

**Statement by Robert F. Kennedy, Jr.**  
**Secretary, U.S. Department of Health and Human Services**  
**on**  
**The Health Care Priorities of the Trump Administration**  
**before**  
**The Committee on Finance**

**United States Senate**  
**September 4, 2025**

Thank you, Chairman Crapo and Ranking Member Wyden, for the invitation to appear before the Committee today. I am here to share the President's health care agenda and priorities, what we've accomplished to date at the Department of Health and Human Services, and what we plan to do in the future in pursuit of President Trump's mandate to Make America Healthy Again.

Before I do that, I want to express my deepest condolences to the family of DeKalb County Police Officer David Rose, who valiantly gave his life to stop the gunfire attack on the Centers for Disease Control and Prevention on August 8. Officer Rose was a husband and father of two children. His widow is expecting their third child. He served in the United States Marine Corps and deployed to Afghanistan before graduating from the police academy in March. As Officer Rose's family said in their statement, "He sacrificed his life for others he didn't know. Service was in his blood from youth to adulthood." I'd like Officer Rose's family to know that he remains in my prayers, and he will forever be in our thoughts.

Since my first day as Secretary of Health and Human Services on February 13, 2025, I made it clear to the American people they were about to witness a once-in-a-generation shift in health care and public health policy—one that seeks to transform the "sick-care" system that has for too long defined our country's dynamic, into a true *health* care system that addresses the root causes of chronic disease, embraces radical transparency in government, and champions gold-standard science as the foundation upon which all of our decisions are made.

It was a big promise. We've delivered in so many ways in the last seven months, and I'll share them with you.

The Make our Children Healthy Again Assessment, which the White House released in May, was the first government analysis of the key drivers of the childhood chronic disease crisis: ultra-processed foods, chemical exposures, physical inactivity, and overmedicalization. This month we will unveil the Make our Children Healthy Again Strategy with the Trump Administration's solutions to address each cause.

HHS is working hard to implement solutions that address the root causes of the chronic disease crisis.

FDA announced a phase-out of petroleum-based artificial dyes by 2026. Trump Administration initiatives have shifted the culture, causing over a dozen major food manufacturers representing 40% of the industry to agree to remove petroleum-based dyes from their products.

These dyes might provide enticing colors for snack foods, but they have been linked to behavioral issues in children and allergic reactions.<sup>1</sup> The U.S. Food and Drug Administration is moving with equal speed in approving natural dyes to replace them.

Politicians have been talking about phasing out harmful dyes in food for decades; President Trump and I put it into action in less than 100 days.

It's inspiring to HHS how USDA is reminding the public that the "N" in the Supplemental Nutrition Assistance Program or "SNAP" stands for nutrition. The program supplements grocery budgets of low-income families, promotes work responsibility, and should put healthy food in reach for those in need. While Americans should enjoy the freedom to eat how they prefer, taxpayers shouldn't have to foot the bill for food that contributes to the chronic disease crisis in our country and then underwrite health care for the conditions it creates.

The best way to prevent cavities in children is by avoiding excessive sugar intake and good dental hygiene. Fluoride can lower the number of cavities. But excess exposure to fluoride can cause tooth discoloration and has been associated with lowering the IQ of developing brains. Our children are exposed to fluoride through multiple sources so that blindly medicating our public water systems with fluoride may be more harmful than helpful. This year, Utah and Florida banned fluoride in public water. Other states are considering similar measures. HHS is also taking action. The CDC is working to make clear and accurate information available to Americans, and the FDA initiated action to remove concentrated ingestible fluoride prescription drug products for children from the market, which were not FDA-approved and have been shown to alter the gut microbiome.

HHS is supporting research and initiatives on the dangers of excess screen time for youth. Schools, states, municipalities, and individual learning centers across the country are putting strict limits on cell phone use during the school day. Teachers are reporting students who are more engaged, social, and enthused about education.

