

Question 15: If confirmed, you would be in a position to influence the outcome of Gardasil-related cases that you referred to Wisner Baum. Given this apparent conflict of interest, do you commit to divest from your contingency fee interest in those cases?

**Response: An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

Question 16: Do you commit to not seeking to repurchase assets in health-related companies from which you have divested?

**Response: Yes.**

Question 17: Do you commit to not acquiring new assets in any industries that directly and predictably impacted by HHS's work (not just in the industries listed at the end of your ethics agreement)?

**Response: Yes.**

Question 18: All particular matters involving Children's Health Defense, JW Howard Attorneys, Kennedy & Madonna LLP, Morgan & Morgan, WisnerBaum, WKP Ventures LLC, and any of your other former clients and employers, for four years while at HHS?

**Response: This phrase does not state a question. Therefore, I cannot answer it.**

Question 19: All matters related to the Gardasil vaccine, if you maintain your financial stake in anti-Gardasil litigation?

**Response: This phrase does not state a question. Therefore, I cannot answer it.**

Question 20: Particular matters that would impact the value of your investments in healthcare companies in which you can maintain your assets for up to 90 days?

**Response: This phrase does not state a question. Therefore, I cannot answer it.**

Question 21: Particular matters that would impact the value of your investments in Park Holdings Group LLC funds in which you will maintain your assets until April 2025?

**Response: This phrase does not state a question. Therefore, I cannot answer it.**

Question 22: Do you agree to not seek employment, board membership, or another form of compensation from any entity that you would regulate or otherwise interact with at HHS, such as drug companies, medical device companies, hospital systems, health insurers, dietary supplement companies, and litigants with matters before HHS, for 4 years after leaving HHS?

**Response: I will comply with all applicable legal requirements, restrictions, limitations, prohibitions and other obligations arising out of, related to or in any way regarding my government service, including but not limited to the post-employment restrictions of 18 U.S.C. § 207.**

Question 23: Do you agree to not lobby HHS (including any HHS agency), whether through formal lobbying or informal "shadow lobbying" activities, for at least 4 years after leaving HHS?

**Response: I will comply with all applicable legal requirements, restrictions, limitations, prohibitions and other obligations arising out of, related to or in any way regarding my government service, including but not limited to the post-employment restrictions of 18 U.S.C. § 207.**

Question 24: Please provide a list of all ongoing cases you referred to Wisner Baum. Explain the current procedural status of each case, amount in damages sought in each, and amount you were paid or expect to be paid in referral fees for each case.

**Response: During the course of my work with WisnerBaum, I referred many hundreds of cases to the firm. It is impossible to provide the information requested, much of which I do not personally have, with respect to each such case in the time allotted for my response. My agreement with WisnerBaum provided for me to receive a referral fee of ten percent of the proceeds WisnerBaum receives from each case, whether by settlement, judgment or otherwise.**

Question 25: Please confirm that the United States is neither a party nor has direct and substantial interest in any of the ongoing cases you referred to Wisner Baum.

**Response: The United States is a party to some such cases, and is not a party but has a direct and substantial interest in some of the other cases. As provided in my Ethics Agreement, I am divesting my interest in all such cases.**

Question 26: Have you received or do you expect to receive any form of financial compensation for any of the following cases that were not listed in your financial disclosure report:

- Case No. 3:22cv382

**Response: No. An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

- Case No. 3:22cv384

**Response: No. An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

- Case No. 3:22cv386

**Response: No. An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

- Case No. 3:22cv392

**Response: No. An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

- Case No. 3:22cv397

**Response: No. An amendment to my Ethics Agreement is in process, and it provides that I will divest my interest in this litigation.**

Question 27: Please provide a list of assets in each of your four Park Holdings Group LLC funds.

**Response:**

**Equities And Equity Funds  
Generation IM Global Equity Fun  
Dodge and Cox Global Stock Fund**

**Amansa Fund, L.P.**  
**Westwood Emerging Markets Fund,**  
**McDonald Capital Investors, Inc**  
**ALPHABET INC CAPITAL STOCK CL A**  
**AMAZON COM INC COM**  
**BERKSHIRE HATHAWAY INC-CL**  
**BROOKFIELD ASSET MGMT LTD**  
**BROOKFIELD CORP-11271J107**  
**ECOLAB INC COM STK**  
**ELEVANCE HEALTH INC**  
**FASTENAL CO COM**  
**JPMORGAN CHASE & CO COM**  
**MARTIN MARIETTA MATLS INC COM**  
**NETFLIX INC COM STK**  
**NIKE INC CL B**  
**PAYCHEX INC COM**  
**PROGRESSIVE CORP OH COM**  
**REGENERON PHARMACEUTICALS INC COM**  
**UNION PAC CORP COM**  
**WELLS FARGO & CO NEW COM**  
**United States of Amer Treas Bills 0% T-Bill 11-21-24**  
**Cash NT 1441 3**  
**Lone Cascade- Class K**  
**Lone Cascade- Class J**  
**Velt Partners Fund, LLC**  
**HCP Private Equity Fund VII, LP**  
**HCP Private Equity Fund VIII, L**  
**HCP China Capital Appreciation**  
**HCP Private Equity Fund IX, LP**  
**HCP Private Equity Fund X, L.P.**  
**Baker Brothers Investments**  
**GMO Resources Fund**  
**Hound Partners Variable Fund LP**  
**Dynamo Brasil VIII LLC**  
**Ichigo Japan Fund G LP**  
**Vanguard Intl Equity Index Fund**  
**Northern Funds US Govt Money Mkt Fd (NOGXX)**

**Hedge Funds**

**American Steadfast LP**  
**Luxor Capital Partners, LP**  
**Luxor Capital Partners SPV**  
**Taconic Opportunity Fund II LP**  
**Varde Investment Partners LP**  
**Centerbridge Special Credit 2**  
**Mount Kellett Cap Part II, LP**  
**Empyrean Capital Fund**  
**Northern Funds US Govt Money Mkt Fd (NOGXX)**

**Fixed Income Securities**

**Municipal Bonds (Morgan Stanley)**

DALLAS FORT WORTH TEX INTL ARPT REV 5% 11-01-2031 BEO  
INDIANA ST FIN Auth Rev 5% 2-01-2035 BEO  
Long Island PWR Auth N Y Elec SYS Rev 5% 09-01-2032  
Metropolitan Atlanta Rapid Tran Auth GA Sales Tax Rev 5% 07-01-20  
NEW HAMPSHIRE HEALTH & ED FACS AUTH REV 3.3% 06-01-2040 B  
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 4% D  
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5% D  
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 08-01-2034  
NEW YORK NY 5.0% DUE 03-01-2038 BEO  
NEW YORK N Y 5% 04-01-2043 BEO  
NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-S  
New York St Dorm Auth Revs St Supported Debt 5% 1-1-2042 REG  
New York St Dorm Auth St pers inc gen purp-ser A 5% 2-15-2038  
New York ST Environmental Facs Corp St 5% Due 6-15-2032  
NEW YORK ST URBAN DEV CORP REV 5% 03-15-2032 BEO  
NEW YORK St Urban EEV CORP ST SALES SER A 4% 3-15-2044  
NORTH TEX TWY AUTH REV 5% 01-01-2031  
OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV5% 12-01-20239 B  
PORT AUTH NY & NJ 5% 07-15-2041 BEO  
TRIBOROUGH BRDG & TUNL AUTH N Y REVS 5% 11-15-2031 BEO  
UNIVERSITY MASS BLDG AUTH REV 5% 05-01-2036 BEO  
UTILITY DEBT SECURITIZATION AUTH N Y 5% 12-15-2033 BEO  
Washington St 5% 02-01-2040 BEO  
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 12-17-2024  
Northern Funds US Govt Money Mkt Fd (NOGXX)

**Private Equity Funds**

Deutsche Banc Special Opps Fund  
Rockefeller Access Fund I, LLC  
Northern Funds US Govt Money Mkt Fd (NOGXX)

Question 28: Please explain why you believe you could not carry out your duties as Secretary if you recuse from particular matters that would affect your financial interest in the Park Holdings funds.

**Response:** The Office of Government Ethics and the Designated Agency Ethics Official at HHS recommended that I divest of these holdings and, consistent with their recommendation, I will do so as provided in my Ethics Agreement.

Question 29: Your wife's wellness company Hines & Young LLC will cease sales of all cosmetics. Does your wife's company Hines Young sell any products that do not qualify as "cosmetics" but that are regulated by an HHS agency or that can be impacted by HHS policy decisions?

**Response:** No.

A. If so, will she commit to ceasing sales of such products?

**Response:** Not Applicable.

Question 30: Please describe the work of Kenviron Consulting LLC, the dormant firm that you plan to continue to own while in office.

**Response: I established Kenviron Consulting LLC as an environmental consulting firm. However, it has been dormant since its inception and has not done any work.**

Question 31: Your financial disclosure report notes that you transferred ownership of your Make America Healthy Again” (MAHA) brand marks “to a third-party for no compensation.”

A. Name the third party that received ownership of the MAHA brand mark.

**Response: MAHA Worldwide LLC**

B. Did you receive any in-kind benefit or anything else in exchange for the brand mark?

**Response: No.**

C. Will the third party use your role at HHS in any way when marketing the MAHA brand?

**Response: No.**

Question 32: Community violence intervention programs prevent shootings by interrupting the cycle of violence in the country’s most impacted communities. Despite the efficacy of these programs, they are vastly underfunded.

A. Do you support community violence intervention programs, like hospital-based violence intervention?

**Response: The Department of Justice has jurisdiction over community violence intervention programs.**

B. Do you believe HHS should provide funding to support such programs, and will you advocate for Congress to appropriate such funding?

**Response: If confirmed as HHS Secretary, I will follow the law.**

Question 33: At a 2022 anti-vaccination rally, you compared the Covid-19 mandates in Washington D.C. to the tragedies of the Holocaust stating, “Even in Hitler’s Germany, you could cross the Alps to Switzerland. You could hide in an attic like Anne Frank did ... the [Covid-19 mandates] are being put in place that will make it so none of us can run and none of us can hide,” alluding that Anne Frank was in a better situation when hiding from Nazis. Why did you make these statements?

**Response: That is a misrepresentation of what I said.**

Question 34: How do you intend to address concerns among Americans who are hesitant to receive a vaccine when the HHS Secretary has publicly disparaged them?

**Response: If confirmed as HHS Secretary, I will address those concerns by informing Americans about the safety and efficacy of vaccines according to evidence-based science. Not having this information to make an informed decision will only cause more concern.**

Question 35: In your 2023 book, “Vax-Unvax: Let the Science Speak,” you wrote: “There is virtually no science assessing the overall health effects of the vaccination schedule or its component vaccines.” Do you still stand by this statement?

**Response: That was the conclusion of the 2013 Institute of Medicine report.**

Question 36: Aaron Siri, your key advisor, lawyer, and top ally, petitioned the Food and Drug Administration (FDA) to revoke approval for polio and hepatitis B vaccines and block the distribution of 13 other critical vaccines.

A. Do you support these actions taken by Mr. Siri?

**Response: That’s a misrepresentation of the petition filed by Mr. Siri on behalf of his client. In any event, I had nothing to do with or any knowledge of those petitions.**

B. If confirmed as Secretary of HHS, do you commit not to revoke the approval of the polio vaccine?

**Response: Yes**

Question 37: Would you seek the withdrawal of any drug or vaccine currently on the market?

**Response: If confirmed, I will ensure a review of drugs for safety and efficacy in accordance with the law.**

Question 38: Will you interfere in any FDA decision regarding review or approval of vaccines?

**Response: If confirmed, I will ensure a review of drugs for safety and efficacy in accordance with the law.**

Question 39: Would you overrule the FDA if you disagreed with its determination that a drug or vaccine was safe and effective?

**Response: We will review drugs for safety and efficacy in accordance with the law.**

Question 40: If confirmed as Secretary of HHS, do you commit to refrain from appointing any other anti-vaccine skeptics to top advisor positions at HHS or at the Centers for Disease Control and Prevention (CDC), including the CDC’s Advisory Committee on Immunization Practices (ACIP)?

**Response: If confirmed, HHS will review all personnel carefully.**

Question 41: Would you overrule the members of ACIP at the CDC if you disagreed with their vaccine recommendations?

**Response: If confirmed, HHS will review vaccine recommendations in accordance with the law.**

Question 42: If confirmed as Secretary of HHS, how will you leverage your platform for global vaccination efforts? Will you continue to promote skepticism of vaccines, or will advocate for

immunization programs and work to address the growing challenges of vaccine hesitancy domestically and globally to sustain progress in preventing disease and saving lives?

**Response: If confirmed, I will offer transparency on drug development and safety and allow people to make sound decisions regarding their healthcare.**

Question 43: Will you commit to upholding the U.S.'s historic role in the Global Polio Eradication Initiative, which has relied on substantial U.S. financial contributions and technical expertise to bring the world closer to eradicating polio?

**Response: If confirmed, I will evaluate all international agreements and partnerships to ensure that we are driving America-First policies.**

Question 44: The HPV vaccine can potentially prevent more than 90 percent of HPV-related cancers in women—primarily cervical cancer—and a recent study also showed a 50-percent risk reduction in all HPV-associated cancers in men, including head and neck cancers. What is your position on the HPV vaccine?

**Response: I support data transparency and the individual's decision regarding a vaccine.**

Question 45: According to the CDC, vaccines are a “highly effective,” heavily tested, and easy method to keep your family healthy. Do you agree or disagree with the CDC?

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

Question 46: Project 2025 called for an end to CDC vaccination recommendations. Do you support this proposal, and would you act to implement it if you were confirmed as HHS Secretary?

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

Question 47: Do you have any plans now or in the future to slow the production of existing vaccines or prevent the approval of new vaccines?

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

Question 48: Will you commit to removing your foreword to future editions of *Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022*?

**Response: No, that book has been misrepresented.**

Question 49: Project 2025 calls on HHS to “eliminate the HHS Reproductive Healthcare Access Task Force and install a pro-life task force to ensure that all of the department's divisions seek to

use their authority to promote” anti-abortion policies. Project 2025 also calls on HHS to reject the notion that abortion is healthcare.

A. If confirmed as Secretary of HHS, you commit to maintaining the HHS Reproductive Healthcare Access Task Force?

**Response: The Reproductive Health Task Force was abolished by President Trump’s Executive Order on Enforcing the Hyde Amendment. I will enforce the President’s order.**

B. Will you commit to maintaining HHS’s position that reproductive healthcare, including abortion, is healthcare?

**Response: I believe every abortion is a tragedy. I support President Trump’s position that abortion should be determined by the States.**

Question 50: Project 2025 calls on HHS to reinstate a Trump Administration regulation that required Title X grantees to maintain strict physical and financial separation between Title X activity and abortion-related activity and “guarantee the right of conscience and religious freedom of health care workers and participants in the Title X program.”

A. If confirmed as Secretary of HHS, would you reinstate this Trump Administration regulation?

**Response: If confirmed, I will follow all laws governing the Title X program, and President Trump’s Executive Order on Enforcing the Hyde Amendment.**

Question 51: Project 2025 encourages the federal government to reduce or eliminate Title X funding—which is often used to provide critical healthcare access, including in rural areas. Given that upfront costs and provider training are sometimes significant barriers to reproductive health care access, do you commit to support maintaining or increasing Title X funds to help expand the number of qualified reproductive health care providers, particularly in rural and underserved areas?

**Response: If confirmed, I will follow all laws governing the Title X program, and President Trump’s Executive Order on Enforcing the Hyde Amendment.**

Question 52: 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 healthcare in a manner authorized by federal law.

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

**Response: If confirmed, I will follow the Hyde Amendment and the President’s Executive Order on Enforcing the Hyde Amendment.**

Question 53: In April 2024, HHS’s Office of Civil Rights (OCR) amended the HIPAA Privacy Rule to prohibit regulated entities from using or disclosing protected health information to identify, investigate, or hold someone liable for seeking, obtaining, providing, or facilitating



reproductive healthcare that was lawfully provided in the relevant circumstances. In September 2024, Texas sued to challenge this rule.

