enhanced ACA premium tax credits have been a lifeline for millions of working families, especially in states that haven't expanded Medicaid. The Congressional Budget Office projects that if these tax credits are allowed to expire, on average, 3.8 million working Americans will lose coverage each year from 2026 - 2034.
 - a. Do you support preserving or extending these tax credits?
 - b. If confirmed, what additional policies and proposals would you support or advocate for within HHS to ensure continued access to affordable health coverage on the individual market?
 - c. How does 3.8 million working Americans losing their health coverage further your professed goal of having every American free of disease?

Response (2-4): President Trump stabilized the ACA, lowered premiums, and fostered innovation. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families.

Anti-Aging/Seasteading

5. As a former CEO of the Strategies for Engineered Negligible Senescence (SENS) Foundation, you championed anti-aging innovations, including research into blood dilution. How will you ensure HHS remains grounded in evidence-based science rather than speculative longevity ventures backed by tech billionaires?
6. As HHS Secretary, how would you ensure that federal investments in longevity research benefit the broader population—not just those with the means to access the latest technologies?
7. You have previously served on the board of the Seasteading Institute, an organization that has promoted the creation of autonomous floating cities governed by private entities, rather than democratic governments. You have also publicly praised the Institute's founder, Patri Friedman, for his vision of alternative governance models.
 - a. Do you believe Americans should be using billionaire-funded artificial medical islands to receive health care? Do you think this is a sustainable model of care for American families?

Response (5-7): If confirmed, I look forward to advancing a transformative agenda to make Americans healthy again. If confirmed, I commit to using the full scope of HHS authorities to find solutions that lower Americans' healthcare costs while improving healthcare outcomes, consistent with the President's direction to Make America Healthy Again.

Artificial Intelligence (AI)

8. You called for the “rapid adoption” of AI at the Food and Drug Administration (FDA) and CMS. What specific use cases do you envision for AI in these agencies, and how would you address issues of algorithmic bias, data privacy, and regulatory oversight?

Response: I look forward to reviewing how artificial intelligence can be better integrated into the HHS’s work to appropriately tap into the potential this technology has to improve efficiency and output.

9. What safeguards do you believe are necessary to ensure that AI improves outcomes without introducing bias or reducing transparency in how decisions are made?

Response: I look forward to reviewing how artificial intelligence can be better integrated into the HHS’s work to appropriately tap into the potential this technology has to improve efficiency and output.

10. As AI-enabled tools increasingly enter clinical care, what principles would guide your approach to CMS coverage and reimbursement decisions?

Response: As Deputy Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

11. Would you support requiring peer-reviewed evidence or demonstrated outcomes before approving these tools for Medicare payment?

Response: As Deputy Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

12. AI tools have the potential to improve care, but AI tools also pose risks related to algorithmic bias, which can lead to inequities in access to care. What steps would you take to ensure that both FDA and CMS establish safeguards to detect and mitigate these risks?

Response: I look forward to reviewing how artificial intelligence can be better integrated into the HHS’s work to appropriately tap into the potential this technology has to improve efficiency and output.

13. Will you commit that HHS will not allow AI algorithms—especially those developed by your prior venture-backed affiliates—to make clinical decisions without human review or regulatory transparency?

Response: Yes.

Autism

14. On April 22, the National Institutes of Health (NIH) announced the agency would create a “disease registry” dedicated to autism that would track people with an autism diagnosis. On April 29, the NIH reversed that announcement. Will you confirm that the NIH, nor any other office in HHS, will not create a disease registry for people with an autism diagnosis?
15. During your nomination hearing before the U.S. Senate Committee on Finance, you responded, “I do not know what causes autism as I’ve said. I really don’t know” when asked if you agreed with Robert Kennedy’s statement that autism comes from vaccines. As HHS conducts the Secretary’s “massive testing and research effort” to “know what has caused the autism epidemic,” will you commit to having substantial representation of autistic Americans as this effort is designed and any subsequent effort to examine causes of autism, services and supports for autistic people, and workforce development efforts to provide care and support to autistic Americans?

Response (14-15): I don’t know what causes autism and support the Secretary’s commitment to finding out root causes.

16. Robert Kennedy’s comments about people with autism were not only ignorant and hateful, they raise serious questions about what he and the Trump Administration would do to help these people and their families, who he believes will never lead productive lives. Even if he were right about his uninformed claims, Kennedy’s positions beg the question: What will he do to help those with severe autism and their families? Republicans’ nearly \$1 trillion in cuts to Medicaid would gut funding for treatment and services for people with autism. There’s nothing in the Trump Administration’s budget to make up for those cuts, let alone provide additional help to people and families struggling with autism. Not only are Robert Kennedy and the Trump Administration stigmatizing those on the autism spectrum, isn’t it true that the Trump budget would abandon these people and their families?

Response: By cutting waste, fraud, and abuse in the Medicaid program, it will be better equipped to serve its core population.

Cybersecurity

17. Cybersecurity threats to federal systems, including Medicare claims platforms, continue to increase in scale and sophistication. If confirmed, how would you approach improving HHS’s cybersecurity posture? What specific steps would you take to strengthen data systems, and protect patient data, and ensure operational continuity across HHS sub-agencies, including CMS and FDA?

Response: If confirmed, I will work with the Department to review all relevant cybersecurity rules to ensure that American patient data is protected.

18. How will Robert Kennedy's firings and the elimination of key agencies at HHS impact the agency's cybersecurity oversight, including efforts to combat cybersecurity threats of the health care system and monitoring of internal HHS networks against cybersecurity threats?
- Will you push back on staffing that undermine HHS's cybersecurity oversight?
 - Will you rehire HHS staff who were fired who are critical to HHS's cybersecurity oversight work?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

19. Do you agree with the reported shift in investigations by HHS Office of Civil Rights (OCR) away from investigating health care cybersecurity breaches? What steps will you take to make sure that HHS is sufficiently investigating health care cybersecurity breaches and that patients are informed of health care data breaches?

Response: If confirmed, I will work with the Department to review all relevant cybersecurity rules to ensure that American patient data is protected and the parties responsible for breaches are held accountable in accordance with the law.

20. What is your view of the proposed HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information, proposed by HHS in January of this year? Do you believe HHS should finalized this proposed rule?

Response: If confirmed, I will work with the Department to review all relevant cybersecurity rules to ensure that American patient data is protected.

21. The Deputy Secretary is responsible for the Chief Information Officer and cybersecurity. You have talked about your role in standing up Administration for Strategic Preparedness and Response (ASPR) and setting up the cybersecurity responsibilities in that office. Given that ASPR is being reorganized and there is no apparent succession plan, how will you respond to the next Ascension or Change Healthcare type of event that threatens cybersecurity for all Americans?

Response: If confirmed, I look forward to working with partners within HHS and Congress to ensure that American patient data is protected and parties responsible for cybersecurity violations are held accountable.

22. The Deputy Secretary has authority over the HHS Office of National Security, and there are significant responsibilities with respect to security, and contracting within HHS. Will you commit to using secure communications, and not use Signal or other unsecure channels, for all information shared between HHS officials?

Response: I will comply with all federal guidance for secure communications.

23. Are you currently a member of any Signal, or similar messaging app, group(s) that include current HHS officials?

0. If Yes, are any members of the group(s) non-government personnel?
1. If Yes, is policy discussed? Describe.
2. If Yes, do the chat settings erase messages after a set amount of time? What time limit is set?
3. If an app aside from Signal is used, list and describe the app(s).

Response: I have not made policy decisions with any HHS staff on Signal or any other app. I will not use Signal for classified conversations if confirmed.

Department of Government Efficiency (DOGE)/Accountability

24. Mr. O'Neill, have you ever been fired from a job despite high performance?
25. Yes or no, do you believe that the manner in which high performers in HHS were fired over the past three months was appropriate?

Response (24-25): A reduction in force (RIF) is governed by OPM statute that does not discriminate based on individual merit. Just like the Clinton administration, the Trump administration is using RIFs to shrink the federal workforce.

26. There are already mass firings underway across the federal government. HHS has had to rehire fired personnel to cover crucial functions and agency needs. How will you ensure that HHS has the adequate staff to undertake its broad and important mandate, as well as activities and functions that are required by statute? Will you push back on this hollowing out of a crucial agency that is responsible for the health and wellbeing of the American people?
27. As Deputy Secretary, you will be tasked with the agency's strategic planning and internal operations. Given the reports of large-scale firings, reassignments, and efforts to hollow out, and even eliminate, key HHS agencies under the Trump administration, what is your plan to stabilize agency leadership, improve morale, retain scientific and public health expertise, and maintain core functions critical to Americans' health and safety?
28. In light of Secretary Kennedy's rapid and sweeping efforts to consolidate control over public health agencies and reduce institutional, expert staffing across FDA, NIH, Centers for Disease Control and Prevention (CDC), and CMS, how do you plan to rebuild morale, ensure operational continuity, and restore trust in HHS among both the American public and HHS career staff?

Response (26-28): If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

29. Elon Musk and the Department of Government Efficiency (DOGE) team have gained access to sensitive data across the federal government, including at HHS, potentially putting that data at risk for improper public disclosure and exposing it to risks related to cybersecurity.

30. Do you believe the DOGE team should have access to sensitive HHS data with personally identifiable and healthcare information?
31. What steps will you take to ensure that Musk or others don't access data, including personal health information, that they shouldn't and place personal data about HHS health programs, such as Medicare or Medicaid, at risk of public disclosure?

Response (29-31): If confirmed, I will work with the Department to ensure that American patient data is protected.

32. You've publicly aligned yourself with Silicon Valley innovation culture, even endorsing a DOGE-style "revolution" in government. How do you reconcile that kind of tech-driven disruption with the need for institutional stability and public trust in agencies like HHS?

Response: Reducing redundancy and streamlining operations promotes institutional stability and public trust at HHS.

33. The Administration for Community Living (ACL) provides essential support that makes it possible for older adults and individuals with disabilities to remain in their homes—rather than institutions—including through the Meals on Wheels program, supports for family caregivers like respite, case management services, and more.. With HHS's plan to eliminate ACL and subsume its operations into other operating divisions at HHS, how will you guarantee that these life-sustaining services will continue without interruption?

Response: ACL recently announced the release of \$1.1 billion in funding, including funds for Older Americans Act nutrition programs (often called Meals on Wheels). ACL remains operational is currently processing awards for the remainder of the current continuing resolution.

34. The firings across ACL, HRSA, and HHS regional offices have already disrupted critical public health functions, including Medicaid oversight and protective services. If confirmed, will you commit to halting further consolidation or reorganization of ACL or other human services agencies until Congress is fully briefed and public hearings can be held on the administration's proposed changes?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

35. You have publicly praised Elon Musk's health system views and acknowledged you would rely on him to "break up perverse incentives" in federal health policy. Reports indicate that tech executives lobbied for your placement in this role. Can you assure the American public that, under your leadership, decisions will be made based on evidence and not political loyalty or Silicon Valley ideology?

Response: Yes.

36. The Administration for Children and Families (ACF) oversees critical infrastructure for child abuse and neglect case tracking, including the Comprehensive Child Welfare Information System (CCWIS)—yet the entire team responsible for it was fired earlier this year. What is your plan to restore the federal child welfare systems required to monitor and intervene in cases of abuse and neglect? Can you guarantee that these surveillance and safety systems will not be compromised further under your leadership?

Response: I will work with ACF leadership to execute the laws passed by Congress as efficiently and effectively as possible.

37. Yes or no, will you ensure that every firing and agency elimination or downsizing within HHS has a clear plan for succession/transition? Please provide any such plans in writing.
38. In order to fill gaps that are likely to occur due to the firings and reorganization, do you plan to engage contractors to ensure that all grants and contracts that need to be awarded before the end of the year are sent out in a timely fashion? Please provide details on these plans.