The overmedicalization of American children described in the Make our Children Healthy Again Assessment was channeled in part through the growth of the childhood vaccine schedule by the Advisory Committee for Immunization Practices (ACIP). ACIP makes recommendations to the Centers and Disease Control and Prevention (CDC) on the safety, efficacy, and clinical need of vaccines. From 2021 through 2024, ACIP recommended that teenagers receive a total of five COVID vaccine doses in those four years. After studying the conflicts of interests it had been

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<sup>1</sup> McCann, D., Barrett, A., Cooper, A., Crumpler, D., Dalen, L., Grimshaw, K., ... Stevenson, J. (2007). Food additives and hyperactive behaviour in 3-year-old and 8/9-year-old children in the community: A randomized, double-blinded, placebo-controlled trial. *The Lancet*, 370(9598), 1560-1567. 123 Miller, M. D., Steinmaus, C., Golub, M. S., Castorina, R., Thilakartne, R., Bradman, A., & Marty, M. A. (2022). Potential impacts of synthetic food dyes on activity and attention in children: A review of the human and animal evidence. *Environmental Health*, 21(1), 45. Nigg, J. T., Lewis, K., Edinger, T., & Falk, M. (2012). Meta-analysis of attention-deficit/hyperactivity disorder or attention-deficit/hyperactivity disorder symptoms, restriction diet, and synthetic food color additives. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(1), 86-97.e8. <https://doi.org/10.1016/j.jaac.2011.10.015>. 125 Bakthavachalu, P., Kannan, S. M., & Qoronfleh, M. W. (2020). Food Color and Autism: A Meta-Analysis. *Advances in neurobiology*, 24, 481-504. [https://doi.org/10.1007/978-3-030-30402-7\\_15](https://doi.org/10.1007/978-3-030-30402-7_15).

riddled with, I reconstituted ACIP with medical doctors and public health experts committed to gold standard science. Additional areas of overmedicalization have also been prioritized. For example, the FDA revised labeling on extended-release stimulants for ADHD treatment, cautioning parents and providers about the risks of adverse reactions, including weight loss, when used by children under six.

In Washington, at President Trump's direction, HHS is using the convening power of government to lower astronomically high drug prices. The prices Americans pay for brand name prescription drugs are two to four times higher than the prices patients in other western countries pay—for the same drugs. It's the same pill, but a different bill—and that's not fair. We're working with drug manufacturers to right this wrong.

HHS has forged a historic partnership between health care agencies, drugmakers, insurers, and health care providers to provide low-cost, transformative sickle cell gene therapies to Americans on Medicaid. This initiative brings hope and healing to estimated 100,000 Americans with sickle cell and invests taxpayer dollars in transformative, highly effective treatment.

We are also using the convening power of government to reform the insurance prior authorization process that for too long has prized paperwork over people. I'm happy to share that in June, CMS Administrator Oz and I conducted a roundtable meeting with CEOs representing insurers that provide medical coverage for over 75% of American lives. These executives signaled their intent to sign our Prior Authorization Pledge to restore common sense to the process—cutting billions of dollars in administrative waste and—above all—providing timely access for patients that ensures care is delivered when it's needed. This reform will make it easier to get prior authorization for common services such as diagnostic imaging, physical therapy, and outpatient surgery.

A lot of noise has been made about actions to fight waste, fraud, and abuse at HHS. We are ending wasteful investments into initiatives that fund the expansion of DEI instead of the expansion of science, we are aggressively rooting out fraud in our healthcare programs, and we are indeed continuing to streamline processes and policy at the agency to better serve the taxpayer and align with the America First priorities of the Trump Administration. I also withdrew current U.S. support from the non-governmental international organization Gavi, the Vaccine Alliance – recipient of \$8 billion in U.S. funding since 2001 – because of its history of ignoring the science on vaccine safety concerns and its mishandling of the COVID pandemic. Thanks to these savings, we are investing considerably in new public health initiatives.

In May the National Institutes of Health (NIH) and the Center for the Biomedical Advanced Research and Development Authority pledged approximately \$500 million to develop a universal vaccine platform, Generation Gold Standard, for broad-spectrum protection against multiple strains of pandemic-prone upper respiratory viruses. Clinical trials are scheduled to begin next year, with U.S. Food and Drug Administration (FDA) approval targeted for 2029.