- A. If confirmed as Secretary of HHS, would you ask the DOJ to continue to defend this rule in court?

**Response: I will review the regulation, and I will follow the law.**

Question 54: Project 2025 directs HHS to restore the Office of the Deputy Director for the Conscience and Religious Freedom Division (CRFD). Project 2025 further directs that OCR should finalize a rule proposed under the Religious Freedom Restoration Act during the Trump Administration and ensure that all HHS grant announcements explicitly inform grantees and applicants of their obligation to comply with health care conscience laws.

- A. If confirmed as Secretary of HHS, would you take each of the actions listed above?

**Response: The Trump Administration has not endorsed Project 2025. If confirmed, I will follow President Trump’s position on RFRA rulemaking.**

Question 55: HHS’s OCR released guidance in 2022 titled “Guidance to Nation’s Retail Pharmacies: Obligations Under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services,” which addresses the nondiscrimination obligations of pharmacies under federal civil rights laws.

- A. If confirmed as Secretary of HHS, would you maintain this guidance?

**Response: I will review the guidance and follow the law.**

Question 56: Guidelines from HHS’s Health Resources and Services Administration (HRSA) currently make clear that coverage of contraception, including Plan B, is classified as preventive care. Project 2025 directs HHS to revise HRSA’s guidance on contraception coverage to include “fertility awareness-based methods,” to not include “exclusively male contraceptive methods” such as condoms, and eliminate Plan B coverage.

- A. If confirmed as Secretary of HHS, would you maintain HRSA’s current guidance on contraception coverage?

**Response: I will review the guidance and follow the law.**

Question 57: The Biden Administration is challenging Idaho’s abortion ban under the Emergency Medical Treatment and Labor Act (EMTALA), arguing that Idaho’s ban is preempted to the extent that it restricts providers from providing emergency stabilizing care that is federally required under EMTALA. Project 2025 directs HHS to take several steps to limit EMTALA’s protections, including by withdrawing the Biden Administration’s July 2022 guidance on EMTALA’s preemption of state-level abortion bans; ending investigations into alleged EMTALA violations; and eliminating existing injunctions and withdrawing or settling existing lawsuits under EMTALA.

- A. If confirmed as Secretary of HHS, would you work with CMS to protect and strengthen EMTALA, to defend EMTALA in court, and to help enforce the rights of women under this life-saving law?
- B. Do you agree 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?
- C. 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 to Questions A-C: 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 58: If confirmed as Secretary of HHS, would you revive the first Trump Administration’s proposed regulation titled “Special Responsibilities of Medicare Hospitals in Emergency Cases and Discrimination on the Basis of Disability in Critical Health and Human Services Programs or Activities”?

**Response: I will follow the law. If the Department undertakes rulemaking on this matter, it will provide notice and public comment.**

Question 59: In August 2022, the Biden Administration encouraged states to apply for Medicaid funding under Section 1115 demonstration authority to expand access to reproductive care. Project 2025 directs the HHS Secretary to withdraw that guidance and any Section 1115 waivers issued thereunder.

- A. If confirmed as Secretary of HHS, would you commit to protecting states’ right to use Section 1115 waivers for programs to help women access reproductive care—and encourage CMS to approve such waivers?

**Response: I will enforce the Hyde Amendment and President Trump’s Executive Order on Enforcing the Hyde Amendment.**

Question 60: Project 2025 directs HHS to issue guidance or regulations stating that states can exclude Planned Parenthood and other providers of elective abortions from their state Medicaid plans.

- A. If confirmed as Secretary of HHS, would you issue guidance that could lead to the defunding of Planned Parenthood and other providers of elective abortions?

**Response: I will follow the law and implement President Trump’s Executive Order on Enforcing the Hyde Amendment.**

Question 61: Project 2025 directs HHS to resolve pending Section 1115 waivers from Idaho, South Carolina, and Tennessee, which are seeking to prohibit abortion providers from participating in state-run Medicaid programs.

A. If confirmed as Secretary of HHS, would you commit to direct HHS to deny these waivers?

**Response: I will review any Section 1115 waivers, consistent with my obligations under the law.**

Question 62: Project 2025 directs HHS to withdraw up to 10 percent of Medicaid funds from states that require private health insurance plans to cover reproductive care or that cut state contracts with pharmacies that do not carry abortion medication.

A. Do you commit to oppose any such attempts by CMS to withdraw Medicaid funds from such states?

**Response: As Secretary, I will enforce federal conscience laws and follow other applicable laws.**

Question 63: Project 2025 calls on the FDA to withdraw its longstanding approval of mifepristone, one of the two drugs normally used to administer abortion via medication.

A. Do you commit to combat any attempts to revoke FDA's approval of mifepristone and ensure that this drug remains approved by the FDA?

**Response: We need to understand the safety of every drug, including mifepristone. As I stated during the confirmation hearing, President Trump has made it clear that he wants HHS to study the safety of mifepristone to ensure patient safety.**

Question 64: 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 commit to leaving the current REMS on mifepristone in place?

**Response: We need to understand the safety of every drug, including mifepristone. As I stated during the confirmation hearing, President Trump has made it clear that he wants HHS to study the safety of mifepristone to ensure patient safety.**

Question 65: Project 2025 advocates for significant restrictions on contraceptive access, including long-acting reversible contraception. Some of these recommendations, such as eliminating requirements that insurance plans cover contraception without cost-sharing under the ACA, could have several significant negative impacts on rural healthcare access.

A. If confirmed, what steps will you take to ensure that all insurance plans, including those on the ACA marketplace, provide comprehensive coverage for the full range of long-acting reversible contraception methods without cost-sharing or prior authorization requirements?

**Response: On this matter, I will follow the law. Under the Trump administration, women will continue to have access to contraception.**

Question 66: Project 2025 calls on FDA to respond in a timely manner to congressional and 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: On FOIA, I will follow the law.**

Question 67: 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 direct the FDA to approve such an application?

**Response: We need to understand the safety of every drug, including mifepristone. As I stated during the confirmation hearing, President Trump has made it clear that he wants HHS to study the safety of mifepristone to ensure patient safety.**

Question 68: States currently provide CDC with abortion-related data, such as the age, race, residence and marital status of women receiving legal abortions, on a voluntary basis.

- A. Do you commit to direct CDC to continue to collect such information on a voluntary basis, and oppose any efforts to force states to monitor or report this data?

**Response: The CDC will continue to collect abortion-related data.**

Question 69: Project 2025 directs NIH to create and promote a research agenda that supports pro-life policies and explores the "harms, both mental and physical" of abortion.

- A. Would you use NIH to promote a pro-life research agenda?

**Response: NIH's priorities and agenda will reflect those of the Trump administration, including policies to Make America Healthy Again.**

Question 70: HHS's Administration for Children and Families (ACF) operates the Personal Responsibility Education Program (PREP), and HHS's Office of Population Affairs (OPA) operates the Teen Pregnancy Prevention (TPP) program. Project 2025 directs that both programs should ensure subgrantees do not promote "abortion or high-risk sexual behavior."

- A. If confirmed as Secretary of HHS, would you put restrictions on subgrantees to HIPAA and OPA programs based on whether they promote "abortion or high-risk sexual behavior"?

**Response: I will review these programs, and I will follow the law.**

Question 71: Over the years, you have made conflicting statements about abortion rights. What is your current position on abortion? Do you support bans or restrictions on abortion?

**Response: I believe every abortion is a tragedy. I support President Trump's position that States should control their own laws on abortion.**

Question 72: In August 2023, you indicated you identify as “pro-choice” and believe “it is always the woman’s right to choose.”

A. Do you still hold that view? If not, when did you change your view? On what basis did you change your view?

**Response: I believe every abortion is a tragedy. I support President Trump’s position that States should control their own laws on abortion.**

Question 73: In 2024, you said you opposed any government restrictions on abortion.

A. Do you still hold that view? If not, when did you change your view? On what basis did you change your view?

**Response: I believe every abortion is a tragedy. I support President Trump’s position that States should control their own laws on abortion.**

Question 74: In 2024, you wrote on social media that "abortion should be legal up until a certain number of weeks, and restricted thereafter."

A. Up until what point do you believe abortion should be legal?

**Response: I believe every abortion is a tragedy. I support President Trump’s position that States should control their own laws on abortion.**

Question 75: In 2023, you said that you supported codifying *Roe v. Wade*.

A. Do you support codifying *Roe v. Wade*? If not, when did you change your view? On what basis did you change your view?

**Response: I believe every abortion is a tragedy. I support President Trump’s position that States should control their own laws on abortion.**

Question 76: Do you believe that everyone should have access to the health care their doctor recommends for them, including for contraception and abortion?

**Response: Patients and doctors should be free to make health care decisions, within the bounds of the law. Patients also have a right to full informed consent, which includes consultation about all available options so patients can make their own health decisions. Regarding abortion, I believe every abortion is a tragedy, and I support President Trump’s position that States should control their own laws on abortion.**

Question 77: 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.

A. Are you aware of these findings?

B. If confirmed as Secretary of HHS, would lowering maternal mortality rates be a priority for you?

**Response 77A-B: As Secretary, I will continue to address drivers of maternal morbidity and mortality to improve maternal health outcomes across demographics.**

Question 78: In an interview, the Children’s Health Defense president said that you are “not involved on a day-to-day basis.” In what capacity are you currently involved or associated with Children's Health Defense?

**Response: I resigned from my positions as Chairman of the Board and Chief Legal Counsel of Children's Health Defense in December 2024.**

Question 79: Are you currently receiving any salary or other remuneration from Children’s Health Defense?

**Response: No.**

Question 80: Please provide, for each calendar year since 2019, the total amount of compensation you have received from Children’s Health Defense.

**Response:**

**2019 \$255,000.00**  
**2020 \$345,561.00**  
**2021 \$497,014.00**  
**2022 \$510,515.00**  
**2023 \$259,806.00 - W2, \$66,250.00 - 1099**

Question 81: If confirmed as Secretary of HHS, will you recuse yourself from all matters affecting Children's Health Defense?

**Response: Section 2 of my Ethics Agreement fully sets forth my recusal obligations with respect to such matters, and I will abide by it fully.**

Question 82: Since 2020, Children's Health Defense has filed approximately 30 federal and state lawsuits challenging vaccines and public health mandates with you representing Children's Health Defense in some of these cases. Will you recuse yourself from any HHS decisions affecting any matter that has been the subject of a lawsuit by Children’s Health Defense?

**Response: Section 2 of my Ethics Agreement fully sets forth my recusal obligations with respect to such cases and matters, and I will abide by it fully.**

Question 83: You oppose fluoride in water because you claim it lowers the IQ of children. Do you still believe this?

**Response: If confirmed I will look at the data regarding fluoride in water and will support high-integrity research to end the chronic disease crisis.**

Question 84: Decades of rigorous, peer-reviewed scientific research have demonstrated that water fluoridation is a safe, beneficial, cost-effective, and equitable method for preventing tooth decay across populations. If community water fluoridation is stopped, how would you address the higher incidence of tooth decay and diminished oral health outcomes, particularly for underserved communities?

**Response: If confirmed as HHS Secretary, I will ensure the Department conducts and relies on gold standard science. I commit to pursue solutions, in oral healthcare as in all fields, that are supported by robust evidence.**

Question 85: You claimed that wi-fi causes autism, asthma, and other chronic diseases. Do you still believe this?

**Response: That's a mischaracterization of my statement.**

Question 86: You claimed that HIV does not cause AIDs. Do you still believe this? Will you support a national strategy to end the HIV epidemic and oppose efforts to cut funds for the HIV epidemic?

**Response: I have never said that HIV does not cause AIDs.**

Question 87: In your book "The Real Anthony Fauci," you wrote that you take "no position" on whether HIV causes AIDS, and on other occasions, you have suggested that "poppers" and "the gay lifestyle" played a role in AIDS-related deaths. Last year, a seventh person was reported as cured of HIV, and many Americans, especially those in the LGBTQ+ community, are hopeful that we might eventually develop a cure for this devastating disease. If confirmed as Health Secretary, would you halt federal funding of this potentially lifesaving research? Would you undertake any actions that could disrupt Americans' access to existing HIV medication like PrEP?

**Response: I would continue HIV AIDs research.**

Question 88: How will you ensure that food and medicine are safe for consumption given your plans for deregulation?

**Response: I support effective and rational regulation of the food and pharmaceutical industries. I believe the FDA plays a critical role in ensuring the safety of the food and medical products we depend on every day. If confirmed, I will work closely with the staff at FDA to fulfill our mission and Make America Healthy Again.**

Question 89: Do you still plan to fire FDA employees as you alluded to in your October social media post? To the extent you intend to fire any FDA employees, what will be your standard for doing so?

**Response : I'm not going to make any staffing decisions before being sworn in as Secretary and investigating any issues.**

Question 90: What "gold standard" of scientific review do you have planned for the FDA?

**Response: I believe the staff at FDA are genuinely working to protect and promote the public health. But I also believe we need radical transparency to keep the trust of the American people.**

Question 91: During his first term, President-Elect Trump pressured the FDA to authorize unproven treatments for Covid-19. What is your plan to protect the independent scientific decisionmaking of agencies like the FDA from political interference?

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

Question 92: Do you believe in the CDC's mission to fight diseases, including those that "start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack"? Should that component of the CDC's responsibilities be maintained or changed, and how would you work to bring about such evolution?

**Response: As I testified to Senator Warnock, I agree CDC's work is critical to our country and the health of the world and the Secretary's job is to empower scientists to conduct the mission of the CDC.**

Question 93: Do you still believe that the NIH needs to take a "break" from infectious disease research for eight years? If so, what would that entail? How do you plan to restructure grants that are actively studying infectious disease?

**Response: As I testified to Senator Cantwell and others in the hearing, chronic disease is the most critical area of additional research that ought to be conducted to Make America Healthy Again. I will work with grant specialists and program managers to effectively manage the grant budgets to achieve the goals of the President and this administration.**

Question 94: Do you still plan to fire 600 NIH employees? If so, which departments and research projects do you plan to cut?

**Response: I'm not going to make any staffing decisions before being sworn in as Secretary and investigating any issues.**

Question 95: In an op-ed published in September 2024, you said that half of the NIH's research budget should be towards "preventive, alternative, and holistic approaches to health." Do you still believe in this policy proposal? If so, what do you define as "preventative, alternative, and holistic"?

**Response: As I testified to Senator Cantwell and others in the hearing, chronic disease is the most critical area of additional research that ought to be conducted to Make America Healthy Again.**

Question 96: If confirmed as Secretary of HHS, will you intervene on individual agency decisions made by teams of scientific and technical experts? If so, how do you intend to do so?

**Response: If confirmed as HHS Secretary, I will work to ensure that the Department pursues healthcare solutions that are driven by robust, evidence-based science, and I will rely on scientists' expertise.**



Question 97: Sen. Bill Cassidy, the new chair of the Senate HELP Committee, released new proposals to modernize the NIH. Do you agree with these proposals? If confirmed as Secretary of HHS, will you implement these proposals?

**Response: I'm not going to make any staffing decisions before being sworn in as Secretary and investigating any issues.**

Question 98: Mark McAfee, the CEO of a raw milk production company whose products have repeatedly been recalled due to bird flu contamination, claims that your team approached him to apply for a position to advise on raw milk policy and standards development. Is there any truth to this statement? What would encapsulate an advisory position on raw milk policy and standards development?

**Response: If confirmed, I will review all relevant materials and determinations related to raw milk and follow all applicable laws.**

Question 99: During President-Elect Trump's first administration, he attempted to lower standards for the National School Lunch and Breakfast Programs. Given your push for stricter regulations of food additives and processed foods, did you support then-President Trump's rollback of nutrition standards, such as sodium and whole grains, for school lunches? Will you support him if he attempts to impose these standards in this administration?