Response (37-38): If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Free Market and Health Care

39. You have previously said that any “suffering” under our current system is not about corporate greed or lack of access, but because our health care should be a more “free market.” Health care is a human right. Is it your belief that private companies should be able to administer health care services without regulation or oversight?
40. Do you believe that the federal government should have a role in regulating and financing health care, including through Medicare, Medicaid, the Affordable Care Act And other programs?
41. You argued that the absence of a free market in health care causes significant harm and that deregulation would lower costs and drive innovation. What specific reforms would you pursue to create this “free market,” and how would you measure the impact of these reforms on health care costs, access to health care, and the quality and safety of health care patients receive?
42. You publicly expressed that there is insufficient market freedom in health care and have suggested that health care should function more like a commodity, with individuals receiving what they can afford. As Deputy Secretary, you would be responsible for overseeing the implementation of programs like Medicare and Medicaid. Given that Medicare and Medicaid are designed to ensure access to care, how do your views on

market-driven health care align with the statutory missions of these programs to provide standard basic health care?

Response (39-42): If confirmed I look forward to working with Congress and other agencies across the Administration to understand how we can best ensure high quality care and provide health care at a good price for American patients. Promoting more competition within health care is one way to make progress towards those goals.

Medicaid

43. Mr. O'Neill, during your confirmation hearing, you said you support "focusing Medicaid on protecting the most vulnerable populations, the ones that it was created to support in the 1960s". As you know, since the passage of the Affordable Care Act, 40 states and the District of Columbia expanded Medicaid to cover low-income workers, people with disabilities and chronic health conditions, and struggling families who previously fell through the cracks. Do you believe that Americans in the expansion group are not vulnerable and not deserving of care? You told my staff that states know best when it comes to their populations. How do you square that statement with your position that Medicaid should be returned to a 1960's era program given that 40 states have expanded Medicaid to cover more of their populations?
44. Relatedly, you spoke to Committee staff about the importance of respecting state decision-making and fostering state innovation through appropriate policy flexibilities at the federal level. Do you believe that the federal government should circumvent decisions by state governments, and in some cases by voters themselves through ballot initiatives, to expand their Medicaid programs?

Response (43-44): Every state is unique with a different population and different needs, and the Medicaid program should be more flexible to address the changing health care landscape and population needs with the goal of improving health outcomes. If confirmed, I am committed to working with states, in accordance with the laws passed by Congress, to provide more flexibility to pursue innovative measures that fit the needs of their citizens. At the same time, states must be held accountable to standards that result in better health care quality and access. Our goal is to ensure that all Americans have access to high quality health care with choices that fit their needs and the needs of their family.

45. We know that Congressional Republicans are considering hundreds of billions of dollars in cuts. In its letter "Estimates for Medicaid Policy Options and State Responses" published on May 7, 2025, the Congressional Budget Office (CBO) affirmed that key proposals under consideration will lead states to cut Medicaid benefits, result in coverage loss, and cuts to provider payment rates. Will you commit to oppose such cuts if they result in Americans losing their health coverage, provider rates being cut, and benefits being slashed?

Response: I support cutting waste, fraud, and abuse in the Medicaid program, which will improve the ability of the program to properly serve enrollees. If confirmed, I will work

with states to administer the program as efficiently as possible. Every state is unique in their specific approach to the provision of services under Medicaid, and I will stand ready to assist states as they develop strategies to meet their particular goals.

46. States have flexibility to tailor their Medicaid programs through the 1115 waiver pathway—and Robert Secretary Kennedy and the Trump Administration have purported to value state flexibility. The National Governors Association (NGA) continues to press on a bipartisan basis for states to have broad flexibility to use 1115 Medicaid waivers for innovation. However, CMS’ first Medicaid policy directive was to rescind 1115 waiver guidance related to health-related social needs, for which 25 states have received federal approval.

0. What will your approach be to state demonstrations through 1115 waivers?
1. Can states rely on you to maintain and extend their existing 1115 waivers?

Response: Every state is unique with a different population and different needs, and the Medicaid program should be more flexible to address the changing health care landscape and population needs with the goal of improving health outcomes. If confirmed, I am committed to working with states, in accordance with the laws passed by Congress, to provide more flexibility to pursue innovative measures that fit the needs of their citizens. At the same time, states must be held accountable to standards that result in better health care quality and access. Our goal is to ensure that all Americans have access to high quality health care with choices that fit their needs and the needs of their family.

Medicare Advantage

47. Consumers, patients, and health care providers are increasingly alarmed by privatized Medicare Advantage companies’ limitations on access to care, with both the HHS OIG and GAO finding evidence of enrollees leaving Medicare Advantage plans to return to traditional Medicare, including in the last year of an enrollee’s life.

0. Do you support federal regulations that will increase oversight of Medicare Advantage plans and ensure that they cover and reimburse for medically necessary care, as required by statute?
1. Do you commit to working with a broad coalition of stakeholders, including rural hospitals, other rural providers as well as patients and consumer advocates, to make sure that beneficiaries enrolled in Medicare Advantage plans receive access to medically necessary care and have access to a broad network of providers?

48. You criticized Medicare upcoding as a source of fraud and waste. What practical steps would you take to address it, and how would you avoid penalizing providers who serve sicker or more complex patients?

Response (47-48): It is important for people with Medicare to have access to the healthcare they need. If confirmed, I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.

Organ Donation

49. During your nomination hearing before the U.S. Senate Committee on Finance, you indicated that people should be free to sell their organs specifically, "There are many barriers, it in the law as the last time I looked that make it difficult for recipients of a kidney donation to compensate donors for the follow up medical care for their donation. I think it is reasonable to look at improving these policies so that someone that makes the very generous decision to donate a kidney or another organ will not suffer financially and will be able to have their follow up medical care, lost work and so forth compensated by the recipient if the recipient is able to do."

This would be an unethical practice that disproportionately exploits people in desperate circumstances, and is a departure from the view of the United States government. As the Task Force on Organ Transplantation, established by the National Organ Transplant Act of 1984, noted in its 1986 report - donated organs should be considered "a national resource to be used for the public good."

As Deputy Secretary of HHS, would you continue to advocate for the dangerous practice of allowing people to sell their organs?

Response: If confirmed, I look forward to working with Congress to ensure that the law is being followed and what we can do to improve organ donation.

50. Modernizing the organ transplant system is the difference between life and death for the over 104,000 Americans waiting for an organ transplant. Congress passed the Securing the U.S. Organ Procurement and Transplantation Network (OPTN) Act unanimously to allow for the modernization currently underway at HRSA to improve safety, effectiveness, and transparency of the organ transplant system. Americans cannot afford for any delay or derailment implementing this modernization.

Can you assure me that these critical efforts to modernize the organ transplant system will continue under your leadership, if you are approved as the Deputy Secretary of HHS, despite staffing and budget cuts proposed across HHS that included all HRSA staff recently hired to implement this law?

Response: Yes, If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs. . I look forward to working with Congress to ensure that the law is being followed.

51. Does the Trump Administration intend to move organ transplant activity, including the contracts for the operation of the OPTN, to CMS?

0. How can we be assured that all the critical functions currently being undertaken by HRSA will continue without disruption?

Response: If confirmed, I look forward to working with Congress to ensure that the law is being followed and the critical functions of organ transplantation are carried out with transparency and accountability.

Prescription Drugs

52. You supported the idea that the FDA should push drugs onto the market without assessing whether or not they worked. Specifically, you said, “Let people start using them, at their own risk,” and, “Let’s prove efficacy after they’ve been legalized.” This could lead to companies to push ineffective products on the American public, create false hope for patients, and potentially cost patients and public health programs billions of dollars, all without receiving any health benefit,
- Do you still believe that the FDA should stop reviewing drugs for efficacy? How would you ensure that such a model protects patients from ineffective or misleading treatments, particularly for marginalized populations?

Response: Under the Federal Food, Drug, and Cosmetic Act, for a new drug to be approved for marketing in the United States, FDA must determine that the drug is safe and effective for use under the conditions prescribed, recommended, or suggested in the product’s labeling. If confirmed, I will work with FDA to continue to fulfill its public health mission in accordance with its statutory mandate.

53. You expressed frustration that the U.S. hasn’t adopted drug approval reciprocity with other countries like those in the European Union. How would you implement a system that recognizes foreign drug approvals, and what safeguards would you put in place to ensure American standards aren’t compromised?

Response: The majority of new drugs are approved first in the US. In cancer, that number is over 90 percent. But where a drug is approved elsewhere first, FDA should leverage the data and real world experience when available and reflective of US population, so we are not requiring duplicative studies. This approach will improve the efficiency of drug development.

54. President Trump's recent executive order publicly embraces Big Pharma’s top lobbying ask: to delay and hamper Medicare drug price negotiations for pills or small molecules. In response, the CEO of Pfizer, Albert Bourla, said on an earnings call on April 29th that he is ‘cautiously optimistic’ about the impact of the executive order on his organization.
- Do you believe that the Trump Administration should do Big Pharma’s bidding by championing policies to undercut Medicare drug price negotiations, consequently raising prescription drug costs for people with Medicare?
- How would you advise Trump to change this executive order to instead benefit seniors and people with disabilities on Medicare?

Response: I support President Trump’s decision to promote lower drug prices for Americans.

Traditional Medicare

55. Mr. O’Neill, Robert Kennedy has made chronic disease prevention a top priority, proposing the creation of a new agency called the Administration for a Healthy America. In that context, what levers are available to HHS to strengthen Traditional Medicare, so that it provides access to high-quality chronic disease management and prevention, not just acute care?

56. As members of Congress look to redesign systems around prevention and whole-person care, what specific investments or reforms would you champion within Traditional Medicare to better support physicians and other health care professionals and the long-term management of chronic conditions?

Response: Medicare payment methodologies are prescribed in statute. If confirmed, I look forward to working with Congress and the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep beneficiaries healthy.

57. Given Robert Kennedy's stated concerns about the "outsized" role of the AMA's Relative Value Scale Update Committee (RUC) in Medicare physician payment policy, what are your views on potential reforms to the RUC process? Should CMS play a more direct role in rate-setting, and if so, how would you balance that with ensuring clinical expertise informs payment policy?

Response: It is important that all HHS policy is set in a transparent manner and care is taken to limit conflicts of interest. I commit to working with Congress on making the department more transparent.

58. Traditional Medicare is a federal program that provides access to health care for millions of Americans and is operated under a defined benefit structure with broad federal oversight. If confirmed, how would you approach the operational oversight and administration of Traditional Medicare given your past advocacy for free-market health care models?

Response: The President has been very clear about his support for Medicare. I am committed to improving healthcare quality and outcomes for all Americans, and Medicare is an important program to support that goal. If confirmed, I would work to ensure that Medicare is well administered, effective, and available for eligible beneficiaries.

Vaccines

59. In recent comments on April 30, Secretary Kennedy claimed that the Measles, Mumps, Rubella (MMR) vaccine "contains a lot of aborted fetus debris and DNA particles." Members of the scientific community are in broad agreement that this claim is egregiously false. How will you go about correcting this and other vaccine lies perpetuated by Kennedy?
60. During your nomination hearing before the U.S. Senate Committee on Finance, when asked about how Robert Kennedy is handling the measles outbreak, you said, "I think he is doing a great job".
- Given that in 2025, there have been 935 confirmed measles cases reported by 30 states and three confirmed deaths, please confirm in writing if you still believe that Robert Kennedy is "doing a great job" on the current measles outbreak and why.

61. We know that many patients and physicians are concerned that the HHS will not robustly support the crucial role of vaccination in preventing communicable diseases, as demonstrated by the agency's lack of response to the measles outbreak in Texas. We also know that effective public health messaging, such as through the media, CDC and other HHS websites, is critical to encouraging vaccination. Will you commit to fully supporting vaccination and effective public health messaging?
62. Your public comments on COVID-19 vaccines have ranged from concern over access to skepticism toward the CDC and Omicron boosters. As the Deputy Secretary of HHS, how would you restore confidence in vaccine guidance and public health communication?
63. Robert Kennedy said during a Fox News interview that the MMR vaccine "causes deaths every year" and "causes all the illnesses measles itself causes."
0. Do you think these comments fairly characterize the risks associated with the MMR vaccine?
 1. Were these helpful comments for Secretary Kennedy to make during a measles outbreak that has put children's lives on the line?