Last month, HHS launched a \$100 million funding opportunity for the prevention, testing, and treatment of Hepatitis C among Americans with critical risk factors like substance use disorders and serious mental illness. Hepatitis C plagues over two million Americans each year and takes

the lives of thousands, making it a serious public health concern and a chronic care issue—one paid for by the health care system and the American taxpayer. The pilot program establishes a comprehensive model that looks to cure Hepatitis C and prevent it among these vulnerable populations. With this rigorous prevention-and-cure program, Hepatitis C may finally be eliminated from the United States.

As President Trump says: in this administration, the “Forgotten Man and Woman” are forgotten no more. Unlike the Biden Administration, we have not forgotten East Palestine. In June, at the urging of Vice President J.D. Vance and in conjunction with NIH, we launched a five-year, \$10 million research initiative to assess and address the long-term health outcomes stemming from the 2023 train derailment in East Palestine, Ohio. The research will start this fall.

This year, we will also provide unprecedented levels of federal assistance to rural America thanks to the Rural Health Transformation Fund established by the President’s One Big Beautiful Bill (OBBB). Applications will open for \$50 billion in grants aimed at transforming rural health access, ensuring sustainability of rural access points, and improving health outcomes for Americans who rely on this care.

This \$50 billion commitment is just one component of OBBB, a landmark piece of legislation that takes on waste, fraud, and abuse in the Medicare and Medicaid programs while guaranteeing uninterrupted coverage for the people who need it the most—the elderly, the impoverished, and the disabled individuals for whom the program was created.

The recent actions of CMS to stop duplicative enrollments in government health care programs have the potential to save taxpayers \$14 billion annually.

The Biden Administration made it not only more difficult to verify Medicaid eligibility, but also disallowed states from doing so more than once a year. The Trump administration, now with new tools from the OBBB, is cracking down on waste, fraud, and abuse rampant within our Medicaid program.

CMS found, that in 2024, an average of 1.2 million Americans each month were enrolled in Medicaid/Children’s Health Insurance Program (CHIP) in two or more states and an average of 1.6 million Americans each month were enrolled in both Medicaid/CHIP and a subsidized Exchange program. CMS actions to remove these duplicative enrollees will not only have the potential to save the federal taxpayer billion, but also restores integrity to the system.

In addition to fighting the waste, fraud, and abuse left behind by the Biden Administration, HHS through the One Big Beautiful Bill will ensure that both programs are preserved. OBBB accomplishes another critical health priority for the Trump Administration — empowering patients. Through provisions that expand access to Health Savings Accounts (HSAs), allow HSA dollars to be used to pay for Direct Primary Care, and extend the more flexible use of telemedicine services pre-deductible for those enrolled in a high-deductible plan, the bill ensures Americans have more choices when it comes to accessing high-quality care.

Across the board, HHS is taking steps to return to the original intent of welfare reform, to ensure our programs deliver outcomes for families and results for taxpayers.

Earlier this year, our Administration for Children and Families (ACF) announced a new five state pilot for outcome-based Temporary Assistance for Needy Families (TANF) performance measures to encourage employment, personal responsibility, and strong families. The Biden Administration's TANF pilot failed to take into account employment outcomes or dependency reduction. This action allows states to test innovative approaches that promote work and allows TANF to work as it should – as a springboard for families out of poverty.

This fall, our Administration for Community Living will be awarding \$71 million in grant funding to support older adults with behavioral health conditions in the senior nutrition program setting, evidence-based chronic disease self-management education, state program enhancements for national lifespan respite, actions that spread and scale the impact of evidence-based falls prevention, program disaster assistance for Tribal organizations, State Units on Aging, and expansion of the Direct Care Workforce Strategies Center Technical Assistance Program.

*We are spending hundreds of billions of dollars in support of public health.*

I hope those critics of HHS budget actions to fight waste, fraud, and abuse and inefficient spending are as vocal about the robust actions we are taking to strengthen public health. In March, HHS and FDA launched Operation Stork Speed. American baby formula should be the best formula in the world for infant nutrition, but our domestic manufacturing and safety standards have avoided scientific revision for far too long. Coupled with our dependence on foreign supply chains, this regulatory apathy has rendered American stores of infant formula meager, low quality, and prone to shortages from foreign market fluctuations. FDA has intensified its nutrient review process and testing procedures for contaminants like heavy metals and is collaborating with corporations to increase transparency and provide more options to families. Reform is happening faster than ever to ensure that the youngest Americans begin life right—with the highest quality nutrition possible.