**Response: If confirmed as HHS Secretary, my focus will be on the exercise of HHS authorities to effectuate the President's goals of making America healthy again. The National School Lunch and Breakfast Programs are administered by USDA, and I defer to that agency in the exercise of its authorities.**

Question 100: The Dietary Guidelines for Americans shapes federal nutrition advice. As HHS Secretary will you commit to push for stronger recommendations against ultra-processed foods—particularly those laden with sugar, fat, and harmful additives?

**Response: We have a chronic disease epidemic in this country. When I was young, it was rare to see children with diabetes or other nutrition-related illnesses. Now it is all too common and we need to address this problem. We need to improve the American diet. I am not advocating for bans, but I do believe Americans should be better educated on the nutritional value of the foods they eat, especially unhealthy ultra-processed foods. This is one of the main reasons I ask to be confirmed as HHS Secretary as I believe I have a unique ability to achieve change and improve the health of Americans.**

Question 101: Under your "Make America Healthy Again" plan, you said that you would disallow Supplemental Nutrition Assistance Program (SNAP) beneficiaries from using food stamps to buy soda or processed foods widely considered to be unhealthy. How does this plan consider food deserts where Americans in cities and rural communities rely on convenience stores with highly processed foods because grocery stores with healthier alternatives are inaccessible?

**Response: While the Supplemental Nutrition Assistance Program is administered by the United States Department of Agriculture, HHS has a role in communicating good health practices. If confirmed, I look forward to working with federal partners to find solutions, encourage safety, and produce better health outcomes for the well-being of all Americans.**

Question 102: Will you commit to protecting the independence of FDA’s decision making with regard to food safety and the enforcement of food safety standards?

**Response: Yes. I believe it is critical that FDA is able to make decisions based on sound data free from undue influence.**

Question 103: Do you agree that drug prices are too high?

Question 104: Would you continue to support implementation, without interruption, of the drug price negotiation program of the IRA?

- A. Would you support expanding the number of drugs that are eligible for price negotiation?
- B. Several major drug companies have launched lawsuits seeking to dismantle the drug negotiation provisions of the IRA and maintain their grip on drug pricing. These lawsuits defy the will of the American people and threaten millions of patients whose drug costs are out of control and who would feel relief from Medicare negotiation. If confirmed as Secretary of HHS, would you fight these lawsuits in court?
- C. Given the CMS has announced 15 additional drugs selected for Medicare drug price negotiations this month, do you have any plans now or in the future to slow the negotiations or prevent the implementation of the IRA’s provisions?

**Response 103-104: The issue of drug pricing and drug costs is one of great concern to Americans. President Trump has made it clear that lowering prescription drug costs is an important goal for his Administration. If confirmed, I plan to follow the laws and work with the President and Congress to identify other levers to lower prescription drug prices for all Americans.**

Question 105: In an op-ed in September 2024, you said “[l]egislators should cap drug prices so that companies can’t charge Americans substantially more than Europeans pay” and criticized how Ozempic is so much more expensive in the United States than in Germany where they negotiate price. Given your support of price negotiations, do you still stand by these statements? If confirmed as Secretary of HHS, do you have plans to push forward this policy?

Question 106: Pharmaceutical companies are gaming the patent system to block competition from lower-cost generics, often in violation of antitrust law. If confirmed as Secretary of HHS, what plans do you have to crack down on patent abuses by the pharmaceutical industry?

- A. The FDA and the U.S. Patent and Trademark Office (USPTO) are engaging in initiatives that protect and promote marketplace competition and lower drug prices. If confirmed as Secretary of HHS, how will you be working with the Secretary of Commerce for the USPTO to meet these initiatives?

B. I have long urged the FDA under the Biden Administration to address big pharmaceutical companies' anti-competitive business practices to keep drug prices high. One method is updating FDA guidelines for the Approved Drug Products with Therapeutic Equivalence Evaluations, also known as the Orange Book to account for these business practices. If confirmed as Secretary of HHS, will you commit to urge the FDA to issue stronger Orange Book guidelines to protect generics from abusive patent practices?

**Response 106A-B: I agree that FDA should promote prescription drug competition to bring down drug costs for the American public. For too long, the pharmaceutical industry has worked to game the system to delay generic and biosimilar competition. If confirmed, I commit that I will work with FDA staff and others to consider the specific approaches you have raised.**

Question 107: Under 28 U.S.C. § 1498, HHS has the clear authority to license generic competition on any patented invention “used or manufactured by or for the United States.” If confirmed as Secretary of HHS, would you commit to use this power to lower drug prices?

**Response: If confirmed as Secretary of HHS, I look forward to consulting with subject-matter experts to evaluate the use of all lawful HHS authorities to address the pressing issue of prescription drug prices.**

Question 108: The Bayh-Dole Act, codified in 35 U.S.C. § 203, gives the federal government the right to grant licenses to “responsible applicant[s]” for patented inventions developed with federal funds if those inventions are not “available to the public on reasonable terms,” which includes price. Do you support the use of march-in rights to help lower drug costs for Americans? Do you believe that a drug’s price is an appropriate factor to consider in determining if the government should exercise march-in rights? If confirmed as Secretary of HHS, would you commit to strengthen and finalize the Draft Interagency Guidance Framework for Considering the Exercise of March-In Rights?

**Response: This would not be an appropriate use of march-in rights under Bayh-Dole.**

Question 109: During President-Elect Trump’s first administration, he issued an executive order that would have required Medicare to pay no more than the lowest prices in other Organization for Economic Co-operation and Development (OECD) countries for drugs. Are you in favor of this order? Do you have any plans to push forward this policy if you become the Secretary of HHS?

**Response: President Trump has made it clear that lowering prescription drug costs is an important goal for his Administration. If confirmed, I look forward to implementing President Trump’s agenda and putting America First. I appreciate that prescription drugs play an important role in making many Americans healthier. If confirmed, I look forward to working with the President to lower prescription drug prices.**

Question 110: You noted in your op-ed that the U.S. and New Zealand are the only nations that allow full advertising of prescription medicines to the public. Congress has given the FDA the

power to regulate consumer advertising of prescription medicine, but the Agency's efforts are minimal. What will you do to remedy this?

**Response: I intend to explore the options under the law to ensure consumers are not misled by pharmaceutical advertising.**

Question 111: As you noted in your op-ed, U.S. citizens pay ten times more for semaglutide drugs than patients in some European countries. Compounded versions of semaglutide drugs could offer a less-expensive alternative, but HHS' regulations need to be fully fleshed out in this arena. How will you focus on resolving those issues?

**Response: As Secretary of HHS, I intend to seek input and guidance from all stakeholders around this issue and make an informed decision.**

Question 112: Multiple federal, state, and local investigations have revealed widespread abuse by the largest PBMs, all of which have overcharged federal and state health programs for prescription drugs. If confirmed as Secretary of HHS, would you support efforts to crack down on PBMs and exercise your authority to reduce the cost of prescription drugs?

- A. Recent reporting shows that some PBMs reimburse pharmacies much less than the cost of the prescriptions filled, especially in Medicare. What plans do you have to address this?
- B. If confirmed as Secretary of HHS, would you require low-income assistance programs for patients that are denied access to the authorized generic by their PBM or insurer?

**Response: The role of PBMs in prescription drug pricing and pharmacy reimbursement is an issue of concern to President Trump, myself, and to many Americans. I believe increased transparency in PBM practices, including pharmacy reimbursement, is needed; and I am interested in working with you and other stakeholders to address these issues.**

Question 113: Are you supportive of the FTC's Administrative suit against the three largest PBMs?

**Response: If confirmed as HHS Secretary, my focus will be on HHS's exercise of HHS authorities. I defer to the White House and other agencies, including the FTC, in the exercise of their authorities.**

Question 114: Do you support repealing the safe harbor to the federal anti-kickback statute, which enables pharmaceutical middlemen, such as PBMs and group purchasing organizations (GPOs), to accept kickbacks and rebates from drug manufacturers?

**Response: If confirmed as HHS Secretary, I look forward to consulting with subject-matter experts to evaluate the use of HHS authorities to address the pressing issue of prescription drug prices.**

Question 115: Do you support comprehensive PBM reform, including banning spread pricing in Medicare managed care programs and requiring PBMs to reimburse pharmacies according to fair benchmarks that account for their costs?

**Response: The issues of prescription drug pricing, including the role of middlemen , is an issue of great concern to President Trump, myself and to many Americans. I believe increased transparency in PBM practices is needed, and I am interested in working with you and other stakeholders to address these issues.**

Question 116: Do you believe the PBM package that fell out of the continuing resolution sufficiently scrutinizes drug manufacturers? Do you support banning rebate traps and bundles, tactics drug manufacturers use to keep their high-cost, brand-name drugs on insurers' formularies over cheaper generics? If not, what other proposals do you suggest?

**Response: The issue of drug pricing and drug costs is one of great concern to Americans. President Trump is committed lowering prescription drug costs, including analyzing the role of PBMs, is an important priority for his Administration. I look forward to working with the President and Congress to lower prescription drug prices.**

Question 117: Do you support updating the conditions of participation in Medicare Part D to prohibit anticompetitive practices, including kickbacks, rebates, and exclusive contracts?

**Response: President Trump has made it clear that lowering prescription drug costs is an important goal for his Administration. My understanding is that the prescription drug rebate rule he published previously was later undone by Congress. As a starting point, I believe increased transparency into practices driving up the costs of prescription drugs for America's seniors is needed. If confirmed, I look forward to working with the President and Congress to lower prescription drug prices.**

Question 118: Would you support legislation that structurally separates payers (e.g., insurers, pharmacy benefit managers (PBMs), and wholesale drug distributors) from providers (e.g., medical practices and pharmacies), including the *Patients Before Monopolies Act*, which I introduced with Senator Hawley?

**Response: Transparency into each of the players that make up the prescription supply chain is needed to help bring down the cost of prescription drugs for Americans. I commit to working with Congress on lowering the cost of prescription drugs and increasing transparency into the prescription drug industry.**

Question 119: Project 2025 called for expanding MA to take over all Medicare, effectively eliminating Traditional Medicare. Dr. Mehmet Oz, President-Elect Trump's nominee to run the CMS, also has called for the elimination of Traditional Medicare. Do you agree with this policy proposal?

**Response: Transparency into each of the players that make up the prescription supply chain is needed to help bring down the cost of prescription drugs for Americans. I commit to working with Congress on lowering the cost of prescription drugs and increasing transparency into the prescription drug industry.**

Question 120: Do you believe it is important to preserve the Traditional Medicare program? MA enrollment has grown significantly in recent years and now outpaces enrollment in Traditional Medicare. What steps would you take to ensure that the program remains financially sustainable while delivering high-quality care to beneficiaries?

**Response: Medicare beneficiaries deserve to choose how they receive their Medicare benefit, whether that is through traditional Medicare or Medicare Advantage, and I will work to improve both programs in ways that improve health outcomes and quality for beneficiaries. If confirmed, I look forward to working with you on ways to make sure that seniors have access to the best healthcare.**

Question 121: Earlier this year, I urged the CMS to take administrative action to prevent millions in overpayments to MA insurers, specifically to: (1) address perverse incentives in MA's payment system, including favorable selection and risk code gaming, (2) reform the flawed Quality Bonus Program, and (3) crack down on private insurers that unlawfully deny care. If confirmed as Secretary of HHS, will you support these efforts?

- A. Additionally, I urged the Biden Administration to issue a proposed rule regarding MA overpayments before the end of 2024. Given insurance companies are overcharging Medicare by more than \$80 billion, swift action is needed. If confirmed as Secretary of HHS, will you support efforts to crack down on insurers?

**Response: I have heard a number of concerns about the Medicare Advantage program throughout this process, and I believe we need to ensure Medicare Advantage plans are efficient in providing high quality coverage to Medicare beneficiaries. Medicare Advantage provides an opportunity for people with Medicare to access additional choices and benefits based on their individual needs. If confirmed, I would seek to ensure that Medicare Advantage provides seniors with improved health outcomes and benefits while remaining financially sustainable.**

Question 122: What is your opinion on the state of the Medicare quality bonus system?

**Response: There are always opportunities for improvement in any payment system. I am committed to making sure all Americans have access to the highest quality healthcare. If confirmed as HHS Secretary, I plan to work closely with CMS to improve quality of care, increase competition and provide flexibilities that give Medicare beneficiaries access to the care that fits their needs.**

Question 123: If you both are confirmed, how will you be working with Dr. Oz to reshape the Medicare coding system?

**Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep our nation's seniors healthy and reduce the rate of chronic disease. The most important drivers of chronic disease are not related to Medicare coding, however, it is important for Medicare coding and payment to incentivize high quality care for Medicare beneficiaries.**

Question 124: What will be your approach to handling the increasing rate of prior authorizations and other limits on Medicare enrollees' care in the MA program?

**Response: Medicare Advantage provides an opportunity for individuals eligible for Medicare to access choice and additional benefits based on their individual needs. I look forward to working on ways to make sure that Medicare Advantage provides access to better health outcomes and quality for the beneficiaries it serves.**

Question 125: Less than 10 percent of people appeal MA plan denials, but when they do, more than 80 percent win their appeal. Does this suggest to you that MA plans are denying more medically necessary care than they should?

**Response: It is important for people with Medicare to have access to the healthcare they need. I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.**

Question 126: Numerous reports have documented high pressure and misleading marketing tactics by insurance brokers seeking to enroll beneficiaries in private plans. What would you do to protect beneficiaries from these marketing strategies?

**Response: It is essential for people with Medicare to have accurate information so that they can make the choices that best meet their healthcare needs. If confirmed, I look forward to working on ways to make sure that America's seniors are equipped with the information they need to make the best healthcare decisions.**

Question 127: There are numerous horror stories about privatized Medicare plans harming consumers – from allegedly using AI tools to kick seniors out of care facilities to exceedingly regular prior authorization denials. The Biden administration has taken critical steps and issued critical rules to protect Medicare enrollees. Will you commit to implementing these policies?

**Response: It is important for individuals eligible for 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 better health outcomes and quality for seniors.**

Question 128: Do you support allowing flexibilities in the Medicaid program to cover social needs that contribute to poor health outcomes, such as housing support services, nutrition services, and home environment improvements (air ventilation, refrigeration, accessibility modifications)? Do you also support recent expansions to allow substance use coverage under Medicaid pre-release for people transitioning out of incarceration?

**Response: If confirmed, I would work to see that the Department is a helpful resource to the states by providing transparent and clear communication regarding their flexibility, technical assistance and support as needed. Every state is unique in their specific approach to the provision of services, and we stand ready to assist states as they develop appropriate strategies to improve the health outcomes of their citizens.**

Question 129: Medicaid is the primary payer for long-term care in the United States, particularly for older adults and people with disabilities. How would you address the growing need for long-term care services while ensuring Medicaid remains sustainable?

**Response: If confirmed, I would work as HHS Secretary to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens, ensure quality, and improve health outcomes.**

Question 130: What are your primary concerns with the Medicaid program? In what ways would you try to shape the program to improve it?

**Response: I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. If confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens.**

Question 131: In the past, and during the previous Trump administration, states have sought to score political points by requiring Medicaid enrollees to demonstrate that they are working. As you may not know, most people on Medicaid who can work, work. The HHS office of the general counsel issued an advisory opinion about the disutility of this policy—which seeks to deprive extremely low-income people of health care at great administrative waste to the federal government. Will you commit to preventing states from enacting this harmful, wasteful policy?

**Response: Encouraging community engagement allows more families to realize the American dream and has been shown to contribute positively to both physical and mental health. If confirmed, I will work with states to implement innovative approaches that both promote holistic health and foster community engagement.**

Question 132: Many of your colleagues have called for limiting federal support to the Medicaid program, which would throw state budgets into disarray and result in substantial coverage losses. Do you believe federal Medicaid funding to states should be arbitrarily capped? If so, do you believe that not all low-income people should have access to health insurance?

**Response: I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. If confirmed, I would work as HHS Secretary to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens.**

Question 133: In discussing budget cuts, Rep. Richard McCormick said "We're gonna have to have some hard decisions. We're gonna have to bring in the Democrats to talk about Social Security, Medicaid, Medicare." Other Republican leaders have also called for cuts to these programs.