Response (59-63): Secretary Kennedy has not made it difficult nor discouraged people from taking vaccines.

64. Robert Kennedy promised to carry out a study that investigates the causes of autism and publish results by September. He appointed David Geier, a well-known, widely discredited, vaccine skeptic to carry out this study. In 2011, the Maryland board of physicians disciplined Geier for practicing medicine without a license. He diagnosed, tested, and treated kids as young as 8 and 9 years old with absolutely no training. He prescribed them snake-oil medicines and dietary supplements. Scientists and the doctors have widely discredited this man, and any study he conducts will be full of more lies.
0. YES or NO, do you believe people like Geier who have peddled lies and exploited children, should have any hand in activities at HHS?

Response: I am unfamiliar with the details of this appointment and therefore unable to comment.

1. Can you commit to making Geier available for a staff-level briefing to explain the design of his vaccine study for my team?

Response: I understand the importance of timely responses to Congressional inquiries. I commit, to the best of my ability, to be as responsive, accountable and transparent as possible.

Reproductive Health

65. Mifepristone has been FDA-approved for 25 years. Hundreds of studies and the FDA's own reviews have shown it to be safe and effective for ending an early pregnancy. Recently, the Ethics and Public Policy Center (EPPC) released an analysis attempting to call into question the safety of medication abortion care. However, this analysis does not use data from a clinical trial, it is not a peer-reviewed study, and it is not the kind of analysis FDA has ever used to make regulatory decisions about a drug.

0. As Deputy Secretary at HHS, will you commit to ensuring FDA follows rigorous scientific methods, rejecting questionable self-published anti-abortion studies, and protecting Americans' access to FDA-approved products, like mifepristone?

66. Will you oppose politically-motivated actions that go against evidence-based medicine to restrict access to abortion for millions through efforts to remove mifepristone from the market or roll back its current protocol for prescribing and dispensing?

67. What is your interpretation of the existing scientific and medical research on mifepristone?

Response (65-67): Secretary Kennedy has pledged to do a safety review of mifepristone, and I strongly support that review.

68. As Deputy Secretary of HHS, will you commit to ensuring that patients at hospital emergency departments have access to emergency life and health-saving care when they need it, including emergency reproductive health care?

69. Will you preserve federal guidance that clarifies that hospital emergency departments must provide emergency abortion care under EMTALA's requirements?

70. Will you commit to make sure that CMS has the resources and personnel it needs to investigate complaints of EMTALA violations?

Response (68-70): I will follow the law on EMTALA.

Other Topics

71. You led efforts to shield medical providers who refuse to provide care to patients based on personal beliefs. What is your view of the rights of patients, especially women and LGBTQIA+ individuals, to receive evidence-based medical treatment without judgment or delay?

Response: I support the conscience rights of providers.

72. Mr. O'Neill, one of the key pillars in Robert Kennedy's plan for Making America Healthy Again, is expanding access to low cost, high-quality primary care through Community Health Centers (CHCs). Their integrated model of care improves outcomes and saves taxpayer dollars by decreasing preventable ED visits and hospital admissions. CHCs achieve these results by leveraging Health Resources and Services Administration (HRSA) grants and CMS reimbursement for their services.
0. Given the mass firings and reorganizations, will you commit to ensuring that CHCs receive payments for these effective and efficient primary care services in a timely manner?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

73. The proposed Administration for a Healthy America would incorporate critical functions from HRSA, Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Toxic Substances and Disease Registry (ASTDR), National Institute for Occupational Safety and Health (NIOSH), and Office of the Assistant Secretary for Health (OASH).
0. Can you assure me that, at the very least, the Senate will have the opportunity to vet the proposed leadership of AHA through the Senate confirmation process?

Response: If confirmed, I look forward to working with Congress to ensure that the law is being followed.

74. How do you anticipate current or future HHS reorganization efforts may impact CMS's ability to administer Medicare and Medicaid programs efficiently, especially as CMS is expected to perform more functions with fewer employees? What safeguards would you implement to avoid disruption in services provided to beneficiaries or reimbursement paid to providers?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

75. Will you commit to holding a public comment process on any current or future HHS reorganization efforts?

Response: I understand the importance of timely responses to Congressional inquiries. I commit, to the best of my ability, to be as responsive, accountable and transparent as possible.

76. HHS abruptly withdrew the longstanding "Richardson Waiver," which ensured HHS participates in a notice-and-comment rulemaking process for all HHS regulations and policies. HHS has followed the waiver since 1971 to promote transparency in HHS rulemaking processes. Do you agree that rescinding the "Richardson Waiver" runs counter to Robert Kennedy's promise of "radical transparency"?

0. If not through a notice-and-comment process, how will HHS ensure Congress and the general public can provide feedback on proposed regulations without the Richardson Waiver?

Response: I agree with the agency statement: “The extra-statutory obligations of the Richardson Waiver impose costs on the Department and the public, are contrary to the efficient operation of the Department, and impede the Department's flexibility to adapt quickly to legal and policy mandates.”

Question for the Record submitted to James O'Neill from Senator Cantwell.

Question 1: National Institutes of Health Cuts

During the hearing, I asked you about the \$17.965 billion cut to National Institutes of Health (NIH) funding in President Donald Trump’s budget proposal. Those proposed cuts come on top of the months of staffing cuts and grant delays that are already having an impact on the ground. For example, one of my constituents has stage IV colorectal cancer. She was supposed to start an NIH trial that could be life-saving, but the trial has been repeatedly delayed due to funding and staffing cuts.

You mentioned that you had not yet had a chance to review the details that went into the budget proposal. Now that you have had more time to review those details, I’d like to follow up on those questions.

- A. Do you personally support cutting \$17.965 billion in NIH funding?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

- B. Every single employee at the National Institute of Occupational Safety and Health in Spokane, Washington, was laid off last month. These public servants were conducting specialized research on how to protect workers in dangerous jobs like mining and firefighting. Do you stand by those layoffs?

Response: If confirmed, I will plan to look into this.

Question 2: Autism

- A. One area of medical research that Secretary Robert F. Kennedy, Jr., often brings up is autism. He recently said that autism “destroys families,” and that people with autism will never pay taxes, hold jobs, or go on dates. Do you stand by those comments?

Response: Autism is a spectrum that varies from mild to very severe. The experience of mild Autism and severe Autism are very different. The Secretary was very clearly speaking about severe autism in his statements. The severe end of the spectrum is something that requires further research to figure out the causes and treatment to improve the quality of life for those with severe autism and their families.

- B. Secretary Kennedy also plans to create a database that will supposedly track the health of autistic people for research purposes. But creating an autism registry like that without people's consent poses major privacy and security risks. Do you support that proposal? How would you implement it while respecting privacy, if confirmed?

Response: I don't know what causes autism and support the Secretary's commitment to finding out root causes.

- C. Do you support the hiring of David Geier, whose medical license was suspended after claims that he endangered children with autism, to work on a study about autism?

Response: I am unfamiliar with the details of this appointment and therefore unable to comment.

Question 3: Pharmacy Benefit Managers

I appreciated our discussion about the affordability of prescription drugs in your confirmation hearing. As I mentioned, according to a new Federal Trade Commission report, the largest Pharmacy Benefit Managers (PBMs) impose significant price markups on drugs. In one example, PBMs marked up a drug used to treat hypertension by 7,736 percent. The report also found that the PBMs generated \$1.4 billion from spread pricing, a practice where PBMs bill payors such as Medicare more than they reimburse pharmacies, while pocketing the rest. These additional costs are ultimately borne by taxpayers and by patients at the pharmacy counter.

- A. Do you support the Pharmacy Benefit Manager Transparency Act (S. 526), which I lead with Senator Chuck Grassley?

Response: The issue of drug pricing, including the role of middlemen, is an issue of great concern to many Americans. I am interested in working with Congress and with stakeholders to lower prescription drug prices for all Americans.

Question 4: Basic Health Program

I also appreciated our conversation about the Basic Health Program, which covers people under 200 percent of the Federal Poverty Level who make too much to qualify for Medicaid, but too little to have much bargaining power in the private insurance market. States like New York, Minnesota, and Oregon have implemented their own BHPs because these programs have generated savings for beneficiaries and the state. Since New York launched its BHP, for example, the state has saved over \$1 billion every year. New York was able to reinvest the

savings to eliminate premiums and offer more generous coverage levels for its BHP beneficiaries.

A. If confirmed, will you work with me to encourage more states to adopt their own BHPs?

Response: If I am confirmed, I will work with CMS and Congress to improve access to primary health care.

Question 5: Emergency Abortions

Several state abortion bans are so extreme that doctors aren't sure whether they can legally end a pregnancy to prevent death, future infertility, or organ damage. In these states, the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires emergency rooms to provide stabilizing care to patients in emergencies. That way, doctors don't have to worry they'll go to jail for saving a patient's life. As Deputy Secretary, you would have insight into all components of HHS, including EMTALA enforcement. The Trump administration has shown so far that it does not care if pregnant women die in medical emergencies. This year, the administration dropped a lawsuit against Idaho over its extreme abortion ban, which conflicts with federal requirements under EMTALA.

A. Will you commit to advocating for maintaining the current CMS emergency care guidance, if confirmed?

B. Do you support the Trump administration's decision to drop out of the Idaho litigation?

Response: EMTALA protects access to emergency medical care for all patients, including pregnant women, and the Department is responsible for evaluating EMTALA complaints. I believe the Department can simultaneously enforce EMTALA and respect the many state laws protecting the unborn and the right of conscience in healthcare. If confirmed, I look forward to working with CMS as well as Congress to ensure that both can be achieved.

Question 6: Substance Use Treatment

Secretary Kennedy has proposed a significant reorganization of the Health and Human Services Department, including merging the Substance Abuse and Mental Health Services Administration (SAMHSA) and other key agencies into a single unit called the Administration for a Healthy America. He also laid off about 10,000 workers from the HHS workforce. In addition, President Trump's budget proposes to cut funding for the First Responder Comprehensive Addiction and Recovery Act (FR-CARA), which provided 101,000 opioid overdose reversal kits to first responders and trained more than 77,000 first responders in 2023. These changes will hamper the country's ability to respond to public health emergencies like the fentanyl epidemic, which is still a growing issue in Washington state. Even though overall overdose deaths decreased nationally last year, Washington saw a 14 percent increase in overdose deaths.

However, the proposed reorganization and staff cuts at HHS not only threaten to reverse the progress we've made at reducing overdose deaths, but they will also prevent existing programs from running properly.

- A. Secretary Kennedy claims that the reorganization and staff layoffs will not affect program operations. If confirmed, how will you ensure that existing programs have adequate staff and resources to achieve their missions?
- B. Do you believe that the administration can unilaterally dismantle agencies created by Congress, like SAMHSA?
- C. Do you support the Administration's proposal to cut funding for FR-CARA?
- D. We should be delivering more resources to combat the fentanyl epidemic. That means investing in the public health workforce and finding ways to increase access to treatment. An example is testing out the Health Engagement Hub model pioneered by Dr. Caleb Banta-Green from the University of Washington. This model prioritizes delivering near-instant substance use treatment through medication at the community level, while offering services like primary care and counseling. In a pilot program, this approach decreased fentanyl overdose rates by 68 percent. I lead the Fatal Overdose Reduction Act ([S. 665](#)) with Senator Bill Cassidy, which would take this Washington-grown innovation to the national level. Do you support this legislation?

Response: If confirmed, I commit to working with SAMHSA and agencies across the government to improve Federal efforts to help patients access to appropriate treatment.