FDA is also working to update regulations to reform the “generally recognized as safe” (GRAS) designation to close the GRAS loophole by ending industry's long-standing practice of introducing ingredients into the food supply without FDA knowledge or oversight. This will enhance the FDA's oversight of ingredients considered to be GRAS and bring transparency to American consumers. HHS also is committed to working with Congress to explore ways legislation can completely close the GRAS loophole.

I aim to be the best HHS Secretary for Native and Tribal communities—that's a commitment I've made face-to-face with Tribal leaders in Alaska, Arizona, Idaho, and New Mexico, and a commitment I reiterate to you now.

I am proud that HHS helped accomplish one of the most successful discrimination crackdowns in American history. Working with partner agencies within the Trump administration, we crippled the capacity of elite universities to victimize by race or religion on their campuses. We investigated these institutions, froze funds, and negotiated successful settlements. Federal funding of academic programs and medical research is a privilege and laws must be followed.

In line with the Trump administration's emphasis on preventing civil rights abuses and illegal so-called "diversity, equity, and inclusion" practices, HHS restored funding to programs in Oklahoma and Tennessee supporting Title X of the Public Health Service Act to their original intent: to aid low-income and vulnerable families. After receiving notice of Title X misuses, HHS put grantees on notice that if illegal aliens are not qualified, they are banned from receiving taxpayer-funded program benefits on notice that if they are not qualified, they are banned from receiving taxpayer-funded program benefits. Now, HHS has greater oversight over Title X grantees and guides projects in alignment with the Title's purpose of providing infertility care, pregnancy counseling, and more for the purpose of cultivating flourishing American families.

Earlier this year, HHS provided updated nutritional guidance and one-time funding to Head Start grantees. We continue to improve Head Start and bring programming in line with Trump Administration requirements: increasing parental choice, improving health, education, employment outcomes increasing program delivery efficiency, and promoting parental engagement. Head Start directly supports local-level institutions, including faith-based centers, empowering them to oversee quality of care.

The Biden Administration has the distinct dishonor of being the single largest vector of child trafficking in the history of our nation. HHS inherited the aftermath of a border that went ungoverned for four years and saw more than 479,000 unaccompanied alien children enter our country only to disappear into the darkness soon thereafter. I'm proud to say that our Office of Refugee Resettlement remains laser-focused on locating these lost victims. Already we have found 22,602 minors, bringing them out of the shadows and into safe living environments they never knew under the previous president.

When we learned of a systemic disregard for human life in the country's organ transplant system, we took swift action. Under the auspices of the Health Resources and Services Administration, we reopened a disturbing case involving potentially preventable harm to a neurologically injured patient by the federally funded organ procurement organization serving Kentucky, southwest Ohio, and part of West Virginia. The Biden administration had closed the same case without action. New HHS policy makes sure that patients across the country will be safer when donating organs with strict oversight and monitoring at the national level. The Trump Administration understands that trust isn't automatically given; it's *earned*.

Trust in our public health systems was on its last legs by the end of the Biden Administration. A countless number of policies, panels, grants, and messages were construed for overt political reasons. Since taking office, I have rooted our policymaking in gold standard science, removed divisive ideology from committees and grants, and switched our messaging to plain language straight talk with the American people. We're working to make this the most transparent HHS in its 70-year history.

I will close with a note about fiscal responsibility. The critiques of HHS actions to root out waste, fraud, and abuse miss the big picture. President Trump and I believe it is the role of the federal government to promote the health and well-being of the American public. But Congress and the American people expect us to be responsible stewards with that treasure. At HHS that means strengthening our health programs to make sure they work better for the most vulnerable than we

found them. We can't forget that we now have accumulated \$37 trillion in debt, the most in our nation's history and annual interest payments on that debt will soon become the largest single line item in the federal budget. Every dollar we spend is given to us by taxpayers with the expectation that it will be used wisely. That is my commitment to Congress, my commitment to this Committee, and—above all—my commitment to the American people.

Thank you.