A. Would you be opposed to any cuts to these programs?



**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 and Medicaid are important programs to support that goal. If confirmed, I would work as HHS Secretary to ensure that Medicare and Medicaid are well administered, effective, and available for eligible beneficiaries.**

Question 134: Medicaid expansion has led to increased access to medications for opioid use disorder and other forms of substance use disorder treatment. Do you support making Medicaid a block grant program?

Question 135: Would you oppose other efforts to restrict Medicaid?

Question 136: Do you have plans to reduce Medicaid enrollment? Do you have plans to issue payment changes to Medicaid?

**Response 134-136: I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. If confirmed, I would work as HHS Secretary to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their states.**

Question 137: Do you support repealing the ACA?

**Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that all Americans realize better health outcomes and higher quality care. 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.**

Question 138: The ACA includes several protections for individuals to safeguard against abuse by private health insurers. Will you commit that you will not seek to unravel or delay any of these protections through the rulemaking process or by issuing new agency guidance? Please provide answers with respect to the specific protections listed below:

- A. Provisions that prevent insurers from refusing coverage or charging more for coverage for patients with pre-existing conditions;
- B. Provisions that prevent insurers from charging exorbitant out of pocket costs;
- C. Provisions that prevent insurers from charging women more for coverage than men;
- D. Provisions that prohibit insurers from establishing annual or lifetime limits on coverage;
- E. Provisions that prohibit insurers from rescinding coverage for the seriously ill;
- F. Provisions that require certain insurers to provide preventive health care with no cost-sharing;
- G. Provisions that guarantee insurance renewal for patients who pay their premiums in full; and
- H. Provisions that expand insurance coverage of mental health and substance use disorder services.

**Response 138A-H: If confirmed, I will follow the law and work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.**

Question 139: During his first term, President-Elect Trump expanded the availability of short-term health plans, also known as “junk plans.” These plans are not required to comply with protections under the ACA, allowing private health insurers to deny coverage based on pre-existing conditions and skirt requirements on essential benefits. The Biden Administration reversed this damaging policy in 2024. If confirmed as HHS Secretary, would you expand the availability of short-term health plans?

**Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that all Americans realize better health outcomes and higher quality care. If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.**

Question 140: During his first term, President-Elect Trump cut back significantly on funding for ACA navigators, advertising, and other ACA outreach efforts, hindering enrollment efforts. Will you commit to retaining robust outreach during future ACA enrollment periods?

**Response: If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families. If confirmed, I look forward to learning more about the Navigator program and other programs at HHS and working to ensure that these programs operate efficiently and effectively.**

Question 141: Do you support the expansion of Medicaid coverage through the ACA in all 50 states?

**Response: I want to ensure that all Americans realize better health outcomes and higher quality care. 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 and ensure the Medicaid program provides a strong safety net for America’s most vulnerable populations.**

Question 142: How would you address gaps in coverage for low-income individuals living in states that have not expanded Medicaid?

**Response: I want to ensure that all Americans realize better health outcomes and higher quality care. If confirmed, I will work to address barriers to coverage and promote broader access to affordable, high quality health coverage that best meets the needs of individuals and their families.**

Question 143: The Supreme Court is set to hear a case challenging the ACA’s requirement that insurers cover certain preventative care services, including cancer screenings. If confirmed as HHS Secretary, are you committed to defending the law in court? In the event that the plaintiffs prevail, what would your plans be to ensure Americans have access to preventative care services at low costs?

**Response: I believe that we need to Make America Healthy Again and this starts with a focus on prevention and management of chronic disease. 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. I cannot comment on pending litigation.**

Question 144: Given you are looking to overhaul Medicare payments, how do you plan to improve the process of recommending Medicare billing codes?

**Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep our nation's seniors healthy and reducing the rate of chronic disease. Ensuring that Medicare coding and payment support providers and beneficiaries in moving toward those goals will be essential.**

Question 145: What plans do you have to address the chronic underpayment of primary care physicians in comparison to specialist physicians?

**Response: Primary care physicians play an important role in making sure America's seniors can access the care they need. If confirmed, I will work with Congress to ensure that the primary care workforce is able to provide high-quality care.**

Question 146: In 2015, the Government Accountability Office, called for more transparency around how physician payment rates are set and wanted information of potential conflicts of interest among the AMA physicians who make recommendations. Will you commit to making billing code rates and physician payment rates more transparent to the public?

**Response: It is important that physician payment rates are set in a transparent manner and that there are no conflicts of interest among those who are setting them. I commit to working with Congress on making the billing code and physician payment rate processes more transparent.**

Question 147: If confirmed as HHS Secretary, would you commit to implementing and enforcing the CMS staffing rule on its current timeline?

**Response: Ensuring the health and safety of all Americans is a top priority of the President. Regulatory requirements for healthcare providers, including nursing homes, should not be unnecessarily burdensome or reduce care options for patients. If confirmed, I will work closely with CMS to evaluate the government regulations governing nursing homes, with the goals of safeguarding the health and safety of all patients and ensuring care providers see incentives for enhanced productivity.**

Question 148: Nursing home staffing is directly linked to the quality of care residents receive. A report prepared by my 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 finds that CMS' 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?

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

Question 149: The for-profit nursing home industry is fighting tooth and nail to sabotage CMS' final rule on nursing home staffing, and the industry is hopeful that President-Elect Trump will rescind the rule or that the Republican Congress will overturn it legislatively.

A. If confirmed as HHS Secretary, would you commit to oppose any and all efforts to repeal the rule **Response: If confirmed, I will work closely with Congress to ensure the safety of all patients in nursing homes. I look forward to working with you to ensure that seniors have access to safe, quality care while also considering the impact of government actions on health care providers and their ability to serve their patients.**

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?

**Response: If confirmed, I will work closely with Congress to ensure the safety of all patients in nursing homes. I look forward to working with you to ensure that seniors have access to safe, quality care while also considering the impact of government actions on health care providers and their ability to serve their patients.**

Question 150: If confirmed as HHS Secretary, would improving quality of care in nursing homes be a priority for HHS? How would you go about tackling this issue? Would improving conditions for nursing home staff and reducing staff turnover be part of your strategy?

**Response: I believe it is essential that nursing homes provide high quality care for their patients. If I am confirmed, I will use the resources and tools of the Department to examine this issue, and I look forward to working with you and the Congress to improve quality of care for these patients.**

Question 151: 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?

**Response : It is difficult to answer this question given that the phrase “problems caused by private equity” is vague and undefined. If confirmed, I will commit to reviewing what tools are available and appropriate for the HHS Secretary to improve incentives around payment and ownership are aligned to promote and efficient and effective system that provides high quality care.**

B. If confirmed as HHS Secretary, 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: I believe it is essential that nursing homes provide high quality care for their patients. If I am confirmed, I would review the information available to HHS and CMS on nursing home ownership and associated impacts on patients. I look**

**forward to working with you on your concerns and ensuring that nursing homes provide safe, quality care.**

Question 152: In your documentary about your past struggle with addiction, “Recovering America,” you pitched several methods for recovery such as “tough love” for people battling addiction, providing “prescription heroin to drug users not ready to stop, and . . . supervised consumption. Given your openness to different approaches to the opioid epidemic, do you still hold these beliefs? What are your current opinions about the importance of medications, such as buprenorphine and methadone, to facilitate and maintain recovery from opioid addiction?

**Response: As I stated in my hearing, not all patients are the same, and medication assisted treatment can be a vital tool for those suffering from addiction to break the cycle and take back control of their lives**

Question 153: How will you support expansion of medications for opioid use disorder? Will you provide financial support for methadone and buprenorphine in jails and prisons? Would you consider revising methadone regulations to provide further access?

**Response: As someone who has personal experience with this issue, I recognize that medications assisted treatment can be an important tool for many patients. If confirmed, I will work closely with you and other members of Congress to reduce the impact of substance use on America’s communities.**

Question 154: The opioid overdose epidemic has plagued the United States since the turn of the century. In 2022, 76 percent of people who died from drug overdoses were attributed to opioids. Naloxone

is an FDA approved medication designed to quickly and temporarily reverse an opioid overdose.

A. Do you support expanding over-the-counter naloxone, including other formulations of naloxone (e.g., injectable)? What will you do to ensure naloxone is affordable? Will you continue to provide and expand resources for widespread naloxone distribution?

**Response: I believe naloxone is a critical tool in preventing opioid overdose deaths, which is currently a public health crisis. If confirmed, I commit to supporting access to this life-saving treatment as appropriate.**

Question 155: Will you divert funds currently supporting evidence-based substance use disorder services to bolster law enforcement-centric responses to mental health and substance use issues? The evidence does not support involuntary treatment approaches to substance use disorder. Will you shift resources to facilitate states and localities that want to increase involuntary treatment?

**Response: If confirmed I will implement all laws passed by Congress.**

Question 156: As a presidential candidate, you said that if elected you would legalize marijuana and use the tax revenue to fund programs for people seeking treatment pertaining to use of controlled substances. Section 6 of the Marijuana Opportunity, Reinvestment and Expungement (MORE) Act has a provision that would require the Secretary of HHS to make grant money available for substance use disorder. In the Senate, I am a cosponsor of the Cannabis

Administration and Opportunity Act (CAOA), which would provide hundreds of millions of dollars for substance use disorder treatment programs. Do you support the MORE Act and the CAOAA?

**Response: The enactment of legislation is the prerogative of Congress. I have not done a deep study of all the provisions of the referenced proposed legislation; that said, I am a staunch supporter of access to substance use disorder treatment.**

Question 157: Implicit in your position that marijuana should be legalized is that it should be removed from the federal Controlled Substances Act (CSA). There is currently a proposed rule to move marijuana from Schedule I to Schedule III of the CSA. While there are some benefits to moving marijuana away from its current placement in Schedule I to the less restrictive Schedule III, it will still remain federally illegal even if the proposed rule is finalized. In August 2023, HHS Secretary Xavier Becerra announced that the agency found marijuana had accepted medical use and a low potential for abuse, and as such was recommending marijuana be rescheduled to Schedule III.

- A. Please explain your position on marijuana's scheduling under the CSA. Do you agree with the 2023 HHS assessment that marijuana has currently accepted medical uses? Do you believe cannabis should be regulated under the CSA at all?

**Response: As explained in my previous response, if an assessment backed by robust evidence concludes that marijuana has accepted medical uses, I have no reason to question that assessment. CSA scheduling is a prerogative of the DEA, and I defer to that agency in the exercise of its authorities.**

- B. Do you commit to working with the DOJ and DEA to swiftly resume proceedings on the scheduling of marijuana (which are currently paused)?

**Response: I defer to the DOJ and DEA on the allocation of their resources and the development of their priorities. Consistent with all applicable laws, I will ensure that HHS's expertise is available to assist those agencies as needed.**

- C. In future drug evaluations, do you plan to continue use of the new two-part test that HHS used to show that marijuana has a currently accepted medical use?

**Response: It is impossible to speculate on hypothetical future evaluations without full context. Ultimately, HHS will apply standards under the CSA that comply with overarching legal obligations for reasoned decisionmaking by agencies.**

Question 158: Will you support policies that protect federal employees in states with legal, regulated cannabis marketplaces from penalties or adverse professional consequences for using cannabis?

**Response: If confirmed, my focus will be on HHS' exercise of HHS' authorities. I defer to OPM for policies around federal personnel.**

Question 159: Will you support policies that result in the release of individuals who are incarcerated for cannabis offenses, given the negative public health impacts of incarceration and the growing public understanding that cannabis offenses should not result in incarceration?

**Response: I defer to the Department of Justice and state and local authorities for the enforcement of criminal justice.**

Question 160: Do you support funding for housing options for people who use drugs, including permanent supportive housing?

**Response: Addiction care is a priority to me as someone who has lived with addiction. If I am confirmed, I will work closely with CMS and Congress to improve access to the most appropriate and compassionate care for individuals who need substance use disorder services. I will focus on HHS' exercise of HHS authorities, however, generally, I defer this to my colleagues at the Department of Housing and Urban Development.**

Question 161: What is your understanding of the Impoundment Control Act and your duties under that law?

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

Question 162: Do you believe the Impoundment Control Act is constitutional?

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

Question 163: Under what circumstances would you send a rescission message to Congress?

**Response: I cannot speak to hypotheticals.**

Question 164: On January 27, 2025, President Trump's Office of Management and Budget (OMB) issued a memo calling for all federal financial assistance programs (excluding "assistance provided directly to individuals") to be suspended.

Question 165: Do you agree with OMB's decision to issue this memo?

**Response: I have not been working in HHS, and was not privy to conversations around this memo. HHS will follow executive direction from the President and enforce the law.**

Question 166: Do you believe that the HHS Secretary has the legal authority to block the disbursement of funds appropriated by Congress?

**Response: I would defer to the HHS General Counsel on this matter.**

Question 167: Before issuing the memo, did OMB or President Trump confer with you to discuss how the freeze on federal financial assistance would affect HHS' grant and loan programs?

**Response: I was not conferred with because I am not in the role of Secretary.**

Question 168: OMB's memo is vague about which federal financial assistance programs must be suspended. How would you determine which, if any, of HHS' grant programs would be frozen?

**Response: If confirmed, I will work to faithfully execute the Executive Orders signed by the President.**

Question 169: Will you commit to not suspending or cutting federal funding appropriated by Congress for:

- A. NIH research grants?
- B. NSF research grants?
- C. Community Health Centers?
- D. CDC Public Health programs?
- E. SAMHSA Mental Health & Substance Use Grants?
- F. Medicaid Disproportionate Share Hospitals (DSH)?
- G. Medicaid and CHIP?
- H. National Health Services Corps?

**Response: If confirmed, I will implement the laws passed by Congress.**

Question 170: Medical neglect is rampant in jails and prisons. The quality of medical, mental, and dental care in these facilities routinely falls far below the community standard of care. It is estimated that a person loses two years in life expectancy for every one year spent behind bars. Meanwhile, individuals in custody often have greater health needs than the general population. An estimated 50% of individuals in state and federal prisons have had a chronic health condition and around 37% of individuals in prisons have a mental illness — roughly double the share in the general population. COVID-19 helped reveal the lack of health infrastructure in custodial facilities, yet given the lack of health data reporting, these facilities largely remain a black box. What steps will you commit to taking at HHS to help address the crisis of poor health and substandard health care in custody and improving the collection of health data from jails and prisons?

**Response: If confirmed, I look forward to working with Congress to understand how we can best ensure that the health of all Americans is protected.**

Question 171: Do you support contingency management, which is currently the most effective treatment we have for stimulant use disorder? If so, would you increase the allowable incentive limits and/or approve state Medicaid waiver requests for contingency management programs?

**Response: Addiction care is a priority to me as someone who has lived with addiction. If I am confirmed, I will work closely with CMS and Congress to improve access to the most appropriate and compassionate care for individuals who need substance use disorder services.**

Question 172: You have rightly acknowledged the importance of affordable child care for working families.

- A. If confirmed as HHS Secretary, will you support and expand affordable child care and early education programs like the Child and Development Block Grant (CCDBG) and Head Start?

**Response: If confirmed as HHS Secretary, I will work with the leadership of the Administration for Children and Families to execute the laws passed by Congress as**



**efficiently and effectively as possible, including the Child Care Development Block Grant (CCDBG) and Head Start programs.**

- B. In 2018, President-Elect Trump signed bipartisan legislation that increased funding for CCDBG by a historic \$2.37 billion, helping lower child care costs for American families. Would you support similar increases in the future to help lower the cost of child care for more families?

**Response: If confirmed as HHS Secretary, I will implement laws as provided by Congress.**

Question 173: During President-Elect Trump’s first administration, the Office of Refugee Resettlement at HHS separated children from their families and put them in cages. Did you agree with this decision?

**Response: With respect to the UAC Program, our goal will be to protect unaccompanied children from continued exploitation relating to illegal immigration.**

Question 174: You have previously said that you would “seal” the southern border and endorsed President-Elect Trump’s “Remain in Mexico” policy. If confirmed as HHS Secretary, do you plan to use your position to support the separation of children from their families at the border, or any other deportation process that President-Elect Trump puts in place?