Question for the Record submitted to James O'Neill from Senator Whitehouse.

Question 1: If confirmed, will you conduct an audit of databases at the Department of Health and Human Services to ensure that the activity of the Department of Government Efficiency (DOGE) has not damaged those systems, exposed personally identifiable information, or created "backdoors" for access by bad actors?

- a) Will you commit to sharing a report on this audit with the Committee?

Response: If confirmed, I will work to ensure appropriate data security measures are being followed to protect all beneficiary information and remain accountable to this committee as appropriate.

Question for the Record submitted to James O'Neill from Senator Cortez Masto.

In March of this year, the Administration discontinued Nevada's supplemental mental health funding from the American Rescue Plan (Block Grants for Community Mental Health Services (CMHS BG) (93.958) American Rescue Plan Act Supplement administered by the Substance

Abuse and Mental Health Services Administration (SAMHSA)). These funds supported telehealth and outreach services for high-risk adolescents in Northern Nevada and homeless youth in rural areas. As a result, approximately two-thirds of the youth previously served lost access to care. While temporary non-federal funding has allowed some services to continue, that support is projected to expire later this month. Without a federal replacement plan, mental health services for some of Nevada's most vulnerable youth are at risk of disappearing.

Question 1: Given the reported loss of access to mental health care for at-risk youth in Nevada following the withdrawal of federal funds, what immediate steps would you take, if confirmed, to ensure continuity of care for these populations?

Question 2: How will you ensure that proposed or ongoing reorganizations within HHS do not disrupt coordination among agencies such as SAMHSA, particularly in ways that affect rural or underserved youth populations?

Question 3: What measures would you implement to prevent future abrupt terminations of youth mental health programs, particularly those serving high-need or hard-to-reach populations?

Question 4: Will HHS commit to proactively identifying and notifying states of alternative funding sources when federal support ends, and how will that process be made reliable and timely?

Question 5: Will you commit to assessing the impact of recent funding disruptions on youth mental health outcomes in Nevada and publicly sharing the Department's plans to address those consequences?

Response (1-5): If confirmed, I commit to working with SAMHSA and agencies across the government to improve Federal efforts to help patients access to appropriate treatment.

Questions for the Record submitted to James O'Neill from Senator Warren.

ETHICS

Question 1: Will you receive any advisor fees, consulting fees, bonuses, or other payments after the date of your confirmation from:

- a. ADvantage;
- b. Rational Vaccines; or
- c. any other entity with which you have been affiliated?

Question 2: If confirmed, will you commit to recuse yourself from all particular matters involving your former clients and employers for at least four years?

Question 3: If confirmed, will you commit to not seeking employment or board membership with, or another form of compensation from, a company that you regulated or otherwise interacted with while in government, for at least four years after leaving office?

Question 4: If confirmed, will you commit to not lobby HHS for at least four years after leaving office?

Response (1-4): In connection with the nomination process, I consulted with the Office of Government Ethics and the HHS Designated Agency Ethics Official to identify potential conflicts of interest. As part of that process, I have consented to an ethics agreement, resigned from positions, and divested of financial holdings in order to comply with the applicable ethics laws and regulations. As a result, the Office of Government Ethics and the HHS Designated Agency Ethics Official have certified that I am in compliance with the applicable laws and regulations governing conflicts of interest. If confirmed by the Senate, I will continue to consult with the agency ethics officials and act in accordance with all applicable laws and regulations governing conflicts of interest.

TERMINATIONS AND REORGANIZATION

Food and Drug Administration (FDA)

Question 5: On March 27, 2025, Secretary Kennedy announced that he would fire 3,500 FDA employees as part of his restructuring of HHS. Do you support this policy?

- a. If not, how would you work to reinstate the fired FDA workers if confirmed?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 6: How will you ensure that FDA's ability to approve new medicines in a timely fashion will not be hindered by Secretary Kennedy's cuts?

Response: If confirmed, I look forward to considering the FDA's staffing and personnel requirements and ensuring sufficient staffing levels.

Question 7: How will you ensure that FDA's ability to protect the public from unsafe or defective products will not be hindered by these cuts?

Response: If confirmed, I look forward to considering the FDA's staffing and personnel requirements and ensuring sufficient staffing levels.

Question 8: The FDA is reportedly planning to “end most of its routine food safety inspections work.”¹

- a. How important do you believe that food safety inspections are to public health and as a preventative measure to foodborne illness?
- b. Do you believe that the FDA should carry out food safety inspections?
- c. How will you ensure that these plans, along with the staffing cuts to FDA, will not compromise food safety?

Response: If confirmed, I look forward to considering the FDA’s staffing and personnel requirements and ensuring sufficient staffing levels.

Question 9: According to reports, Secretary Kennedy has fired 130 workers at FDA’s Center for Veterinary Medicine, including the veterinarians overseeing the response to the bird flu epidemic.

- a. How will you ensure that these cuts will not hinder FDA’s work in fighting the bird flu epidemic?
- b. What do you believe is the role of HHS in responding to bird flu and minimizing the risk of a future bird flu epidemic in humans?
- c. Do you agree with Secretary Kennedy that bird flu should be allowed to “run through the flock” in poultry farms?

Response: If confirmed, I look forward to working with FDA and the Assistant Secretary for Preparedness and Response to ensure that Americans are protected from emerging infectious disease while getting radical transparency about the countermeasures being developed.

Question 10: How will you ensure that FDA can fulfill its additional statutory obligations given these cuts?

Response: If confirmed, I look forward to considering the FDA’s staffing and personnel requirements and ensuring sufficient staffing levels.

Centers for Disease Control and Prevention (CDC)

Question 11: According to reports, Secretary Kennedy has eliminated most of the CDC’s Division of Reproductive Health.

- a. Do you support Secretary Kennedy’s cuts to the Division of Reproductive Health?

¹ CBS News, “FDA making plans to end its routine food safety inspections, sources say,” Alexander Tin, April 18, 2025, <https://www.cbsnews.com/news/fda-food-safety-inspections-plans/>.

- b. If not, would you work to reinstate the fired employees that conducted research on maternal, reproductive, and infant health and resume all related programs operating under this division?
- c. How will you ensure that CDC's ability to advance maternal and reproductive health will not be hindered by these cuts?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 12: Secretary Kennedy has eliminated most divisions at the CDC's National Institute for Occupational Safety and Health (NIOSH), including "offices dedicated to protecting workers in various industries, including mine inspectors."²

- a. Do you support Secretary Kennedy's elimination of most divisions at NIOSH?
- b. How will you ensure that CDC's ability to protect the health of workers will not be hindered by this cut?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 13: Secretary Kennedy has eliminated the CDC's Office of Infectious Disease and HIV/AIDS Policy (OIDP).

- a. Do you support Secretary Kennedy's elimination of OIDP?
- b. How will you ensure that CDC's ability to fight infectious diseases, including HIV/AIDS, will not be hindered by this cut?
- c. OIDP also provides advice and recommendations on combating antibiotic resistance. How will you ensure that HHS's ability to fight antibiotic resistance will not be hindered by this cut?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 14: Secretary Kennedy has slashed the National Center for Injury Prevention and Control (NCIPC), firing "employees studying how to prevent gun violence, child abuse and elder abuse."³

- a. Do you support Secretary Kennedy's cuts to NCIPC?

² The New York Times, "C.D.C. Cuts Threaten to Set Back the Nation's Health, Critics Say," Apoorva Mandavilli and Roni Caryn Rabin, April 2, 2025, <https://www.nytimes.com/2025/04/02/health/cdc-layoffs-kennedy.html>.

³ *Id.*

- b. How will you ensure that HHS's ability to fight gun violence, child abuse, and elder abuse will not be hindered by this cut?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 25: What is your understanding of the requirements for HHS to obligate funding that Congress authorizes and appropriates, in accordance with the time period that Congress deems it to do so?

Response: In the federal government, my understanding is that the U.S. Supreme Court ultimately determines the constitutionality of laws, not HHS. Within the Executive Branch, my understanding is that the Office of Legal Counsel at the Department of Justice opines on the constitutionality of laws, not HHS.

Question 26: Do you commit to expending the money that Congress appropriates and authorizes?

Response: It is our duty to uphold the laws passed by Congress.

Question 27: If you became aware of a potential violation of the *Antideficiency Act*, *Impoundment Control Act*, or other appropriations laws, what steps would you take?

Response: I cannot speak to hypotheticals.

VACCINES

Question 28: Do you agree with Secretary Kennedy's statement that "no vaccine is safe and effective"?⁴

Response: Secretary Kennedy has not made it difficult nor discouraged people from taking vaccines.

Question 29: Secretary Kennedy has appointed David Geier, a longtime anti-vaccine activist who has been fined for practicing medicine without a license, to run an HHS study on the relationship between vaccines and autism. Do you believe that Geier is qualified to run this study?

Response: I am unfamiliar with the details of this appointment and therefore unable to comment.

Question 30: Do you believe that childhood vaccinations cause autism?

⁴ FactCheck.org, "RFK Jr. Incorrectly Denies Past Remarks on Vaccine Safety and Effectiveness," Jessica McDonald, November 8, 2023, <https://www.factcheck.org/2023/11/scicheck-rfk-jr-incorrectly-denies-past-remarks-on-vaccine-safety-and-effectiveness/>.

Response: I don't know what causes autism, but I think we should find out.

Question 31: What role do you believe the measles vaccine should play in the public health response to the ongoing measles outbreak in Texas?

Response: Secretary Kennedy has encouraged parents to take the measles vaccine, and I agree.

Question 32: Do you believe that Secretary Kennedy has been correct to promote cod liver oil and steroids as alternatives to the measles vaccine?

Response: I am unfamiliar with this recommendation and would need to learn more.

Question 33: Do you agree with Secretary Kennedy that the measles vaccine “causes deaths every year?”⁵

Response: Secretary Kennedy has encouraged parents to take the measles vaccine, and I agree.

Question 34: To what extent do you believe HHS should facilitate research that leads to the development of new vaccines?

Response: HHS should facilitate research that leads to the development of new vaccines and I am excited by HHS's latest announcement of new funding for research for a next-generational universal flu vaccine.

Question 35: Will you commit to promoting the widespread use of the measles vaccine as the most effective way to protect children from the ongoing measles outbreak?

Response: Secretary Kennedy has encouraged parents to take the measles vaccine, and I agree.

Question 36: Will you commit to not changing the childhood vaccine schedule?

Response: I believe we should follow the science on vaccines.

Question 37: Secretary Kennedy has suggested he may pull the COVID-19 vaccine from the childhood vaccine schedule. Do you believe Secretary Kennedy has the authority to unilaterally change the childhood vaccine schedule?

Response: I believe that we should follow the science on vaccines.

⁵ STAT News, “RFK Jr. says measles vaccine routinely causes deaths. That’s not true,” Matthew Herper, March 14, 2025, <https://www.statnews.com/2025/03/14/rfk-jr-measles-vaccine-death-claims-scientists-disagree/>.

Question 38: Secretary Kennedy has called the COVID-19 vaccine “the deadliest vaccine ever made.”⁶

- a. Do you agree with Secretary Kennedy?
- b. Do you believe that children should be vaccinated against COVID-19?
- c. Do you believe that adults should be vaccinated against COVID-19?

Response: If confirmed, I will do nothing that makes it difficult or discourages people from taking vaccines but instead will seek transparency in these products

Question 39: Do you agree with Secretary Kennedy’s move to cut \$2 billion in grants that “support the delivery of vaccines to children whose families may not be able to afford them”?⁷

Question 40: Do you agree with Secretary Kennedy’s decision to halt CDC’s vaccine education campaigns?

Response (39-40): If confirmed, I look forward to evaluating these initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help.

Question 41: To what extent do you believe HHS should promote childhood vaccinations?

Response: If confirmed, I will do nothing that makes it difficult or discourages people from taking vaccines but instead will seek transparency in these products.