**Response:**

**HHS & ORR will follow law regarding the care and custody of unaccompanied alien children and any other matters that arise.**

**Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Tina Smith (D-MN)**

**Question 1: Science-Based Agriculture and Global Competitiveness**

FDA shares jurisdiction with USDA and EPA over the regulation of products of biotechnology, including genetically modified crops (GMOs). An FDA that advocates for shifting U.S. agricultural practices away from high-yield, science-driven methods like genetic modification could harm food stability and American farmers’ ability to adapt to climate change and to compete in the global market. Countries like Brazil, China, and Russia are leaning into new agriculture technologies, and the U.S. will be at a disadvantage if it doesn’t do the same.

- How would you work to ensure a coordinated, science-based regulatory framework between the FDA, EPA, and USDA for agricultural products of biotechnology, like genetically modified crops?

**Response:**

**If confirmed, I commit to working with staff at FDA, along with our government partners at USDA and EPA to ensure appropriate regulations that both ensure the**

**US is a leader in agricultural technology and production while also placing proper safeguards to ensure the safety of products intended for human consumption.**

**Question 2: Tribal TANF**

As of 2022, there were 76 approved Tribal TANF programs, serving over 285 federally recognized Tribes – more than half of all federally recognized Tribes. Five Tribes in Minnesota have Tribal TANF programs.

- If confirmed, will you protect these programs, as many Tribes depend on these for career training and job placement?

**Response: If confirmed, I intend to explore efficiencies across all HHS programs. I look forward to working with this Committee on this important topic.**

**Question 3: Medicare Hospital at Home Program**

Under the leadership of the previous Trump Administration, the Centers for Medicare and Medicaid Services (CMS) established the Acute Hospital Care at Home (AHCaH) waiver patients who qualify for hospital admission are offered the option to receive acute-level care in the home. Health care providers visit the home daily or more as appropriate, deliver supplies and administer medications, and patients are connected to their care team via telehealth and remote patient monitoring 24 hours a day. Common conditions treated in hospital at home programs include chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and pneumonia. To date, CMS has approved 378 hospital waivers across 140 health systems in 39 states.

Recently, a statutorily-mandated CMS report to Congress on the AHCaH waiver initiative affirmed the safety and quality of care being provided under hospital at home, finding that patients receiving care in the home experienced generally lower mortality rates, lower hospital-acquired infection rates and comparable hospital readmissions rates to patients receiving care in a more traditional bricks and mortar setting.

- Will you work with Congress to make a long-term extension of the hospital at home waiver initiative before the program expires on March 14, 2025?
- Will you work to protect and further expand the Hospital at Home to provide care for additional patient populations?
- Will you work with Congress to ensure that all appropriate steps are taken for a thorough analysis of the waiver initiative to inform Congress' future work to determine a permanent pathway for hospital at home?

**Response: Hospital at Home is an innovative approach to providing access to care services in the setting that works for patients. If confirmed, I commit to implementing the laws that**

**Congress passes in this area and working together to ensure Medicare beneficiaries have access to Hospital at Home services.**

**Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Ben Ray Lujan.**

Question 1: The Autism Collaboration, Accountability, Research, Education, and Support Act (Autism CARES) passed unanimously by the Senate and signed by President Biden on December 23, 2024. This legislation provides federal support for research, services, and training related to autism spectrum disorder and other developmental disabilities. Will you commit to implementing this program as directed by Congress? Will you ensure that funds appropriated to implement these programs will be delivered?

**Response: If confirmed, I will follow the law in the execution of my duties.**

Question 2: I am a proud Head Start alumni. I know firsthand that this program not only prepares children for school but also provides essential services like nutrition and health care that help families break the cycle of poverty. If confirmed, will you commit to making the preservation and expansion of Head Start a central priority, particularly ensuring that funding keeps pace with inflation and rising community needs? Can you pledge to work with Congress to strengthen Head Start's comprehensive services and ensure that more children in rural and underserved areas can benefit from this vital program?

**Response: If confirmed, I will implement the laws passed by Congress as effectively and efficiently as possible. I look forward to working with the leadership of the Administration for Children and Families to work to strengthen the Head Start program and improve outcomes for children.**

Question 3: For rural and underserved areas in New Mexico, telehealth provides access to health care for many patients who would not otherwise be able to see a specialist or provider in person. While telehealth flexibilities were extended for Medicare beneficiaries in the aftermath of the COVID-19 pandemic, these services have not been made permanent. Will you work to finalize telehealth access for Medicare beneficiaries and avoid a potential "telehealth cliff"? Will you work to finalize the permanent expansion of telehealth services for individuals under Medicaid and private payment models?

**Response: Telehealth is an important tool for providing access to a range of crucial health care services, particularly for those in rural areas and in areas with provider shortages. If confirmed, I look forward to working with Congress to ensure that innovative modes of care delivery, such as telehealth, will maximize quality and access to care for Medicare beneficiaries.**

Question 4: Project ECHO at the University of New Mexico Health Sciences Center has been instrumental in training health care providers and expanding access to specialized health care across the nation and globally. Will you work with me to expand the agency's support for Project ECHO's mission of democratizing medical knowledge and improving health care delivery in underserved communities?

**Response: If confirmed, I look forward to supporting innovative models to address complex health issues in the United States. With provider shortages in so many communities across the nation, it is essential that our health system embrace unique models of care that will provide options for patients and change the way we do health care in this nation. I look forward to working with you to learn more about Project ECHO.**

Question 5: New Mexico faces one of the nation's most severe health care workforce shortages, with 32 of our 33 counties designated as Health Professional Shortage Areas. Rural and tribal communities are particularly impacted, struggling to attract and retain health care providers. What specific policies would you propose to address these shortages? In particular, how would you balance immediate needs for health care workers with long-term solutions for building a sustainable health care workforce pipeline in underserved communities?

**Response: If confirmed, I will work closely with IHS and Congress to propose novel solutions to the chronic workforce shortages in tribal communities to improve care delivery to underserved populations.**

Question 6: Medication-assisted treatment (MAT) has been a game changer for those battling substance use disorder. The evidence is clear—MAT improves outcomes. How will you incorporate MAT into your approach to addressing substance use disorder?

**Response: Addiction care is a priority to me as someone who has lived with addiction. I believe there are many critical tools in preventing opioid overdose deaths, which is currently a public health crisis. If confirmed, I commit to working with SAMHSA and agencies across the government ensure that every patient can get the treatment that works best for them.**

Question 7: Peer support workers are individuals who have successfully navigated their own substance use disorder recovery journeys and now assist others facing similar challenges. By offering shared understanding, respect, and mutual empowerment, they help others stay engaged in their recovery and reduce the chances of relapse. Will you commit to bolstering programs that offer peer support assistance to individuals in recovery?

**Response: As a person in recovery myself, I look forward to working with you to enhance federal programs that utilize peer support models to assist individuals in sustaining their recovery from substance use disorders.**

Question 8: You have expressed your desire to “Make America Healthy Again”. Will you commit to accepting sound scientific conclusions even if they vary from your personal opinions? In what ways will you work to build trust and increase transparency in agency decisions? \

**Response: If confirmed, I will bring radical transparency to HHS to increase public trust; this in turn will engage more people.**

Question 9: If the Department of Government Efficiency (DOGE) makes recommendations to cut HHS staff, programs, and regulations how will you approach those recommendations?

**Response: If confirmed, I will review all recommendations and act in the best interests of the Department according to the President’s agenda.**

Question 10: On October 25th, you tweeted that “FDA’s war on public health is about to end” and that “If you work for the FDA and are part of this corrupt system, I have two messages for you: 1) Preserve your records, and 2) Pack your bags.” If a career staffer engaged in scientific decision-making that disagrees with your views or the President’s, will you fire them?

**Response: If confirmed, I look forward to following the law, including relevant employment and labor relations laws.**

Question 11: As Secretary, you will oversee an organization of 90,000 people. How would you define your leadership and management styles? How will you navigate disagreements within your senior leadership team on nationally significant issues? Under what circumstances, if any, would you overrule decisions made by scientific experts within HHS and its sub-agencies, and what criteria would guide that decision?

**Response: President Trump and I have assembled the greatest team of health care experts HHS has ever had. This team will work collaboratively to ensure HHS functions at its highest level to make America healthy again. All voices will be heard, and we will be transparent in our decisions.**

Question 12: Almost 80 million Americans receive health care coverage through Medicaid and CHIP, including children, people with disabilities, seniors, and low-income adults. Medicaid covers 41% of all births in the U.S. and 33.5% of people living in New Mexico are enrolled in Medicaid. One of the proposals under consideration by Republicans is to cut Medicaid investment kicking thousands of people who can’t afford commercial insurance. Where would you suggest individuals who currently get their health care coverage go to get care if they were to lose Medicaid coverage?

**Response: I am committed to improving healthcare quality and outcomes for all Americans. While decisions about funding levels are set by Congress, if confirmed, I would work with states as HHS Secretary to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries, and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens.**

Question 13: HHS's investment in culturally relevant and linguistically accessible outreach and community education played a key role in narrowing the vaccination rate gap between Latinos and non-Hispanic whites during the peak of the COVID-19 pandemic. Will you commit to continuing HHS’s efforts—through the Centers for Disease Control and Prevention—to ensure adult vaccines are accessible to all who need them, using outreach and communication strategies tailored to the unique needs of Latinos and other historically marginalized communities?

**Response: Yes.**

Question 14: You have been a vocal supporter of advocating Native American rights and have acknowledged the intersections between climate and health, how will you support the well-being of indigenous communities through improving access to health care? How will you work with the Indian Health Service (IHS) to promote Native health?

**Response: Throughout my career, I have always supported American Indians and Alaska Natives and the federal trust responsibility for health care. If confirmed, I will work tirelessly to improve health services to Tribal nations, honor Tribal sovereignty and fulfill our obligations to Native Americans across our department. This means striving to improve services at IHS. This includes working to staff IHS and accepting only the highest quality of care. We will also work to make sure that all of HHS is responsive to the unique needs of Tribal nations.**

Question 16: Studies have shown that decades of health care consolidation and privatization have driven up costs and contributed to poor care quality. How do you propose to address the problems of consolidation and privatization?

**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 provide health care at a good price for American patients.**

Question 17: Do you support the Conrad 30 waiver program, which allows J-1 foreign medical graduates to practice medicine in the United States?

**Response: This waiver is managed by UCIS and outside the jurisdiction of HHS.**

Question 18: Since 2010, nearly 190 rural hospitals have closed or discontinued inpatient services, and almost half of rural hospitals operate at a loss. With rural hospital closures on the rise, if appointed, how will HHS implement specific strategies to ensure rural communities maintain access to essential health care services?

Question 19: Research shows that graduates of rural residency programs are 5.4 times more likely to practice in rural areas, with this trend continuing throughout their careers. How can HHS leverage Medicare Graduate Medical Education (GME) funding to expand rural training opportunities?

**Response 18-19: Rural healthcare is in crisis in this country. President Trump and I are determined to address the extraordinarily high rate of rural hospital closures. They not only provide important health care for local communities, but they serve as economic drivers for those localities all over this country. Advances such as artificial intelligence, telehealth, and other innovations can support access to care in these areas. Improving the GME program is a unique opportunity to bolster the health care workforce. If confirmed, I will prioritize working with CMS and Congress on addressing access to health care services in rural areas.**

Question 20: What will you do to ensure the National Institutes of Health—specifically the National Institute of Mental Health and the National Institute on Drug Abuse—lead efforts to

develop new treatments for mental and behavioral health conditions and substance use disorder? How do you plan to tackle the nation's mental health and substance abuse crises?

**Response: If confirmed, I am committed to supporting HHS agencies in our mission to address the mental health and substance abuse crisis. Access to life-saving tools and research support is crucial in tackling this issue.**

Question 21: Since its launch, the 988 Suicide and Crisis Lifeline has handled over 10.8 million calls. Will you commit to expanding this program? What steps will you take to increase awareness of this critical resource? How will you ensure that calls are routed based on a caller's actual location rather than the ZIP code linked to their phone number?

**Response: The 988 Suicide and Crisis Lifeline is a critical tool in providing timely care to individuals in crisis. If confirmed, I look forward to working with you and Congress to build upon the Lifeline.**

Question 22: New Mexico has enshrined the right to choose in our constitution. We serve as a haven for patients as well as providers. You have taken various positions on abortion. Can you tell me if you support a nation-wide abortion ban? Do you support a 20-week abortion ban? Is there a time cut that you would support? If so, what is that time? Do you support exceptions in the instance of rape or incest?

**Response: I believe every abortion is a tragedy. I support President Trump's position that States should control their own laws on abortion.**

Question 23: In Vitro Fertilization (IVF) is the most common form of assisted reproductive technology. You have stated that the Alabama Supreme Court ruling was a mistake "to the extent that it limited access to" IVF services. Since then, President-elect Trump has referred to himself as "the father of IVF". Will you continue to protect access to IVF?

**Response: The Trump administration will support continued access to IVF.**

Question 24: The United States ranks poorly in maternal health as compared to other countries; despite spending more per capita on maternal health. New Mexico has a long-standing tradition of relying on Midwifery care for maternal health care. Will you help bolster the midwifery workforce by supporting increasing funding for education?

**Response: If confirmed, I will review data to identify opportunities to address access to care.**

Question 25: Native American women have the second highest maternal mortality rate, second to Black women in the U.S. and are 2 to 3 times more likely to die from pregnancy-related complications compared to white women. One major contributing factor to this outcome is limited access to health care services. How do you intend to work to expand care to those living in rural and remote areas?

**Response: I agree that we must do better to ensure that American Indian and Alaska Native women have access to health services and improved pre and postnatal services. It is critical to improve staffing at the IHS across these specialties and leverage already existing programs like the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program to ensure that Native moms and families are getting the culturally appropriate care that they need.**

Question 26: With the roll back of Diversity, Equity, Inclusion language, and programming, how do you intend to protect Native American women from experiencing racial bias, discrimination, and mistreatment in health care settings, which contributes to maternal mortality?

**Response: IHS staff currently receive cultural training to ensure that they are able to serve their patients in an appropriate manner. We have no intention of rolling back this long-standing practice at IHS.**

Question 27: Foodborne illness outbreaks are everywhere and they have serious public health consequences, including hundreds of thousands of hospitalizations and thousands of deaths each year. Several recent outbreaks, including those involving Boar's Head products, romaine lettuce and onions, could have been mitigated with better traceability. What is your response to concerns that delaying the compliance timeline could jeopardize national food safety efforts and prolong vulnerabilities in the supply chain? How will you hold the FDA accountable to meeting the original compliance deadline while ensuring the rule's implementation is effective and comprehensive?

**Response: I am committed to ensuring the safety of the food we eat. It is absolutely critical to making America healthy again. If confirmed, I will work with the FDA to support and enforce these efforts.**

Question 28: Cost-efficient, purpose-built technologies have already been adopted by a range of stakeholders to help them meet the new standards set forth under the Food Traceability Rule. What steps do you plan to hold the FDA accountable to, to accelerate its oversight and enforcement responsibilities under the rule? How do you plan to support both small and large industry stakeholders that have worked diligently over the last decade plus to onboard food traceability systems, to ensure that there is no industry backsliding with food safety and public health?

**Response: The Food Traceability Rule is an important part of implementing the Food Safety Modernization Act which intends to shift from a system that responds to foodborne illnesses to a system that prevents them. If confirmed, I commit to working with the FDA to fully realize the goals of this regulation.**

Question 29: How would you address concerns from trade partners about compliance with traceability standards and mitigate any potential disruptions to international food supply chains?



**Response: Effective and efficient food traceability enhances public health and minimizes supply chain disruptions by quickly identifying and isolating the sources of contamination. If confirmed, I look forward to further collaboration on implementing FDA’s standards.**

Question 30: In the face of disruptions like pandemics or natural disasters, how do you view the Food Traceability Rule as helping improve the resilience of domestic food supply chains?

**Response: As stated in my previous answer, effective food traceability standards improve food supply chains by allowing public and private partners to act quickly to identify and isolate the sources of food contamination. Maintaining appropriate data helps ensure that withdrawals and recalls are no broader than necessary and advisories are properly targeted, whether in normal times or during emergencies like pandemics or natural disasters.**

**Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Warnock.**

1. If confirmed, will you support the release of data-driven, evidence-based, and medically-reviewed information from the Department of Health and Human Services (HHS), even if the information does not align with your or President Trump’s personal or political opinions?

**Response: Yes.**

2. Republicans in Congress are currently working with the Trump administration to pursue policies that put health care at risk for over 2.4 million Georgians with Medicaid, and over 1.5 million Georgians with Affordable Care Act plans.<sup>1</sup> Cutting Medicaid would mean children, people with disabilities, and working families who don't receive coverage through their employer would no longer be able to afford their health care. Do you support cuts or reforms to Medicaid? If so, please explain.

**Response: I am committed to improving healthcare quality and outcomes for all Americans. While decisions about funding levels are set by Congress, if confirmed, I would work with states as HHS Secretary to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries, and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens.**

3. Do you support cuts or reforms to Medicare? If so, please explain.

**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 as HHS Secretary to ensure that Medicare is well administered, effective, and available for eligible beneficiaries.**

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<sup>1</sup> Allison Orris and Gideon Lukens, “Medicaid Threats in the Upcoming Congress,” *Center on Budget and Policy Priorities*, Dec. 13, 2024, [Medicaid Threats in the Upcoming Congress | Center on Budget and Policy Priorities](#)

4. Georgia’s Medicaid work verification requirement program, called Georgia Pathways, is leaving hundreds of thousands of Georgians who should be covered by Medicaid without access to affordable health care. Georgia plans to make changes to this program to include parents of kids up through age 6, but this new proposal still would not extend coverage to all Georgians who fall into the Medicaid coverage gap.<sup>2</sup> If confirmed, when reviewing Section 1115 Medicaid waivers, would you commit to prioritize policies that lower health care costs?

**Response: If confirmed, I will work to see that the Department is a helpful resource to states by providing transparent and clear communication regarding their flexibility, technical assistance and support as needed. Every state is unique in their specific approach to the provision of services, and we stand ready to assist states as they develop strategies to meet their particular goals.**

5. If confirmed, would you encourage Georgia leaders to fully expand Medicaid?

**Response: Expansion decisions are properly left to the states. If confirmed, I would work to partner with states to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens, ensure quality, and improve health outcomes.**

6. Georgia spent \$40 million on administrative costs to impose time-consuming and unnecessary work requirements on low-income adults in the Georgia Pathways program, while only about \$3 million has been spent on their health coverage and care.<sup>3</sup> If confirmed as Secretary, would you support approval of similar 1115 waiver programs in other states?

**Response: Encouraging community engagement allows more families to realize the American dream and has been shown to contribute positively to both physical and mental health. If confirmed, I will work with states to implement innovative approaches that both promote holistic health and foster community engagement.**

7. Previous administrations and state policymakers have sought to impose work requirements on Medicaid enrollees, despite the fact that the vast majority of enrollees already work.<sup>4</sup> Recent experiences in Arkansas and Georgia have shown that these requirements only increase bureaucratic red tape and serve as a barrier to eligible

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<sup>2</sup> Jess Mador and Rahul Bali, Gov. Kemp outlines proposed changes to Georgia ‘Pathways’ Medicaid work program, WABE, Jan. 15, 2025, <https://www.wabe.org/kemp-outlines-changes-to-georgia-pathways-medicaid-work-program/>

<sup>3</sup> Wyden, Ossoff, Warnock Seek Watchdog Investigation into Waste and Mismanagement in Georgia Pathways Program, Committee on Finance, Dec. 18, 2024, <https://www.finance.senate.gov/chairmans-news/wyden-ossoff-warnock-seek-watchdog-investigation-into-waste-and-mismanagement-in-georgia-pathways-program>

<sup>4</sup> Hannah Katch, Jennifer Wagner, and Aviva Aron-Dine, Taking Medicaid Coverage Away From People Not Meeting Work Requirements Will Reduce Low-Income Families’ Access to Care and Worsen Health Outcomes, Center on Budget and Policy Priorities, Aug. 13, 2018, <https://www.cbpp.org/research/health/medicaid-work-requirements-will-reduce-low-income-families-access-to-care-and-worsen>

enrollees getting the care they need.<sup>5</sup> For states that impose work requirements in their Medicaid programs, how would you ensure that those people unable to work because of illness or disability do not lose access to their Medicaid health insurance coverage?

8. How would you ensure that people who are already working do not lose coverage due to trouble navigating bureaucratic red tape required by work requirements paperwork?
9. Do you agree that Medicaid provides essential health coverage benefits and services to low-income Americans, including children, people with disabilities, parents, and other adults?
10. Do you agree that the federal government should continue to contribute to Medicaid spending (at rates based on state poverty rates) so that states have sufficient financial resources to support their Medicaid programs rather than being forced to restrict access to care resulting from capped federal funding? Why or why not?
11. Research overwhelmingly demonstrates that Medicaid coverage promotes children's health, educational success, and increases their economic opportunities.<sup>6</sup> Research similarly shows that Medicaid-covered adults are better able to go to work when they have health insurance, are more financially secure, and have better access to care than if they are uninsured.<sup>7</sup> Do you agree that adults with qualifying low-incomes should be eligible to enroll in Medicaid in all states, and that the federal government should incentivize states to enroll all qualified children and adults by maintaining the current financing structures of Medicaid?

**Response 8-11: I am committed to improving healthcare quality and outcomes for all Americans. States also have a very important role to play in administering Medicaid Programs, and they take many different approaches to providing coverage to their citizens. If confirmed, I will work with states to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries, and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens.**

12. We have seen historic health coverage gains, with record enrollment in Medicaid and the marketplace. If confirmed, what will you do as HHS Secretary to ensure that everyone

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<sup>5</sup> Laura Harker, Georgia's Medicaid Experiment Is the Latest to Show Work Requirements Restrict Health Care Access, Center on Budget and Policy Priorities, Dec. 19, 2024, <https://www.cbpp.org/blog/georgias-medicaid-experiment-is-the-latest-to-show-work-requirements-restrict-health-care>

<sup>6</sup> Medicaid: The Health and Economic Benefits of Expanding Eligibility, Office of the Assistant Secretary for Planning and Evaluation, Sept. 26, 2024, <https://aspe.hhs.gov/reports/benefits-expanding-medicaid-eligibility#:~:text=The%20brief%20reviews%20studies%20showing,improves%20educational%20and%20economic%20outcomes.>

<sup>7</sup> Id.

can access comprehensive coverage, whether they are enrolled in Medicaid, or have insurance through their employer or the marketplace?

**Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that Americans have access to the best health insurance possible. If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families and ensure the Medicaid program provides a strong safety net for America's most vulnerable populations.**

13. If confirmed, how would you protect coverage of preventive care, such as contraception, STI services, and wellness exams as HHS Secretary?

**Response: If confirmed, I will follow the law and work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.**

14. Medicaid is funded jointly by the federal government and states, and the federal share of funding is determined by the Federal Medical Assistance Percentage, or 'FMAP.' If federal funding is cut, states would have to find a way to pay more from their already tight budgets or make cuts to Medicaid. If confirmed as Secretary of HHS, would you support Congress scaling back FMAP, leading to inevitable cuts in Medicaid benefits?

15. If Congress were to scale back FMAP, and if confirmed, what coverage options would you offer those Medicaid recipients who might lose their health insurance coverage or fall into a coverage gap?

**Response 14-15: Decisions about federal match rates and Medicaid funding are made by Congress. If confirmed as HHS Secretary, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens, ensure quality, and improve health outcomes.**

16. Over 1.5 million Georgians with Affordable Care Act plans.<sup>8</sup> Taking away tax credits for Affordable Care Act (ACA) plans would increase premiums by an average of 85 percent.<sup>9</sup> A 60-year-old couple in Georgia with a household income of \$80,000 will see their

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<sup>8</sup> Marketplace 2025 Open Enrollment Period Report: National Snapshot, Centers for Medicare & Medicaid Services, Jan. 8, 2025, [Marketplace 2025 Open Enrollment Period Report: National Snapshot | CMS](#)

<sup>9</sup> Jared Ortaliza, Anna Cord, Matt McGough, Justin Lo, and Cynthia Cox, Inflation Reduction Act Health Insurance Subsidies: What is Their Impact and What Would Happen if They Expire?, Center on Budget and Policy Priorities, Jul. 26, 2024, [https://www.kff.org/private-insurance/issue-brief/inflation-reduction-act-health-insurance-subsidies-what-is-their-impact-and-what-would-happen-if-they-expire/?utm\\_campaign=KFF%3A%20Health%20Costs&utm\\_medium=email&\\_hsenc=p2ANqtz-9ICj-6Ye-IFH7v-3KmUFYDCH14Wal7Agb2m4gIakgPSjf-pXJnMkqrop1LqKtPikixaLufxwLE2EyvoKwYkkP68tU0U0l-ZD4\\_S6RkVzBnstyKJuw&\\_hsmi=317379267&utm\\_content=317379267&utm\\_source=hs\\_email](https://www.kff.org/private-insurance/issue-brief/inflation-reduction-act-health-insurance-subsidies-what-is-their-impact-and-what-would-happen-if-they-expire/?utm_campaign=KFF%3A%20Health%20Costs&utm_medium=email&_hsenc=p2ANqtz-9ICj-6Ye-IFH7v-3KmUFYDCH14Wal7Agb2m4gIakgPSjf-pXJnMkqrop1LqKtPikixaLufxwLE2EyvoKwYkkP68tU0U0l-ZD4_S6RkVzBnstyKJuw&_hsmi=317379267&utm_content=317379267&utm_source=hs_email)

annual premium go up by \$16,798.<sup>10</sup> A family of four making \$125,000 in Georgia will see their annual premium go up by \$7,139. If confirmed as Secretary of HHS, would you commit to supporting affordable access to ACA plans?

**Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that Americans have access to the best health insurance possible. If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.**

17. Since 2013, 18 hospitals in Georgia have closed due to increased healthcare costs, nursing shortages, and high medical debt.<sup>11</sup> These closures are particularly tough on rural communities facing medical deserts—no access to specialized care, emergency care, trauma care or even emergency transportation. Medicaid expansion would help retain and attract more health systems to care for underserved communities in Georgia. What actions will you, if confirmed, take to prevent rural hospital closures in Georgia and across the country?

**Response: Rural healthcare is in crisis in this country. President Trump and I are determined to address the extraordinarily high rate of rural hospital closures. They not only provide important health care for local communities, but they serve as economic drivers for those localities all over this country. Advances such as artificial intelligence, telehealth, and other innovations can support access to care in these areas. If confirmed, I will prioritize working with CMS and Congress on addressing access to health care services in rural areas.**

18. There are proposals by Republicans in Congress to cap state Directed Payment Program reimbursement rates at the Medicare equivalent. In Georgia, this would result in over \$1 billion in reduction in payments to hospitals who are trying to serve patients.<sup>12</sup> If confirmed, will you commit to protecting Directed Payment Programs that are important to my state?

**Response: If confirmed, I will work with the CMS administrator and team to review regulations and current policies to ensure compliance with the law. We will seek to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens, ensure quality, and improve health outcomes.**

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<sup>10</sup> Jennifer Sullivan, Allison Orris, and Gideon Lukens, Entering Their Second Decade, Affordable Care Act Coverage Expansions Have Helped Millions, Provide the Basis for Further Progress, Center on Budget and Policy Priorities, Mar. 25, 2024, <https://www.cbpp.org/research/health/entering-their-second-decade-affordable-care-act-coverage-expansions-have-helped>

<sup>11</sup> Georgia Hospital Closure List, Georgia Hospital Association, <https://www.gha.org/Advocacy>.

<sup>12</sup> State Directed Payment Programs, Georgia Department of Community Health, <https://dch.georgia.gov/programs/state-directed-payment-programs>

19. One reason we have been able to eliminate major diseases like Polio is due to the herd immunity of our vaccine programs. However, some children have immunological conditions, preventing them from receiving specific vaccines. Please share your views on the value of herd immunity.

**Response: As I testified to the Committee, I am not a scientist and I support and value the input of scientists on the topics of immunology and epidemiology, disciplines which are critical to the question of herd immunity. If confirmed, I am eager to work with these and other subject matter experts in developing Department policy position(s) on this issue.**

20. How do you propose we protect vulnerable children from vaccine-preventable diseases if we do not have herd immunity?

**Response: As I testified to the Committee, I am not a scientist and I support and value the input of scientists on the topics of immunology and epidemiology, disciplines which are critical to the question of herd immunity. If confirmed, I am eager to work with these and other subject matter experts in developing Department policy position(s) on this issue.**

21. There is currently a robust process to collect data and prevent injury from FDA-approved medications, as well as publicly available data about the safety of vaccines.<sup>13</sup> Can you list the gaps in the current process, including gaps in available data, and how you would change them?

**Response: As I testified to the Committee, the Department must be able to produce replicable science and be completely transparent about raw data, in many aspects of the Department's efforts to protect public health.**

22. If confirmed, how would you ensure that vaccine safety data are released in a way that allows non-scientists to interpret it correctly?

**Response: As I testified to the Committee, the Department must be able to produce replicable science and be completely transparent about raw data, in many aspects of the Department's efforts to protect public health.**

23. About 3 percent of U.S. adults are immunocompromised, leaving them vulnerable to infectious diseases.<sup>14</sup> What concrete actions will you take to protect access to vaccines and ensure ongoing education efforts to inform the public about the vital role vaccines play in public health?

**Response: I will work with public affairs experts in the Department, including at the CDC, to ensure the proper information is most effectively reaching vulnerable populations.**

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<sup>13</sup> Vaccine Safety Systems, CDC, <https://www.cdc.gov/vaccine-safety-systems/vsd/index.html>

<sup>14</sup> Andrea Antinori and Mary Bausch-Jurken, "The Burden of COVID-19 in the Immunocompromised Patient: Implications for Vaccination and Needs for the Future." *The Journal of Infectious Diseases* Vol. 228, Suppl 1 (2023): S4-S12. Aug 4, 2023, doi:10.1093/infdis/jiad181

24. Additionally, what changes are you planning to make to the CDC's Advisory Committee on Immunization Practices (ACIP) in terms of membership, mission, and vaccine schedule recommendations? Will you commit to maintaining the ACIP's independence from political influence?

**Response: I'm not going to make any staffing decisions before being sworn in as Secretary and investigating any issues. As I testified in this regard, the only thing I want is good science.**

25. Vaccines have drastically improved economic and health security in the US. For children born between 1994 and 2023 in the US, childhood vaccines have prevented 1.1 million deaths, 508 million illnesses, and 32 million hospitalizations.<sup>15</sup> As Secretary of HHS, will you commit to making sure that access to the current vaccine systems and vaccines remain available to all Americans who want them?

**Response: Yes.**

26. Under what circumstances would you support vaccine mandates for children? What about for adults?

**Response: I will not support vaccine mandates if confirmed as HHS Secretary. Patients should determine what is best for their individual health and be provided with all information and resources necessary to make an informed decision.**

27. There are several systems in place to continuously monitor for vaccine safety signals, including Vaccine Adverse Event Reporting System (VAERS), Vaccine Safety Data Link (VSD), Post-Licensure Rapid Immunization Safety Monitoring (PRISM), Clinical Immunization Safety Assess (CISA) Project, and others. How would you help ensure the American people are aware of everything being done at HHS and its component agencies to monitor vaccine safety and to strengthen these systems?