Question 42: Do you agree with Secretary Kennedy’s decision to withdraw NIH grants for research into vaccine hesitancy?

Response: If confirmed, I look forward to evaluating these initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help.

Question 43: Secretary Kennedy’s cuts to programs that support vaccination have already led to the closing of vaccine clinics and the cancellation of vaccination events in Texas, Minnesota, and Washington state. Do you plan to continue defunding state public health agencies’ vaccination activities?

⁶ FactCheck.org, “FactChecking RFK Jr.’s Other Health Claims During HHS Confirmation Hearings,” Jessica McDonald and Catalina Jaramillo, February 6, 2025, <https://www.factcheck.org/2025/02/factchecking-rfk-jr-s-other-health-claims-during-hhs-confirmation-hearings/>.

⁷ NBC Philadelphia, “How Kennedy is already weakening America’s childhood vaccine system,” Brandy Zadrozny, April 3, 2025, <https://www.nbcphiladelphia.com/news/national-international/kennedy-weakening-americas-childhood-vaccine-system/4151122/>.

Response: If confirmed, I look forward to evaluating federal health care initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help

Question 44: Will you commit to reversing any funding cuts that have reduced access to vaccines?

Response: If confirmed, I look forward to evaluating federal health care initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help..

Question 45: Please describe all policy actions related to vaccines that you hope to implement as Deputy Secretary of HHS.

Response: If confirmed, I will do nothing that makes it difficult or discourages people from taking vaccines but instead will seek transparency in these products.

Question 46: Do you hold any differences of opinion with Secretary Kennedy regarding vaccinations? If so, what are they?

Response: If confirmed, I will do nothing that makes it difficult or discourages people from taking vaccines but instead will seek transparency in these products.

Question 47: Secretary Kennedy has asserted that “We should not be giving Black people the same vaccine schedule that's given to whites because their immune system is better than ours.”⁸ Will you commit to opposing any policy that would lead to different vaccine schedules being recommended to different Americans based on their racial or ethnic backgrounds?

Response: If confirmed, I will follow the law.

REPRODUCTIVE HEALTH

Question 48: Do you believe that everyone should have access to the health care their doctor recommends for them, including for contraception and abortion?

Response: I am pro-life, and I believe that every life lost due to abortion is a tragedy we must address. If confirmed, I will follow the laws related to access to contraception.

Question 49: Research indicates that states that have banned abortion or are planning to ban abortion have fewer maternity care providers, more maternity care deserts, and higher rates of maternal mortality and infant death than states where abortion is accessible.

⁸ FactCheck.org, “FactChecking RFK Jr.’s Other Health Claims During HHS Confirmation Hearings,” Jessica McDonald and Catalina Jaramillo, February 6, 2025, <https://www.factcheck.org/2025/02/factchecking-rfk-jr-s-other-health-claims-during-hhs-confirmation-hearings/>.

- a. Are you aware of these findings?
- b. If confirmed as Deputy Secretary of HHS, would lowering maternal mortality rates be a priority for you?

Response: I am pro-life, and I believe that every life lost due to abortion is a tragedy we must address. If confirmed, I look forward to working to improve maternal health care in the United States.

Question 50: Do you agree that all Americans should have access to FDA-approved drugs?

Question 51: Project 2025 calls on the FDA to restore a previous version of its Risk Evaluation and Mitigation Strategy (REMS) for mifepristone, which placed several restrictions on the medication's distribution and use, including an in-person dispensing requirement.

- a. Do you support leaving the current evidence-based REMS on mifepristone in place?

Question 52: Mifepristone, taken in combination with misoprostol, is the most effective regimen for the medical management of miscarriage and medication abortions. But currently, mifepristone's use in cases of miscarriage has not been approved by the FDA.

- a. Should the FDA receive an application for miscarriage management to be added to mifepristone's label, would you support the FDA approving such an application should the science support it?
- b. Do you commit to ensuring the FDA will follow normal procedures for evaluating safety and efficacy of a new indication?

Response (50-52): FDA is tasked with ensuring the safety and efficacy of drugs before drugs get to market and monitoring ongoing use for new adverse events or safety signals, including data that come through the REMS program. If confirmed, I will work to ensure FDA continues to rely on data to drive decisions on the products it regulates.

Question 53: Project 2025 calls on FDA to respond in a timely manner to congressional and Freedom of Information Act (FOIA) requests about inspections, compliance, and post-marketing safety related to Danco and GenBioPro, the two main manufacturers of mifepristone in the US, and facilities that manufacture medication abortion.

- a. Do you commit to not overly-favor or prioritize HHS resources toward such requests as compared to other congressional and FOIA requests?

Response: If confirmed, I will follow the law.

Question 54: The FDA's authority to make science-based decisions about drug safety and effectiveness has long been a cornerstone of our biomedical enterprise. But when courts begin to second-guess those decisions without scientific training or evidence, we risk destabilizing that

system entirely. What are the consequences for drug development, industry investment, and ultimately, patient access, if judges, not scientists are allowed to overrule the FDA's expert determinations?

Response: If confirmed, I am committed to upholding the key operations of HHS that keep Americans healthy and cared for.

Question 55: On March 31, HHS began withholding Title X funding from 16 grantees in 23 states, and the President's Fiscal Year 2026 Skinny Budget proposal eliminates the Title X program entirely. In short, the Title X program – and the patients who rely on it for affordable birth control, STI testing and treatment, cancer screenings, and more – is under attack. Given that in this position the Title X program would be within your purview, do you commit to protecting the Title X program by distributing the withheld funding to those 16 grantees in order to restore access to Title X services?

Response: As I understand from public reports, some grantees under the Title X program are under review to ensure compliance with Federal civil rights laws and the President's executive orders. Since I have not taken part in that investigation, I cannot comment on it.

Question 56: Project 2025 directs HHS to encourage the Department of Justice (DOJ) to repeal Office of Legal Counsel (OLC) opinions related to the expenditure of funds for abortion-related travel and related to federal enclave immunity for federal employees who provide reproductive health care in a manner authorized by federal law.

- a. If confirmed as Deputy Secretary of HHS, would you ask the DOJ to review or repeal these OLC opinions?

Response: I will follow the law. I am opposed to the use of taxpayer dollars for abortion and will enforce President Trump's Executive Order 14182.

Question 57: Do you believe that a person who is experiencing severe pregnancy complications should be able to receive emergency care to save their life if that care is an abortion?

Response: I am pro-life and believe all Americans, including pregnant women facing medical emergencies, should have access to the highest quality medical care.

Question 58: Do you commit to ensuring that pregnant people will be able to get all necessary emergency care, including an abortion if it is required to save their life and preserve their health?

Response: I am pro-life and believe all Americans, including pregnant women facing medical emergencies, should have access to the highest quality medical care.

NURSING HOME QUALITY OF CARE AND STAFFING STANDARDS

Question 59: Nursing home staffing is directly linked to the quality of care residents receive. A report prepared by Senator Warren's staff in November 2023 revealed that nursing homes with

higher staffing levels have higher overall quality ratings, lower levels of patient abuse, and higher quality care. In addition, an analysis by researchers at the University of Pennsylvania found that CMS's final rule would save approximately 13,000 lives per year.

- a. Do you agree with the broad consensus from experts that there are benefits to increasing staff levels and reducing workforce turnover in nursing homes?

Question 60: The for-profit nursing home industry is fighting tooth and nail to sabotage CMS's final rule on nursing home staffing, and the industry is hopeful that President Trump will rescind the rule or that the Republican Congress will overturn it legislatively.

- a. If confirmed as Deputy Secretary of HHS, would you commit to oppose any and all efforts to repeal the rule?
- b. If the rule is repealed, what would you do to mitigate the catastrophic health impacts caused by low staffing levels and high staff turnover in nursing homes?

Question 61: If confirmed as Deputy Secretary of HHS, would improving quality of care in nursing homes be a priority for HHS? Would improving conditions for nursing home staff and reducing staff turnover be part of your strategy?

Response 59-61: If confirmed, I will work to evaluate all relevant government regulations governing nursing homes and will work to safeguard the safety of all patients in nursing homes.

Question 62: Private equity ownership of health care facilities, including nursing homes, has resulted in problems for taxpayers and patients.

- a. Do you believe that HHS has the tools it needs to address the problems caused by private equity in health care?
- b. If confirmed as Deputy Secretary of HHS, would you use all tools HHS has available to it to mitigate the negative impact of private equity in health care, including enforcing quality of care standards at nursing homes, hospitals, and other health care facilities?

Response: If confirmed I look forward to working with Congress and other agencies across the Administration to understand how we can best ensure high quality care, promote competition, and lower the cost of health care for American patients.

COMPETITION

Question 63: The health care industry is historically consolidated following decades of mergers and acquisitions between health care firms. Consolidation and the resulting lack of competition has been proven to lead to higher prices for patients and taxpayers and decreased innovation. Consolidation may have especially negative impacts on rural communities.

- a. Do you agree that HHS should work to make health care more affordable and accessible to Americans in order to make them healthier?

b. If confirmed as Deputy Secretary of HHS, will you work with the Department of Justice and the Federal Trade Commission to stand up to mergers, acquisitions, and roll-up strategies that would raise prices for Americans and make health care less accessible, including through the tri-agency collaboration effort announced in December 2023?

Question 64: The last 15 years have seen an influx of private equity investment in health care entities. According to some estimates, more than 40% of emergency rooms are overseen by private equity-owned companies. Alarming, research shows that patient health declines following a hospital's acquisition by a private equity firm, and ownership by a private equity company is associated with an increase in falls and patient infections.

- a. Do you agree that HHS should work to improve health care outcomes for Americans?
- b. If confirmed as Deputy Secretary of HHS, what will you do to protect American health care institutions against takeover by private equity firms?
- c. If confirmed as Deputy Secretary of HHS, what actions will you take to decrease the influence of private equity in our health care system in order to make Americans healthier?

Response 63-64: If confirmed I look forward to working with Congress and other agencies across the Administration to understand how we can best ensure high quality care, promote competition, and lower the cost of health care for American patients.

TRANSPARENCY AND FREEDOM OF INFORMATION

Question 65: How will you ensure that the public remains informed about HHS's policy decisions, in light of Secretary Kennedy's closure of multiple FOIA offices across HHS?

Question 66: What do you believe is the role of the FOIA process in affording transparency in policymaking?

Response (65-66): If confirmed, I will follow the law.

Question 67: On February 28, 2025, Secretary Kennedy withdrew the "Richardson Waiver," allowing HHS to make major policy changes to grants, loans, contracts, and property without gathering stakeholder input before the policy is implemented.

- a. Do you agree that grants, loans, contracts, and property constitute a significant proportion of HHS activities?
- b. Do you support the Secretary's decision to remove grants, loans, contracts, and property from requirements to consider public input? Please explain.

Response: I support the Secretary's decision to withdraw the Richardson Waiver.

Question 68: You have stated that “Government officials should strive to make truthful reports, even when the truth is unpleasant”.⁹ Do you stand by this statement?

Response: Yes.

Question 69: You have stated, “The biggest threat to democracy is censorship.”¹⁰ Do you stand by this statement?

- a. HHS has taken down datasets and web pages related to LGBTQ+ health. Do you support the censorship of research into LGBTQ+ health?

Response: Medical censorship fomented significant distrust in public health institutions, as did the government promotion of radical transgender ideology onto children. While I have not reviewed the specific web pages, I stand by Secretary Kennedy’s agenda of radical transparency and gold standard science.

Question 70: You sit on the board of ADvantage Therapeutics, a company seeking to utilize mRNA to treat neurodegenerative conditions. Under Secretary Kennedy’s leadership, NIH has defunded many research projects involving mRNA technology.