**Response: My goal, if confirmed as HHS Secretary will be to communicate to, and advocate for, transparency to the American people regarding the efficacy of vaccines. We will continue to use these important tools to monitor vaccines.**

28. Prior to recommendation for widespread public use, vaccines must be approved by FDA and reviewed by an independent panel of scientists, physicians, and consumers at the CDC. These independent group of experts ensure that appropriate evidence-based recommendations are made for vaccines to help physicians and pharmacists care for Americans. The transparent approval process includes public and live streamed scientific meetings, posting of information online, and opportunities for public engagement. What, if any, changes would you institute to this vaccine approval and recommendation process, if confirmed?

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<sup>15</sup> Vaccines for Children Program Celebrates 30 Years of Providing Lifesaving Vaccines to Children at No Cost, CDC, <https://www.cdc.gov/media/releases/2024/s0812-vs-vfc.html#:~:text=Furthermore%2C%20a%20CDC%20report%2C%20issued,%242.7%20trillion%2C%20including%20a%20direct>

**Response: As I testified, the process must include replicable science and be completely transparent about raw data and make sure that science is unobstructed by vested interests.**

29. If confirmed as HHS Secretary, would you commit to ensuring that the vaccine approval and recommendation process continues in an open and transparent manner and to ensure that Americans are aware of their existing opportunities to engage in the public processes?

**Response: Yes.**

30. You have said “there is no vaccine that is safe and effective.”<sup>16</sup> Will you commit to ensuring that all Americans have access to vaccines that have been shown to be safe and effective?

**Response: Yes.**

31. Will you commit to ensuring there are no financial barriers to safe and effective vaccine access?

**Response: Yes.**

32. The widespread use of the Human Papillomavirus (HPV) vaccine is linked to a nearly 90 percent reduction in cervical cancer among girls vaccinated before 17.<sup>17</sup> Many adolescents and young adults still struggle to access this lifesaving vaccine, including populations at higher risk for cervical cancer. If you are confirmed, will you commit to ensure continued access to the HPV vaccine?

**Response: Yes.**

33. Every U.S. president in the last century has faced a public health threat. Whether from devastating outbreaks of smallpox or polio, rapidly spreading influenza pandemics, or biological terrorism, each administration has been forced to address these threats to the health and security of the American people. If confirmed, how would you work to mitigate the spread of emerging infectious diseases to and within the United States?

**Response: Surveillance is a key component to identify and combat the spread of infectious diseases before they become widespread or a pandemic. Harnessing the available federal authorities provided to the HHS Secretary, including the resources and capabilities of the CDC, ASPR, FDA, and NIH, and interagency partners, along with the resources and expertise of state and local partners, will be crucial to mitigating the spread of emerging infectious diseases in the future.**

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<sup>16</sup> Rachel Cohrs Zhang and Sarah Owerhohle, RFK Jr.’s step-by-step blueprint to question the safety of vaccines, STAT, Jan. 28, 2025, <https://www.statnews.com/2025/01/28/rfk-jr-vaccines-kennedy-confirmation-hearing-vaccination-policy-hhs-secretary/>

<sup>17</sup> About HPV Vaccines, CDC, <https://www.cdc.gov/vaccines/vpd/hpv/hcp/vaccines.html>



34. If confirmed, how would you institutionalize efforts at HHS so that the U.S. invests in technologies and partnerships that enable availability of vaccines and other medical countermeasures on Day One of an outbreak?

**Response: The Department has existing funding and programs that attempt to achieve this. BARDA, for example, is tasked with achieving exactly this goal. If confirmed, I will assess whether this and other programs or offices require additional authorizations or appropriations from Congress to achieve the evolving needs of pandemic response.**

35. The federal Strategic National Stockpile, housed under HHS, must be equipped to address emerging infections. If confirmed as Secretary, how would you ensure the long-term utility and viability of the Strategic National Stockpile to prepare against emerging infectious disease outbreaks?

36. If confirmed, how would you support states in their efforts to procure medical countermeasures and sustain viable state-level stockpiles to enhance rapid response to emerging infections?

**Response 35-36: The Strategic National Stockpile (SNS), which is under the control, direction and funding of HHS' Administration for Strategic Preparedness and Response was tasked with incredible demands during the whole-of-government COVID-19 response during President Trump's first term. The Trump administration took quick steps to procure items to replenish the SNS and make investments to increase domestic industrial base expansion to support surge capacity in the future. If confirmed, I look forward to continuing the efforts of the first Trump administration and work with states to identify opportunities to make state stockpiles more cost effective and resilient.**

37. What actions will you take to address the 12.7 percent of Georgians—over 1 million—currently in medical debt?<sup>18</sup> If confirmed, how will you work to lower the rate of medical debt?

**Response: President Trump implemented historic price transparency requirements on hospitals and health plans that elevated the consumers experience by giving consumers pricing information they need to make the best care decisions for themselves and their families. I want to continue improving this policy to empower Americans.**

38. You have stated that you plan to “give infectious disease [research] a break for eight years.”<sup>19</sup> Infectious disease research funding is both critical to the discovery of emerging

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<sup>18</sup> Shameek Rakshit, Matthew Rae Twitter, Gary Claxton, Krutika Amin, and Cynthia Cox, The burden of medical debt in the United States, Petersen-KFF Health System Tracker, Feb. 12, 2024, <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20medical%20debt,%20by%20health%20status%20and%20disability%20status,%202021>

<sup>19</sup> Brandy Zadrozny, RFK Jr. comes ‘home’ to his anti-vaccine group, commits to ‘a break’ for U.S. infectious disease research, NBC News, Nov. 3, 2023,

infectious diseases and necessary for the development of new therapies. In addition, it supports the careers of thousands of academic researchers each year, including at Emory University and the CDC. What impact would a pause on funding have on our preparedness for the next pandemic?

**Response: As I stated in my hearing testimony to Senator Cantwell, I have always been a pro-science individual, and I understand the importance and value of evidence-based medical research and science that is the gold standard. I have not advocated for or stated an intent to “pause” research funding for preparedness or pandemic research. As I stated in my testimony, chronic disease, which accounts for over 90 percent of deaths in this country, ought to receive additional research attention and resources.**

39. Without academic research laboratories conducting innovative infectious disease research, how will the United States continue to be a world leader in infectious disease research and prevention?

**Response: I support President Trump’s broader message to restore investment in America. Across the health sector, that includes laboratories and the manufacturing of medical countermeasures and ancillary equipment. Under President Trump’s leadership, I will work to ensure we maintain the gold standard status for health research and delivery.**

40. What was your view on proposed cuts in various sub-agencies and offices at HHS during the last Trump administration? Are there any sub-agencies and offices at HHS that you believe ought to see a funding cut by Congress?

**Response: I will not speculate on funding decisions before, or if, I am confirmed as Secretary and have the opportunity to consult with the appropriate Department experts to make a fully informed decision.**

41. President Trump said: "I have never and will never advocate imposing restrictions on birth control or other contraceptives."<sup>20</sup> This aligns with the vast majority of Americans who support access to birth control. If confirmed, will you ensure continued access to free birth control and other forms of contraception?

**Response: The Trump administration will support continued access to contraception.**

42. Across the U.S. – especially in states that have banned abortion – communities are losing access to OBGYNs and reproductive health care providers, who provide a range of essential services, including: breast and cervical cancer screenings, contraception, abortion services, maternity care, and services that are necessary for addressing the syphilis epidemic and other surges in STI infections. If confirmed, how will you protect access to comprehensive sexual and reproductive health care for all Americans?

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<https://www.nbcnews.com/politics/politics-news/rfk-jr-comes-home-anti-vaccine-group-commits-break-us-infectious-disease-rcna123551>

<sup>20</sup> <https://www.politico.com/news/2024/05/21/trump-contraception-abortion-00159118>

**Response: I will review this matter, and implement any applicable programs created by Congress on this matter, consistent with the Hyde Amendment and other applicable law.**

43. If confirmed, how will you address the shortage of reproductive health care providers?

**Response: I will review the matter and implement any applicable programs created by Congress on this matter, consistent with the Hyde amendment and other applicable law.**

44. Medicaid funds more than 40 percent of all births in the U.S.<sup>21</sup> If confirmed, will you commit to supporting the federal expansion allowing states, like Georgia, to offer a full 12 months of postpartum Medicaid coverage, regardless of pregnancy outcome?<sup>22</sup>

**Response: I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. If confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens.**

45. Do you believe that patients have a right to full information from their doctors in the context of sexual and reproductive health care?

**Response: Patients have a right to full informed consent, which includes consultation about all available options so patients can make their own health decisions.**

46. Do you believe that everyone should have access to the medically recommended health care their doctor recommends for them, including for contraception and abortion?

**Response: Patients and doctors should be free to make health care decisions, within the bounds of the law. Patients also have a right to full informed consent, which includes consultation about all available options so patients can make their own health decisions.**

47. Do you believe that contraception is basic primary and preventive health care?

**Response: The Trump administration will support continued access to contraception.**

48. The Emergency Medical Treatment and Labor Act, or EMTALA, requires health care professionals to provide emergency, stabilizing care. Will you commit to ensuring that patients can access emergency life and health-saving care when they need it, including abortion when recommended by medical professionals?

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<sup>21</sup> Medicaid, American College of Obstetricians and Gynecologists, <https://www.acog.org/advocacy/policy-priorities/medicaid>

<sup>22</sup> Medicaid Postpartum Coverage Extension Tracker, Kaiser Family Foundation, Jan. 17, 2025, <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

**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.**

49. Georgia is facing a maternal health crisis, exacerbated by abortion bans and restrictions. The United States has an extremely high maternal mortality rate, particularly for Black women, who are three times more likely to die due to pregnancy-related causes than white women. If confirmed, what actions will you take as HHS Secretary to address the maternal health crisis?

**Response: It is critical that every woman have access to high quality prenatal and postpartum care to ensure a healthy mother and baby. HHS has many public health programs that can support pregnant mothers and their babies, including food assistance and Medicaid and CHIP. If confirmed, I will work to foster affordable, accessible, high quality care that best meets the needs of women and their families.**

50. What do you think HHS has done well in the past, and what would you differently than your predecessors to address the maternal health crisis?

**Response: The health of our nation is dependent on the health of women. HHS released the Healthy Women, Healthy Pregnancies, and Healthy Futures Action Plan to Improve Maternal Health in America during the first Trump Administration. I will advance programs that reduce maternal morbidity and mortality, improve care, and improve health outcomes.**

51. Mifepristone was approved by the FDA in the year 2000 for use in abortion care.<sup>23</sup> Do you believe the approval of the drug mifepristone should be reversed?

**Response: We need to understand the safety of every drug, including mifepristone.**

52. If confirmed, can you commit that you will not restrict access to mifepristone, including by revoking FDA approval or reinstating unnecessary restrictions on the distribution, sale, and use of the medication?

**Response: As I stated during the confirmation hearing, President Trump has made it clear that he wants HHS to study the safety of mifepristone to ensure patient safety.**

53. If confirmed, what will you do to prioritize pre-pregnancy, prenatal and post-natal care?

**Response: We will review available data to identify and address gaps during preconception, pregnancy, and postpartum.**

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<sup>23</sup> Sydney Lupkin, Here's what really happened during the abortion drug's approval 24 years ago, NPR, Mar. 26, 2024, <https://www.npr.org/sections/health-shots/2023/04/14/1169859888/abortion-drug-mifepristone-history-fda-approval-supreme-court>

54. The U.S. ranks last behind all other developed countries in mental health and addiction outcomes.<sup>24</sup> Health insurance companies are suing the federal government to avoid having to fulfill their responsibilities under the current rules and regulations of the Mental Health Parity and Addiction Equity Act of 2008. If confirmed, what would you do as Secretary of HHS to hold insurance companies accountable for their role in enabling access to care for their members?

**Response: I agree that mental health conditions in America are on the rise – and many struggle with timely and effective access to care. If confirmed, I will follow the law with respect to mental health parity requirements and work to foster affordable, accessible, high quality mental and behavioral health care that best meets the needs of individuals and their families. I look forward to working with you and others who are passionate about this issue.**

55. What should be the ideal relationship between insurance companies and HHS? How would you hold insurance companies accountable to providing quality, affordable health care, if confirmed?

**Response: The President and I share the goals of transparency, accountability, and access. In partnership with state regulators, HHS plays an important oversight role over insurance companies to ensure people have access to quality, affordable health care coverage. If confirmed, I will work with Congress and other stakeholders to foster a competitive health insurance market where individuals can find affordable, high quality coverage that best works for them and their families.**

56. If confirmed, how would you leverage HHS's authority and resources to prevent people with mental health conditions and substance use disorders from being jailed or imprisoned simply because of their condition, and direct them to proper care and counseling?

**Response: Access to proper and timely care is of the utmost importance for individuals struggling with mental health and substance abuse issues. If confirmed, I will utilize the resources and programs across the Department to help pursue and encourage accessible treatment options.**

57. Communities across Georgia have minimal access to primary care and behavioral health care. Community health centers are vital to ensure all communities across Georgia have access to the health services they need. If confirmed, will you support continued funding for community health centers across Georgia and the country?

**Response: In alignment with the President's Budget, I will support appropriate funding for community health centers.**

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<sup>24</sup> Roosa Tikkanen, Katharine Fields, Reginald D. Williams II, Melinda K. Abrams, Mental Health Conditions and Substance Use: Comparing U.S. Needs and Treatment Capacity with Those in Other High-Income Countries, The Commonwealth Fund, May 21, 2020, <https://www.commonwealthfund.org/publications/issue-briefs/2020/may/mental-health-conditions-substance-use-comparing-us-other-countries>

58. If confirmed, how will you engage with community members to help HHS policies that directly affect Georgians' lives, particularly as it relates to substance use and mental health recovery?

**Response: As a person in recovery myself who has witnessed the struggles of family and friends with mental health conditions, I look forward to working with you and your colleagues to improve community engagement in Georgia and across the country.**

59. Georgia was the first state in the country to have Medicaid billable certified peer specialists. Research demonstrates peer support is undeniably effective in treating substance use disorders.<sup>25</sup> What is your stance on funding for peer led recovery programs, especially recovery community organizations and peer certification programs, so that we can build a stronger workforce within the addiction community?

**Response: Having struggled with substance abuse I know how serious the issue of addiction is, and I am committed to implementing programs as intended by Congress in this critical area and finding solutions to help Americans.**

60. People in recovery for substance use disorder need more than just behavioral health care, including access to stable housing, childcare, medication, health care, employment, and more. If confirmed, how will you address work across agencies to ensure individuals in recovery have the resources they need to thrive?

**Response: If confirmed, I will work across HHS programs to remove barriers and ensure people get the help they need to make America healthy again.**

61. The Substance Abuse and Mental Health Services Administration's Office of Recovery is led by individuals living in long term recovery.<sup>26</sup> If confirmed, will you ensure that the Office of Recovery continues to employ individuals with recovery experience and will continue to engage with those in recovery?

**Response: If confirmed, I will work with the Substance Abuse and Mental Health Services Administration to quickly get up to speed on the Office of Recovery's portfolio and current projects. I look forward to learning more about the Office's work and how we can ensure that the office continues to base its activities on recovery best practices. I will also work to ensure that the Office continues to engage with the recovery community.**

62. Treating addiction requires a multifaceted approach. How will you work with the CDC, the National Institutes of Health, and other entities to ensure that investment in addiction research and programs corresponds with the gravity of the addiction epidemic?

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<sup>25</sup> Simmons, Magenta B et al, "The effectiveness of peer support from a person with lived experience of mental health challenges for young people with anxiety and depression: A systematic review." BMC psychiatry vol. 23,1 194, Mar. 24, 2023, doi:10.1186/s12888-023-04578-2

<sup>26</sup> Office of Recovery, SAMHSA, <https://www.samhsa.gov/about/offices-centers/or>

**Response: Having struggled with substance abuse I know how serious the issue of addiction is, and I am committed to implementing programs as intended by Congress in this critical area and finding solutions to help Americans.**

63. Overdose rates in the United States have declined significantly between June 2023 and June 2024 after strong investments from the federal government in increasing access evidence-based interventions like naloxone and medication assisted treatment for opioid use disorder.<sup>27</sup> If confirmed as HHS Secretary, how will help continue this downward trend in overdose deaths in the US while also preventing the spread of HIV and viral hepatitis among people who use drugs?

**Response: If confirmed, I will work with experts and professional staff at SAMHSA and agencies across the government to quickly get up-to-speed on federal programs that prevent overdose as well as the spread of HIV and viral hepatitis among people who use drugs.**

64. Research shows that obesity affects nearly 42 percent of the adult population and accounts for up to 53 percent of new cases of type 2 diabetes every year.<sup>28</sup> If confirmed, as Secretary of HHS, how do you plan to address the obesity crisis in both the short and long term?

**Response: Nutritious food is central to combatting the obesity and diabetes crises. FDA can help educate people about the food ingredients they consume, and then, armed with knowledge, people can make their own decisions. This can yield long term benefits.**

65. You have spoken publicly about your desire to eliminate entire departments at the Food and Drug Administration (FDA).<sup>29</sup> The FDA's role is to evaluate the science and make decisions that are best for public health. Do you commit to keeping the FDA independent from political interference by political officials?

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

66. Do you support current protections provided by the Health Insurance Portability and Accountability Act, or HIPAA, that safeguard private health information?

**Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.**

67. Would you support or oppose efforts to undermine current HIPAA protections?

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<sup>27</sup> Kerry Breen, Overdose deaths in the U.S. fell 17% in 1-year period, CDC says, CBS News, Dec. 12, 2024, <https://www.cbsnews.com/news/overdose-deaths-fall-united-states-cdc-report/>

<sup>28</sup> Matthew Maciejewski et. al, Health Expenditures of Patients With Diabetes After Bariatric Surgery: Comparing Gastric Bypass and Sleeve Gastrectomy, Annals of Internal Medicine, Feb. 10, 2021, <https://doi.org/10.7326/ANNALS-24-00480>

<sup>29</sup> Juliann Ventura, RFK Jr. says 'entire departments' at FDA 'have to go', The Hill, Nov. 6, 2025, <https://thehill.com/homenews/campaign/4976746-robert-kennedy-potential-role-trump-administration/>

**Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.**

68. Do you believe patients should have the right to access their own health information?

**Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.**

69. Do you believe patients have a right to know when there is a leak or breach of their protected health data?

**Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.**

70. Do you believe patients have a right to know if their reproductive health information was released to law enforcement?

**Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.**

71. Given increasing concerns about data privacy, would you support federal policies requiring explicit, informed patient consent before their personal health information is shared between health care providers, third parties and federal, state, or local governmental agencies?

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

72. How would you address issues of health equity as Secretary of HHS? Would you support the elimination of programs designed to address these social determinants of health?

**Response: I support President Trump's agenda and will enforce the Executive Orders of the President.**

73. Georgia has one of the highest prevalence rates of sickle cell disease in the country.<sup>30</sup> Cell and gene therapies can be used to treat various diseases, including sickle cell disease, but they can be very expensive. If confirmed, what steps will you take to lower the price of cell and gene therapies?

**Response: We will look at all legally available options to reduce therapy pricing.**

74. The Centers for Medicare and Medicaid Innovation (CMMI) launched a voluntary model to test outcomes-based agreements for cell and gene therapies, with an initial focus on Sickle Cell Disease. The aim is to improve health outcomes, while increasing access to cell and gene therapies and lowering health care costs. However, President Trump issued an Executive Order during his first 24 hours in office that could lead to the end of this model. Do you support this decision?

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<sup>30</sup> Yao Fu, Biree Andemariam, and Claire Herman, Estimating Sickle Cell Disease Prevalence By State: A Model Using US-Born and Foreign-Born State-Specific Population Data, American Society of Hematology, Nov. 2, 2023, <https://doi.org/10.1182/blood-2023-189287>



**Response to Questions 73-74: If I am confirmed, I will work with Congress, CMS and stakeholders to ensure that the Innovation Center tests appropriate innovative models that improve the quality of care of patients and reduce costs for Medicare, Medicaid and CHIP beneficiaries, including those with chronic conditions. I agree that the cell and gene therapy model is an interesting approach, and was not surprised to see two manufacturers of therapies for Sickle Cell Disease enter the model. I look forward to reviewing all current Innovation Center models, consistent with the President's priorities and Congressional actions.**

75. As the aging population grows, people caring for parents, children, and grandchildren – called the sandwich generation - need support. What will you do to support caregivers who struggle financially to care for their loved ones?

**Response: If confirmed, I will strive to improve programs that enable seniors to receive care at home, increase access to new technologies and telemedicine, and reduce red tape that prevents family caregivers from getting the support they need.**

76. What policies will you implement to improve network adequacy standards and ensure that patients with rare disorders have access to specialists, comprehensive care centers, and necessary treatments within their insurance networks?

**Response: If confirmed, I will work to make sure that health insurance is affordable, accessible, high-quality and meets the needs of Americans and their families.**

77. If confirmed, how will you address the growing concerns about affordability and access to specialty medications for patients with rare disorders, including high-cost gene therapies?

**Response: The issue of drug pricing and drug costs is one of great concern to Americans. I appreciate the important role specialty drugs and expensive gene therapies play to the quality of life for patients with rare disorders. If confirmed, I plan to adhere to all applicable laws to lower prescription drug prices for all Americans, and I look forward to exploring opportunities to lower drug costs through demonstration projects at the Center for Medicare & Medicaid Innovation.**

78. If confirmed, what will you do as Secretary of HHS to ensure that emerging and new treatments for rare diseases, like gene therapy for hemophilia, are covered adequately by insurance plans without restrictive barriers?

**Response: Access to new and innovative drugs will be critical to the effort to help Americans with chronic conditions live healthier lives. If confirmed, I will work with CMS and other agencies across HHS and the Administration to identify and pursue innovative therapies.**

79. What strategies will you employ to address disparities in healthcare access for individuals with chronic conditions, such as bleeding disorders, in underserved and rural areas?  
**Response: I recognize that rural health care is in crisis in this country and that is catastrophic for our entire country. I support President Trump's agenda to end the hemorrhage of rural hospitals and to collaborate across the Administration to address chronic conditions and access issues.**
80. What is your vision for the continued role of the CDC and Health Resources and Services Administration (HRSA) in supporting Hemophilia Treatment Centers (HTCs) and public health initiatives related to rare and chronic conditions?  
**Response: Public health initiatives related to rare and chronic diseases, including hemophilia, are important responsibilities of HHS, and I will review all relevant programs if confirmed.**
81. How will you ensure that the voices of patients with rare diseases and their advocates are included in policy development and decision-making processes?  
**Response: If confirmed, I could hold a listening session with patients with rare diseases and their advocates through the HHS/IEA office.**
82. The Coca-Cola Company is headquartered in Georgia. What is your position on artificially-sweetened drinks with ingredients previously approved by the FDA? What improvements do you plan to make? Do you plan to ban certain ingredients?  
**Response: If confirmed, I plan to advise the American public about the ingredients in artificially-sweetened drinks to ensure they can make informed decisions about the items they consume.**
83. Do you support sustained and/or additional funding for graduate medical education programs in Medicaid and Medicare?  
**Response: HHS programs provide significant funding for Graduate Medical Education programs with the goal of bolstering the workforce of much needed health care professionals, particularly in rural and underserved areas. Yet there are unmet opportunities to improve Graduate Medical Education programs. If confirmed, I look forward to working with CMS, HRSA, and Congress to identify the most impactful policies to guarantee robust access to care.**
84. Many health insurance companies have reportedly leveraged artificial intelligence as a part of their business model. While some uses of AI may be beneficial, other uses of AI in health insurance can have harmful effects on access and affordability of care for patients. For example, AI could deny requests for coverage of medically necessary services without any human doctor or provider's consideration.<sup>31</sup> If confirmed, how would you work to combat harmful use of AI in the health insurance determinations?

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<sup>31</sup> Casey Ross, AI versus AI: The emerging arms race over health insurance denials, STAT, Dec. 12, 2024, <https://www.statnews.com/2024/12/12/artificial-intelligence-appealing-health-insurance-denials/>

**Response: As 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.**

85. How do you plan to address anticompetitive practices in the health care industry that drive up prices and reduce choice for consumers?

**Response: If confirmed, I look forward to ensuring that patients have the widest variety of options, at best value, and lowest cost. Competition is necessary for that to happen.**

86. According to a recent report by Kaiser Family Foundation, CMS has pushed for more transparency in Medicare Advantage plans.<sup>32</sup> However, remaining data gaps limit the ability of policymakers and researchers to conduct oversight and assess the program's performance. These gaps also prevent Medicare beneficiaries from comparing Medicare Advantage plans offered in their area. If confirmed as Secretary of HHS, will you authorize CMS to issue additional data requirements to address this problem?

**Response: It is essential that Medicare beneficiaries have accurate information to help them make the choices that best meet their healthcare needs. I believe in radical transparency, and, if confirmed, I look forward to working on ways to make sure that America's seniors are equipped with the information they need to make the best healthcare decisions for their needs.**

87. In the United States, certain racial and ethnic groups have suffered historic injustice and inequity in healthcare. However, President Trump has banned research and programs that consider race as a contributing factor in studying inequity.<sup>33</sup> If confirmed, how will you advocate for research aiming to understand why Black women are three times more likely to die during childbirth?<sup>34</sup>

**Response: If confirmed, I will review available data to identify drivers of disparities in maternal morbidity and mortality and related infant health outcomes across demographics.**

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<sup>32</sup> Jeannie Fuglesten Biniek, Meredith Freed, and Tricia Neuman, Gaps in Medicare Advantage Data Remain Despite CMS Actions to Increase Transparency, KFF, Apr. 10, 2024, <https://www.kff.org/medicare/issue-brief/gaps-in-medicare-advantage-data-remain-despite-cms-actions-to-increase-transparency/>

<sup>33</sup> Angus Chen, Usha Lee McFarling, and Jonathan Wosen, Researchers reel as Trump administration moves quickly to cut funding and end DEI health programs, STAT, Jan. 27, 2025, <https://www.statnews.com/2025/01/27/trump-dei-executive-order-quick-nih-funding-cuts/>

<sup>34</sup> Working Together to Reduce Black Maternal Mortality, CDC, Apr. 8, 2024, <https://www.cdc.gov/womens-health/features/maternal-mortality.html#:~:text=Black%20women%20are%20three%20times,structural%20racism%2C%20and%20implicit%20bias.>

88. Georgia is home to several leading academic research institutions that rely on grant funding from the NIH, CDC, National Science Foundation, Department of Defense, ARPA-H, and more. How will you protect the groundbreaking research happening in Georgia and across the country?

**Response: The state of Georgia is home to many notable sources of health research, innovation, instruction, and delivery. The innovation and leadership deriving from Georgia institutions is helping President Trump in his mission to improve health outcomes and I look forward to working with you in pursuing those.**

89. HHS operates several safety net programs that allow people of all backgrounds to receive care in urban and rural settings. As hospitals continue to face the pressure of rising labor costs and tighter margins, if confirmed, how will you work to ensure that our hospitals have the resources to continue caring for all patients?

**Response: HHS will look at all options to support healthcare delivery.**

90. The health care workforce has experienced an unprecedented amount of stress over the last few years, leading to high levels of attrition and burnout. Programs like the Lorna Breen Act, help health care workers with reducing stress and violence in the workplace. What will you do to address health care workforce burnout and workplace violence?

**Response: HHS will follow the applicable law.**

91. President Trump's Ending the HIV Epidemic in the U.S. initiative aims to reduce new HIV infections by 90 percent by 2030.<sup>35</sup> How will you ensure the initiative achieves its goals?

**Response: The United States has been making progress toward ending the HIV Epidemic since the 1980s. If confirmed, I look forward to working with key leaders in HHS to develop metrics that can help advance a response in keeping with the President's promise.**

92. Chronic kidney disease (CKD) is among the most common and costly, yet underdiagnosed, chronic conditions affecting Medicare beneficiaries. As many as 9 in 10 people with CKD are undiagnosed.<sup>36</sup> When CKD is identified early, medication can improve patient health and quality of life by slowing disease progression. However, Medicare guidelines do not reflect updated clinical guidelines for CKD screening. As HHS Secretary, how will you direct CMS to update Medicare benefit guidelines? How will you work with providers to disseminate clinical CKD screening guidelines for Medicare beneficiaries and raise screening rates?

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<sup>35</sup> Ending the HIV Epidemic in the US, CDC, Mar. 20, 2024, <https://www.cdc.gov/ehe/php/about/index.html#:~:text=Ending%20the%20HIV%20epidemic%20in%20the%20US%20by%202030,HIV%20prevention%20and%20treatment%20strategies>

<sup>36</sup> Chronic Kidney Disease in the United States, 2023, CDC, May 15, 2024, <https://www.cdc.gov/kidney-disease/php/data-research/index.html>

**Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep our nation's seniors healthy and reducing the rate of chronic disease.**

93. I am one of two Head Start alumni currently serving on the Senate committee. If confirmed, will you commit to recognizing Head Start as a top priority in your role and ensure its continued support and funding?

**Response: If confirmed, I will implement the laws passed by Congress as effectively and efficiently as possible. I look forward to working with the leadership of the Administration for Children and Families to work to strengthen the Head Start program and improve outcomes for children.**

94. If confirmed, how will you work with Congress to advocate for annual funding increases that will address growing operational costs and ensure that Head Start teachers are compensated fairly?

**Response: If confirmed as HHS Secretary, I will implement all laws as provided by Congress.**

95. The Unaccompanied Children's Bureau falls under the jurisdiction of HHS. During the first Trump administration, more than 5,000 children were separated from their families and placed into the custody of HHS. President Trump has plans for mass deportation, and while he claims that he does not intend to separate children from their families this time, mass deportation will likely lead to children's displacement.<sup>37</sup> Please outline your plans to ensure humane treatment of unaccompanied minors in the care and custody of HHS.

**Response: HHS and ORR will follow the law regarding the care and custody of unaccompanied alien children and any other matters that arise. Policies that advance child safety and care that were suspended under the Biden administration will be reinstated. Child safety will be prioritized, and policies and procedures to protect children will be implemented.**

96. Without academic research laboratories conducting innovative infectious disease research, how will the United States continue to be a world leader in infectious disease research and prevention?

**Response: If confirmed, my goal is for NIH to be the global leader in breakthrough, transparent research accountable to the American people.**

**Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Peter Welch**

Background: During the 2024 campaign, President Trump stated on Truth Social, "I believe it is time to end needless arrests and incarcerations of adults for small amounts of marijuana for personal use. We must also implement smart regulations, while providing access for adults, to

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<sup>37</sup> Dan Diamond, RFK Jr., once a Trump critic on immigration, now could help enforce it, The Washington Post, Jan. 29, 2025, <https://www.washingtonpost.com/politics/2025/01/29/rfk-jr-once-trump-critic-immigration-now-could-help-enforce-it/>

safe, tested product." In April 2024, the Biden Administration commenced a rescheduling process after the Department of Health and Human Services and Food and Drug Administration determined marijuana has "currently accepted medical uses." It has proposed moving marijuana to Schedule III of the Controlled Substances Act.

Question 1: Do you agree with HHS's assessment that marijuana has "currently accepted medical uses?"

**Response: As explained in my previous response, if an assessment backed by robust evidence concludes that marijuana has accepted medical uses, I have no reason to question that assessment.**

Question 2: Do you support placing marijuana on Schedule III?

**Response: I would like to review the data and discuss the policy with stakeholders.**

- a. If so, will you work to finalize rescheduling?
- b. If not, please explain.

Background: Congress requires accurate and up-to-date information before considering whether to legislatively schedule xylazine under the Controlled Substances Act.

Question 3: Do you support releasing any memos HHS has authored on whether xylazine should be scheduled and, if so, what schedule it should be placed at?

**Response: As I explained in my testimony, my approach to HHS, if confirmed as Secretary, will be radical transparency. Under my oversight, we will disclose information consistent with applicable legal authorities.**

Question 4: Do you commit to providing Congress with timely updates on HHS's review and recommendation of xylazine scheduling?

**Response: HHS will follow the applicable law.**