- a. What are your views on the use of mRNA technology in biomedical research?
- b. Will you commit to opposing politically-motivated efforts to defund mRNA-related research?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

RESEARCH

Question 71: Secretary Kennedy has cut \$1.8 billion in NIH grant funding. As a result, many biomedical research projects — including hundreds of clinical trials — have been shuttered. Do you agree with Secretary Kennedy’s decision to halt NIH clinical trials?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 72: While Secretary Kennedy’s cuts to NIH research funding have been wide-ranging, he has targeted certain areas of research such as vaccine hesitancy, gender-affirming care, and

⁹ Tweet by James O’Neill, October 26, 2024, <https://x.com/regardthefrost/status/1850275701607555478>.

¹⁰ Tweet by James O’Neill, July 15, 2024, <https://x.com/regardthefrost/status/1812965966609019223>.

the health effects of climate change. Do you agree with Secretary Kennedy's decision to halt research grants related to:

- a. vaccine hesitancy;
- b. gender-affirming care; and
- c. the health effects of climate change.

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 73: On February 7, NIH announced that all new and existing awards would have their indirect cost rate, which has averaged between 27% and 28% over time, capped at 15% beginning February 10, 2025. Do you support cutting NIH indirect cost rates? If not, how would you work to oppose these cuts?

Response: I support the Administration's effort to find efficiencies and be fiscally responsible. If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 74: Do you believe that decisions about what science should be funded should be decided based on science or the political leanings of the current Administration?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 75: NIH funding is determined by rigorous peer review, yet in recent months, NIH grants review sessions—or “study sections”—have been cancelled, effectively freezing the funding pipeline. Do you commit to work with NIH to ensure study sections and Advisory Council meetings are being regularly scheduled and uploaded to the Federal Register?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 76: Do you commit to fully resolve the funding freeze at NIH, including ensuring that all paused grants are resumed, no further current grants are cancelled, and that new grants continue to be reviewed and approved?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 77: How will you ensure Secretary Kennedy's drastic cuts to NIH grants do not impede biomedical research and innovation and public health?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 78: Secretary Kennedy has announced that HHS will create a national database of autism diagnoses using Medicare and Medicaid data. Will you commit to opposing any national registry or database of autism diagnoses created without the informed consent of the people whose diagnoses are listed?

Response: I don't know what causes autism and support the Secretary's commitment to finding out root causes. If confirmed, I will follow the law, including laws surrounding patient privacy.

Question 79: In 2014, you argued that the FDA should only consider safety, not efficacy, when determining whether to approve medications.

- a. Do you still hold this view?
- b. If so, how will this view affect your policy decisions as Deputy HHS Secretary?

Response: If confirmed, I look forward to working with the FDA to ensure that there are high standards of transparency in safety and efficacy decisions for all products the agency is legally required to review.

OTHER VIEWS OF SECRETARY KENNEDY

Question 80: Secretary Kennedy has asserted that "Covid-19 is targeted to attack Caucasians and Black people. The people who are most immune are Ashkenazi Jews and Chinese."¹¹ Will you commit to opposing any policy based upon pseudoscientific notions of a virus being "targeted" to attack people of certain ethnic backgrounds?

¹¹ CNN, "Jewish groups denounce RFK Jr.'s false remarks that Covid-19 was 'ethnically targeted' to spare Jews and Chinese people," Lauren Koenig and Shania Shelton, July 15, 2023, <https://www.cnn.com/2023/07/15/politics/rfk-jr-covid-jewish-groups>.

Response: If confirmed, I will follow the law.

Question 81: Secretary Kennedy has asserted that HIV does not cause AIDS.

- a. Do you agree with the scientific consensus that HIV causes AIDS?
- b. Will you commit to opposing any policy based on the premise that HIV does not cause AIDS?

Response: Thanks to medical advances, HIV and AIDS have been transformed from a death sentence to a chronic disease. Such medical advances also hold the potential to eradicate HIV and AIDS in our lifetime, something President Trump prioritized making progress on in his first term. If confirmed, I look forward to evaluating federal initiatives surrounding HIV and AIDS and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help.

Question 82: Secretary Kennedy has called autism an “epidemic” and has drawn widespread condemnation from autism researchers and the autistic community for his dehumanizing rhetoric towards autistic people. What do you believe is the role of HHS in supporting the needs of autistic individuals and their families?

Response: Autism is a spectrum that varies from mild to very severe. The experience of mild Autism and severe Autism are very different. To my understanding, the Secretary was speaking about severe autism in his statements. The severe end of the spectrum is something that requires further research to figure out the causes and treatments to improve the quality of life for those with severe autism and their families.

CHILD CARE AND SOCIAL SERVICES

Question 83: On March 14, 2025, the Office of Head Start sent an email to Head Start grant recipients announcing that OHS will not approve federal funding for any program expenditures “that promote or take part in diversity, equity, and inclusion (DEI) initiatives.” The email instructed recipients to “carefully review” their Head Start funding application, indicating that their funding may be revoked if OHS determines that any component of their programs constituted “DEI.” This four-sentence email did not provide grantees any additional details or any guidance as to how they should adjust their programs to comply with this new policy.

- a. What programs are included in the “training and technical assistance” and “other program expenditures,” as outlined in the March 14 email?
- b. What constitutes “promot[ing] or tak[ing] part in diversity, equity, and inclusion (DEI) initiatives”?
- c. What are the consequences for grantees found to be “taking part in DEI” initiatives, and will grantees have the opportunity to appeal this determination? How are these matters adjudicated?

Response: If confirmed, I will plan to look into this.

Question 84: Two weeks later, the Administration for Children and Families (ACF) announced that it was closing five of its ten regional offices, causing further confusion. The offices being shuttered, based in Boston, New York City, Chicago, San Francisco, and Seattle, work closely with state child care agencies. Together, these five offices support 912 Head Start and Early Head Start grantees serving well over 221,567 pregnant women, children, toddlers, and infants. The regions have been reorganized, but grantees from closed down regions still do not have program specialists at ACF.

- a. When can grantees whose regional offices were closed expect a new program specialist?

Response: If confirmed, I will plan to look into this. I will work to ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 85: Head Start programs experienced disruptions to their funding access in January of this year. Will you commit to preventing any future disruption and ensuring the free flow of grant money to Head Start recipients?

Response: I am committed to minimizing bureaucratic chokepoints and making program operations as smooth and transparent as possible.

Question 86: President Trump's proposed budget would cut the Preschool Development Grants (PDG).

- a. Should the final budget cut PDG, how would you go about winding down the program?
- b. How would you ensure that the preschools who received these grants continue to function? And what support would you provide to the families who relied on these preschools?

Response: If confirmed, I will work with leadership at the Administration for Children and Families to execute the laws passed by Congress as efficiently and effectively as possible.

Question 87: What, if any, changes would you propose making to the following programs:

- a. Temporary Assistance for Needy Families (TANF);
- b. Social Services Block Grant (SSBG)
- c. Head Start; and
- d. Child Care and Development Fund (CCDF).

Response: If confirmed, I look forward to working with leadership at the Administration for Children and Families to to execute the laws passed by Congress as efficiently and effectively as possible, including by developing strategies that advance results while minimizing costs.

Question 88: Do you commit to protecting the following programs?

- a. Temporary Assistance for Needy Families (TANF);
- b. Social Services Block Grant (SSBG)
- c. Head Start; and
- d. Child Care and Development Fund (CCDF).

Response: I will work with the leadership at the Administration for Children and Families to execute the laws passed by Congress as efficiently and effectively as possible.

OFFICE OF REFUGEE RESETTLEMENT

Question 89: HHS recently terminated funding for legal representation of over 26,000 unaccompanied children in the United States, including numerous vulnerable children in Massachusetts. This action left many children without attorneys, who are essential to protecting their safety and ensuring due process in their complex and adversarial immigration proceedings, and the termination implicated the bipartisan Trafficking Victims Protection Reauthorization Act of 2008. While HHS restored funding through September following a preliminary injunction, the fate of the legal services program for this population following that timeframe is in grave doubt. Will you commit to ensuring ORR's provision of legal services, including full legal representation, to unaccompanied children in FY 2026?

Question 90: Are there plans to renew funding for legal representation for Unaccompanied Children? If not, what is ORR's plan to ensure that minor children are represented in legal proceedings before Immigration courts?

Question 91: Over the past three years, Massachusetts has welcomed more than 20,000 humanitarian parolees, refugees, and other immigrants who have been lawfully admitted to the U.S. and who are eligible for federal Office of Refugee Resettlement benefits and services. Many of these individuals are now working in our state, paying taxes, and providing vital services in multiple industries, including health care, elder care, hospitality, and manufacturing. As they become self-sufficient, they rely on ORR funds that are distributed to our state and then to providers throughout our Commonwealth. Refugees are eligible for federal ORR benefits, including case management, English for Other Languages (ESOL), and employment support, for their first five years in the U.S. With this in mind, how can the Trump administration assure that our state will receive funding for these populations given that its FY26 budget proposal zeroes out critical ORR programs like Refugee Support Services, Refugee Cash and Medical Assistance, and Matching Grant?

Question 92: The administration's FY26 budget proposal maintains shelter and services to unaccompanied children, a population eligible for ORR support. Providers in our state have welcomed thousands of unaccompanied children in recent years, and some are eligible for benefits including case management support until they are 18 years. Traditionally, the government contracts with national resettlement agencies who then subcontract with providers in each state. How will the Trump administration ensure that children in Massachusetts are supported by this program given that each provider is now a subcontractor of a national resettlement agency?

Response (89-92): If confirmed, I will work to uphold our legal requirements and remain faithful to ORR's mission and responsibilities.

Question 93: Providers that offer services to Unaccompanied Children have heard that they should be ready to receive more children starting in August of this year or later when the government ramps up deportations. Are there plans to deport parents and other adult guardians of these children, leaving them without a parent to care for them?

Response: I defer to the Department of Homeland Security with respect to border security and immigration control measures. If confirmed, I will work to uphold our legal requirements and remain faithful to ORR's mission and responsibilities.

RETALIATION AND PROTECTING WHISTLEBLOWERS

Question 94: Do you believe that HHS personnel should be protected from any form of retaliation for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Question 95: Have you ever retaliated against any individual for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Question 96: If you are confirmed, will you commit to protecting whistleblowers? If so, please specify how you will do so.

Question 97: If you are confirmed, will you commit to preventing retaliation against any individual for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Response (94-97): If confirmed, I will follow the law.

Question 98: Will you ensure your staff complies with any Inspector General deadlines established for requested communications, documents, and witnesses, and that staff will be protected from reprisal for their testimony?

Response: If confirmed, I will follow the law including the Inspector General Act of 1978 and its subsequent amendments, consistent with the limitations on that statute imposed by statute and the Constitution, including the Appointments Clause of the Constitution.

Question for the Record submitted to James O'Neill from Senator Ben Ray Lujan.

Question 1: As of May 6, 2025, there have been a total of 935 measles cases reported in the ongoing outbreak across the United States. Of these cases, 693 are in Texas and 67 cases are reported in New Mexico. Two children in Texas and an adult in New Mexico have died. During your testimony, you stated that you supported the Secretaries response to the measles outbreak. Do you think it is acceptable for three Americans to die of a preventable disease?

Response: Every American death is a tragedy.

Question 2: Secretary Kennedy has talked repeatedly and passionately about the need to reduce chronic disease. However, the recent reorganization of the Department of Health and Human Services (HHS) would decimate federal efforts to reduce tobacco use, which is the leading preventable cause of death in the United States and a leading risk factor for many chronic diseases, including cancer, heart disease, and Chronic Obstructive Pulmonary Disease (COPD). Do you think the Administration could end up increasing chronic disease in America if it does not reverse the elimination of CDC's Office on Smoking and Health and layoffs at FDA's Center for Tobacco Products?

Response: I believe that we need to Make America Healthy Again, and I have promised President Trump that I will do everything in my power to put the health of Americans back on track. If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

Question 3: Smoking cessation therapies have been approved for decades have not worked very well in the real world. Many Americans who use these therapies are unsuccessful in their quit attempts. What opportunities do you see to help Americans be more effective in their efforts to quit smoking with new, safe and effective smoking cessation therapies?

Response: I believe we should support the development of products that can help smokers switch to less harmful alternatives.

Question 4: A recent study published in JAMA Oncology looked at the impact of smoking after a cancer diagnosis and concluded that evidence-based smoking cessation treatment within six months following a cancer diagnosis maximizes survival benefit, supporting smoking cessation as an important early clinical intervention for patients after being diagnosed with cancer. Yet, the current smoking cessation toolkit has not changed in nearly two decades. If confirmed, how would you help ensure that all patients, including cancer patients, have the best chance for the most optimal treatment outcomes, including for patients for whom it is critical they are more effective in their attempts to quit smoking as part of their battle with cancer?

Response: If confirmed, I will work to strike a balance and will review FDA's process for reviewing tobacco product applications.

Question 5: HHS' Framework to Support and Accelerate Smoking Cessation did not include safe and effective pharmacotherapies in helping Americans more successfully stop smoking. What opportunities do you see for innovation in smoking cessation therapies as we work to ensure American health?

Response: I believe we should support the development of products that can help smokers switch to less harmful alternatives.

Question 6: Cigarette smoking and secondhand smoke exposure still account for nearly half a million deaths in the United States each year. Smoking-related death and disease cost the United States over \$300 billion each year and contribute to significant health inequities, including for adults living in rural areas, lower socioeconomic status and/or mental health or substance use disorders. Reducing smoking is not only an urgent public health challenge for Americans, but also an economic challenge for the health care system and the American taxpayers. If confirmed, how would you ensure that innovation in smoking cessation is prioritized by the Administration in order to offer Americans access to new therapies that can help them succeed in their quit attempts and limit the tremendous adverse human and financial toll smoking-related health conditions take on the Medicare and Medicaid programs, and most importantly, the patients served by them?

Response: I believe that we need to Make America Healthy Again and I have promised President Trump that I will do everything in my power to put the health of Americans back on track. If confirmed, I look forward to reviewing any ongoing work in this area.

Question for the Record submitted to James O'Neill from Senator Warnock.

1. At your hearing, I asked you if it was appropriate to fire Department of Health and Human Services (HHS) or Centers for Disease Control and Prevention (CDC) public health experts for performance issues when they had just gotten positive performance evaluations weeks earlier. You did not provide an adequate answer.
 - a. If confirmed, will you commit to reviewing any CDC Reduction in Force (RIF) notices that my office receives from constituents, along with their recent performance evaluations, to determine whether those individuals were fired in error?
 - b. If these individuals were fired in error, will you commit to reinstating them?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

2. At your hearing, you said that you believed CDC senior leadership, not leadership at HHS or other administration offices, made the decision about what divisions and employees to fire during the CDC RIF.
 - a. What is your basis for this belief?
 - b. Please provide evidence of this claim.

Response: If confirmed, I will support agency decisions on staffing consistent with the law and executive orders.

3. If confirmed, will you provide my staff and this committee with a briefing on the proposed structure and organization of the new Administration for a Healthy America (AHA), including which statutorily mandated functions of HHS and CDC will be moved to AHA and the plan for staffing?

Response: I understand the importance of timely responses to Congressional inquiries. I commit, to the best of my ability, to be as responsive, accountable and transparent as possible.

4. In April 2025, an HHS spokesperson stated that “all statutorily required positions and offices will remain intact.”¹² Yet in the April 1 RIF, HHS eliminated or severely reduced staff in several offices that are congressionally authorized under Section 301 of the PHSA, which authorizes CDC’s core scientific research functions.¹³ Of the divisions at CDC, this includes the National Institute for Occupational Safety and Health in the Occupational Safety and Health Act of 1970;¹⁴ the National Center on Birth Defects and Developmental Disabilities in PHSA Section 317C;¹⁵ and the National Center for Health Statistics in PHSA Section 306.¹⁶
 - a. If confirmed, how will you ensure that HHS complies with statutory obligations?
 - b. If confirmed, will you conduct a review of CDC staffing to ensure all congressionally mandated functions at the CDC are fully operational, fully staffed, and able to fulfill statutory obligations?
 - c. How will you restore the functionality to CDC offices that are statutorily required, but not sufficiently staffed to fulfill their statutory obligations?
 - d. Will you follow up with my office about whether any congressionally mandated programs operating under legal authority, including those listed above, were impacted by the April 1 RIF?
5. Much of CDC’s funding flows directly to state and local health departments. However, massive firings at CDC mean that many dedicated, expert staff will no longer be there to give technical assistance and guidance to states and localities looking to respond to potential health threats. If confirmed, how will you ensure CDC has the staffing necessary to provide state and local health departments with the technical assistance and guidance they need to respond to potential health threats?

Response (4-5): If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

¹² Selena Simmons-Duffin, *HHS guts sexual violence prevention division, leaving local efforts adrift*, NPR (Apr. 8, 2025), <https://www.npr.org/2025/04/08/nx-s1-5349529/hhs-layoffs-sexual-assault-rape-prevention>

¹³ 42 U.S.C. § 301.

¹⁴ 29 U.S.C. § 651 et seq.

¹⁵ 42 U.S.C. § 247b-4

¹⁶ 42 U.S.C. § 242k

6. I have heard from constituents that several multi-year contracts with the CDC, some of which were nearly completed, were cancelled by HHS.
 - a. Is it an efficient use of government funding to cancel active, multi-year contracts awarded by CDC, some of which were nearly completed? If so, how?
 - b. What will happen to research that is halfway completed but will no longer be funded due to the cancelled contract?

Response: If confirmed, I will assess if such changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

7. Secretary Kennedy states that his priority is to address chronic disease.¹⁷ But on April 1, he fired most of the workers at the CDC's National Center for Chronic Disease Prevention and Health Promotion. The President's Fiscal Year 2026 Budget Request released on May 2 proposes to shut down the Center.¹⁸ The National Center for Chronic Disease Prevention and Health Promotion runs programs aimed at preventing Alzheimer's disease, diabetes, heart disease, and cancer. HHS gutted expertise at the chronic disease branch of CDC - expertise that does not currently exist anywhere else at HHS.¹⁹
 - a. Do you believe eliminating an entire branch at CDC dedicated to combatting chronic disease aligns with the Make America Healthy Again or "MAHA" agenda and Secretary Kennedy's priority to address chronic disease? If so, how?
 - b. If confirmed, will you work to restore this office and reinstate these CDC staff?
 - c. If not, how do you plan to ensure technical expertise remains at HHS?
8. Secretary Kennedy has acknowledged that potentially 1 in 5 of HHS firings were a mistake.²⁰
 - a. Do you agree with Secretary Kennedy?
 - b. If so, in your view, which specific HHS firings were a mistake?
 - c. If confirmed, what is your plan to rectify the firing mistakes that Secretary Kennedy acknowledged?
9. CDC's office that works on the Pregnancy Risk Assessment Monitoring System, or PRAMS,²¹ was eliminated during the April 1 RIF. PRAMS is the only surveillance system in the country that tracks the health of pregnant and postpartum women and their infants.

¹⁷ Gina Kolata, *As Kennedy Champions Chronic Disease Prevention, Key Research Is Cut*, The New York Times (Apr. 7, 2025), <https://www.nytimes.com/2025/04/07/health/rfk-hhs-diabetes-obesity-disease.html>

¹⁸ *The White House Office of Management and Budget Releases the President's Fiscal Year 2026 Skinny Budget*, The White House (May 2, 2025), <https://www.whitehouse.gov/briefings-statements/2025/05/the-white-house-office-of-management-and-budget-releases-the-presidents-fiscal-year-2026-skinny-budget/>

¹⁹ *How DOGE is driving America's public-health guardians mad*, The Economist (Mar. 10, 2025), <https://www.economist.com/united-states/2025/03/10/how-doge-is-driving-americas-public-health-guardians-mad>

²⁰ Alexander Tin, *RFK Jr. says 20% of health agency layoffs could be mistakes*, CBS News (Apr. 3, 2025), <https://www.cbsnews.com/news/rfk-jr-hhs-job-cuts-doge-mistakes/>

²¹ 42 U.S.C. § 247b-12.

- a. In your view, was eliminating the staff that collects maternal and infant mortality data a mistake?
 - b. Do you believe eliminating PRAMS aligns with the Administration's pro-life policy priorities?
 - c. If confirmed, will you work to restore this office and reinstate these CDC staff?
10. The Assisted Reproductive Technology branch at CDC provides evidence-based resources and tailored guidance to support women and families seeking IVF services. Even though the work done by the Assisted Reproductive Technology is mandated by Congress,²² all staff at this branch were fired on April 1.
 - a. If confirmed, how will you ensure the CDC is able to comply with the statutory requirements previously executed by the Assisted Reproductive Technology branch of CDC?
 - b. How does the elimination of this office align with the President's agenda to support IVF?
 - c. If confirmed, will you commit to restoring this staff for the tens of thousands of Americans who are thinking of building their family through IVF?
11. The United States has the highest rate of maternal mortality of any developed country in the world.²³ For over 50 years, CDC's Division of Reproductive Health has developed programs to improve women's health, improve pregnancy health and care, and give infants a healthy start in life.²⁴ On April 1, almost 100 employees were fired from this Division, including the team that worked on CDC's guidelines on safe use of contraception.
 - a. How will you ensure that women and their health care providers have access to evidence-based, up-to-date clinical contraceptive guidance, like the U.S Medical Eligibility for Contraceptive Use (US MEC) and the U.S. Selected Practice Recommendations for Contraceptive Use (US SPR), given the team and program was eliminated?
 - b. What strategies will you put in place to prevent service gaps in contraceptive guidance and dissemination (e.g., updates to the US MEC) that disproportionately affect populations at highest risk for unintended pregnancy or poor reproductive health outcomes?
12. CDC's Division of Global HIV and TB, as a key President's Emergency Plan for AIDS Relief (PEPFAR) implementing agency, works with countries to reduce HIV rates.²³ The State Department designated HIV treatment and prevention for pregnant women, infants and children as life-saving activities that should continue under a foreign aid waiver.²⁴ Nonetheless, this office was eliminated on April 1.

²² 42 U.S.C. § 263a-1.

²³ Global HIV Epidemic, CDC (Jul. 3, 2024), <https://www.cdc.gov/global-hiv-tb/php/globalhiv/index.html>

²⁴ *The Trump Administration's Foreign Aid Review: Status of PEPFAR*, KFF (May 5, 2025), <https://www.kff.org/global-health-policy/fact-sheet/the-trump-administrations-foreign-aid-review-status-of-pepfar/>

- a. Do you agree with the elimination of this office?
 - b. In your view, was eliminating the staff that reduce HIV transmission rates in babies and moms a mistake?
 - c. If confirmed, will you work to restore this office and reinstate these CDC staff?
13. In 2019, the first Trump administration spearheaded the Ending the HIV Epidemic initiative, which led by CDC's Division of HIV Prevention, achieved large declines in new cases and the virtual elimination of mother to child HIV transmission in the US.²⁵ Secretary Kennedy eliminated half of the Division's staff and funding including national experts who had worked on HIV for the majority of the epidemic.²⁶
- a. Do you support these cuts, which could result in the resurgence of HIV, including babies being born with HIV, people dying of AIDS, and could renew concern about HIV in the American public?²⁷
 - b. If confirmed, will you work to restore this office and reinstate these CDC staff?
14. It has been reported that multiple Equal Employment Opportunity (EEO) offices within HHS have been shut down or nearly eliminated, including at CDC.²⁸
- a. What specific steps will you take to ensure that federal employees have full, timely, and unimpeded access to EEO services?
 - b. How will you protect federal employees from political retaliation or undue influence?
 - c. Will you commit to conducting a full independent review of the April 2025 RIF, including impacts on workforce diversity, morale, and agency performance, within your first 90 days in office?
 - d. If confirmed, how will you ensure that cases forwarded to the CDC's EEO office are processed in a timely manner?

Response (7-14): If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

15. NIH and CDC funding supports vital research at institutions — and sustains jobs not just in academia, but across local economies.²⁹ Cutting this funding will cost jobs in every state.

²⁵ Helen Branswell, *The end of HIV transmission in the U.S.: A once-unthinkable dream becomes an openly discussed goal*, STAT News (Sep. 26, 2018), <https://www.statnews.com/2018/09/26/hiv-aids-end-of-transmission-goal/>; See also Margaret Lampe, Steven Nesheim, Keydra Oladapo, Alexander Ewing, Jeffrey Wiener, and Athena Kourtis, *Achieving Elimination of Perinatal HIV in the United States*, Pediatrics (May 2023), <https://doi.org/10.1542/peds.2022-059604>

²⁶ Joseph Choi, *Kennedy's deep HHS cuts threaten HIV/AIDS response*, The Hill (Apr. 15, 2025), <https://thehill.com/policy/healthcare/5245160-trump-hiv-response-cuts/>

²⁷ John Wilkerson, *Former Trump official warns president he's at risk of ruining his legacy on ending HIV*, STAT News (Apr. 23, 2025), <https://www.statnews.com/2025/04/23/trump-plan-end-hiv-aids-at-risk-brett-giroir-rfk-doge/>

²⁸ Kristina Fiore, *These CDC Teams Were Hardest Hit by Trump's Mass Layoffs*, MedPage Today (Apr. 2, 2025), <https://www.medpagetoday.com/special-reports/exclusives/114927>

²⁹ Data-Driven, *Interactive Map Shows Local Economic Impact of Cuts to Federal Funding for Health Research*, University of Maryland College of Computer, Mathematical, and Natural Sciences (Apr. 3, 2025), <https://cmns.umd.edu/news-events/news/joshua-weitz-science-impacts-map#:~:text=Although%20less%20than%201%25%20of,than%20250%25%20gain%20in%20investment.>

- a. If confirmed, how do you plan to address the sudden loss of livelihoods tied to these research cuts?
- b. Will you commit to investigating how many grants or partnerships were terminated or suspended due to the RIF, including the economic costs of their terminations or suspensions?

Response: If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

16. Many of the programs impacted by the April 1 RIF raise serious concerns that employees from communities of color may have been disproportionately affected.³⁰
 - a. Will you commit to auditing the demographics of the fired federal workers to ensure compliance with the Civil Rights Act of 1964 and that terminations were not based on protected classes?
 - b. If a disparity is identified, what support can you offer these employees?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

17. Veterans make up almost 30 percent of the federal workforce.³¹ The most recent terminations at CDC likely include former servicemembers who would not have been terminated during a proper RIF procedure.
 - a. Will you commit to conducting an internal audit of whether veterans' preference, years of service, and performance ratings were correctly applied in the retention process?

Response: If confirmed, I will ensure that staffing changes follow OPM statutes on veterans' preference.

18. The HHS Freedom of Information ACT (FOIA) office is required by law to acknowledge receipt within 10 working days and fulfill the request within 20 working days.³² At this point in time, FOIA requests from the agency are going unacknowledged and unanswered.³³
 - a. If confirmed, what steps will you take to ensure that HHS is processing and responding to all FOIA requests, as mandated by law?

³⁰ Chauncey Alcorn, *CDC Employees Say Layoffs Under Trump Hit Black and Marginalized Staff Hardest*, Capital B (Apr. 3, 2025), <https://capitalbnews.org/trump-cdc-layoffs-black-workers-dei-hiv-research-cuts/#:~:text=Employees%20at%20the%20Center%20for,than%20other%20racial%20demographic%20groups>.

³¹ *Employment of Veterans in the Federal Executive Branch*, U.S. Office of Personnel Management (Nov. 2023), <https://www.opm.gov/fedshirevets/hiring-officials/ved-fy21.pdf>

³² 45 CFR §5.24

³³ Sydney Lupkin, *House oversight Democrat demands answers on gutting of CDC public records office*, NPR (Apr. 24, 2025), <https://www.npr.org/sections/shots-health-news/2025/04/24/nx-s1-5375065/cdc-hhs-public-records-foia>

Response: If confirmed I will follow the law.

19. Autism affects 1 in 36 children in the U.S. and requires coordinated support across the lifespan.³⁴ Federal programs that work together like the CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network and the Health Resources and Services Administration’s (HRSA) Autism Collaboration, Accountability, Research, Education, and Support (CARES) are vital for research, early diagnosis, and access to services—especially in underserved communities. Recently, Secretary Kennedy described autism as a “preventable disease” and claimed individuals with autism “will never pay taxes, hold a job, or go on a date”—remarks widely condemned as stigmatizing and inaccurate by advocates and medical professionals.³⁵
- a. If confirmed, how will you ensure that HHS communications and policies reflect evidence-based understanding of autism and do not promote harmful stereotypes?
 - b. Will you commit to supporting and expanding autism surveillance and services, including both the ADDM Network and Autism CARES?
 - c. How do you plan to address racial and geographic disparities in autism diagnosis and care?
 - d. Considering Secretary Kennedy’s recent remarks, what steps will you take to meaningfully engage with the autistic community and incorporate their perspectives into policy?

Response: Autism is a spectrum that varies from mild to very severe. The experience of mild Autism and severe Autism are very different. The Secretary was very clearly speaking about severe autism in his statements. The severe end of the spectrum is something that requires further research to figure out the causes and treatments to improve the quality of life for those with severe autism and their families. If confirmed, I look forward to evaluating existing initiatives and working to make sure federal resources are optimized to ensure they are best serving the populations they are intended to help.

20. Pursuant to the statutory authority of government programs,³⁶ “[t]he Secretary may provide technical assistance to appropriate public and nonprofit private entities and to scientific institutions for their research in, and training and public health programs for, the prevention and control of sexually transmitted diseases.” In 2002, the statutory authority was amended to include these resources for infertility and sexually transmitted diseases.³⁷
- a. If confirmed, how will you ensure the distribution of funds, resources, and personnel to fulfill programs authorized by Congress, like the CDC’s Division of STD Prevention?

³⁴ *Autism Prevalence Higher, According to Data from 11 ADDM Communities*, CDC Newsroom (Mar. 23, 2023), <https://www.cdc.gov/media/releases/2023/p0323-autism.html>

³⁵ Karoun Demirjian, Dani Blum, and Azeen Ghorayshi, *Kennedy Calls Autism ‘Preventable,’ Drawing Ire From Researchers*, *The New York Times* (Apr. 16, 2025), <https://www.nytimes.com/2025/04/16/us/politics/rfk-jr-autism.html>

³⁶ 42 U.S.C. § 247c

³⁷ 42 U.S.C. § 247c-1

- b. Will you commit to providing this committee with a full and detailed accounting of every office, program, and position eliminated or reassigned through the April 1 RIF?
- c. Will you also commit to sharing with this committee, within 30 days of your confirmation, the process HHS used to identify office, program, and position eliminations during the April 1 RIF?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

21. Previous administrations have worked with CDC to mobilize faith-based communities in delivering life-saving public health information during emergencies and public health operations. Faith leaders serve as trusted messengers and help ensure vital health information and services reach all Americans. Despite the Administration establishing a Faith Office in February 2025,³⁸ on April 1, CDC staff responsible for leading these faith-based partnerships with HHS were terminated as part of the RIF.

- a. Do you agree with the termination of CDC staff responsible for leading these faith-based partnerships with HHS?
- b. Do you believe there is value to HHS and CDC having a strong relationship with faith-based organizations? If so, what, in your view, is the value of these relationships?
- c. If confirmed, how will you ensure the continuity of these essential connections with faith leaders and public health partners that CDC maintains?
- d. What concrete steps will you take to uphold CDC's commitment to working with faith-based leaders, ensuring they remain supported as trusted community partners?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

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³⁸ *Establishment of The White House Faith Office*, The White House (Feb. 7, 2025), <https://www.whitehouse.gov/presidential-actions/2025/02/establishment-of-the-white-house-faith-office/>

- c. If confirmed, how will you ensure the continuity of these essential connections with faith leaders and public health partners that CDC maintains?
- d. What concrete steps will you take to uphold CDC's commitment to working with faith-based leaders, ensuring they remain supported as trusted community partners?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

22. The CDC's Division of Blood Disorders and Public Health Genomics supports the network of Hemophilia Treatment Centers (HTCs) through essential data collection, surveillance, education, and prevention efforts for conditions like hemophilia, sickle cell disease, and thalassemia.

- a. If confirmed, will you ensure that HHS continues supporting this life-saving, cost-effective model of care and the surveillance and prevention activities that underpin it? How?

Response: If confirmed, I look forward to evaluating these initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help.

23. In public statements and press releases, Secretary Kennedy and others have repeatedly stated that personnel cuts are focused on "redundant or unnecessary administrative positions."⁴¹ However, the HHS reorganization has eliminated nearly the entirety of the staff at the CDC's Division of Blood Disorders and Public Health Genomics which supports collection of data to inform, improve, and guide physicians' treatment of patients with bleeding disorders, including an invaluable repository of blood samples that dates back nearly three decades. Patients with bleeding disorders rely on specialized programs and data collection efforts like the CDC's Division of Blood Disorders Community Counts registry.

- a. Do you agree with the termination of CDC staff in the Division of Blood Disorders and Public Health Genomics which supports collection of data to inform, improve, and guide physicians' treatment of patients with bleeding disorders? If so, why do you believe this division is unnecessary, given the prevalence of bleeding disorders among Americans?
- b. If confirmed, will you review the cuts in this Division and restore services if it was determined the cuts were a mistake?
- c. If not, how will HHS ensure these necessary programs are preserved, resourced, and integrated into any new structure resulting from the reorganization?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

24. The leaked April 10 HHS budget document suggests that the Administration plans to move some budget lines in the CDC Division of Blood Disorders and Public Health Genomics to the new Administration for a Healthy America (AHA).⁴²

- a. If confirmed, can you follow up with my office directly to explain exactly which pre-RIF Division of Blood Disorders and Public Health Genomics activities would be moved to AHA and which programs, if any, HHS plans to eliminate?

Response: The President's Fiscal Year 2026 Skinny Budget was released on May 2, 2025. If confirmed, I look forward to reviewing the proposals and working to ensure that changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

25. The cost of medications to treat bleeding in hemophilia patients with inhibitors can routinely total millions of dollars per year, per patient.⁴³ The CDC's Division of Blood Disorders offers specialized, cost-effective laboratory testing for inhibitors, collects essential data that informs evidence-based care, and works to advance medical and scientific knowledge about the treatment and prevention of inhibitors.

- a. If confirmed, will you ensure that HHS continues this life-saving, cost-saving work on inhibitors? How?

Response: If confirmed, I look forward to evaluating these initiatives and working to ensure federal resources are optimized to ensure they are best serving the populations they are intended to help.

26. The Early Hearing Detection and Intervention (EHDI) Act, which was first passed by Congress in 1999⁴⁴ and renewed in 2022,⁴⁵ established a program aimed at identifying and serving infants with hearing loss through universal newborn hearing screening, diagnostic follow-up, and referral to early intervention services. State EHDI programs work with CDC's data collection expertise to complete a language assessment of children and determine gaps in programs. However, almost all CDC EHDI staff have been placed on administrative leave during the April 1 RIF. The data collection and assessment functions previously completed by the CDC have been discontinued. If CDC staff are not reinstated, data critical to successful early screening and intervention will be lost and children affected will lose life-long opportunities.

- a. In your view, was the dismantling of this newborn screening program a mistake?
- b. If confirmed, will you ensure that HHS reinstates these critical CDC employees?

Response: If confirmed, I will ensure that staffing changes preserve the core mission of the agency while prioritizing maximum efficiency across government programs.

