United States Senate Committee on Finance
September 15, 2026
Hearing to Consider the Nominations of Gerard Klomp, of Utah, to be Deputy Secretary of Health and Human Services, vice James O'Neill, resigned; James Gadwood, of Maryland, to be Chief Counsel for the Internal Revenue Service and an Assistant General Counsel in the Department of the Treasury, vice Marjorie A. Rollinson; Ge Bai, of Virginia, to be an Assistant Secretary of Health and Human Services, vice Richard G. Frank; and Andrew A. De Mello, of Virginia, to be a Judge of the United States Tax Court for a term of fifteen years, vice Maurice B. Foley, resigned.

Questions for the Record submitted to Gerard Klomp from Senator Chuck Grassley.

Question 1: I have bipartisan legislation that requires price disclosures on advertisements for prescription drugs. Secretary Kennedy has previously stated his support for price transparency in prescription drug advertisements. Previously, President Trump tried to do this by regulation and Vice President Vance cosponsored my legislation when he served in the Senate. I appreciate the Food and Drug Administration's (FDA) cracking down on misleading pharmaceutical advertisements. Would you support action by the Department of Health and Human Services (HHS) that would require prescription drug companies to publish the price of drugs in their advertisements?

Response: In September 2025, the Department of Health and Human Services (HHS) expressed its intent to return to the pre-1997 status quo by engaging in the Food and Drug Administration (FDA) rule-making to close the "adequate provision" loophole to ensure risk disclosure, and stepping up enforcement action of direct to consumer (DTC) pharmaceutical ads to ensure companies are fulfilling their legal duty to disclose medical information to enable patients to make an informed decision. If confirmed, I will continue to work to increase prescription drug price transparency for American patients recognizing the applicable Constitutional and broader legal considerations.

Question 2: My oversight has revealed fraud, waste, and abuse across our health care system. Starting with my decades-long crusade to empower whistleblowers, my updates to the False Claims Act have recouped more than $85 billion for taxpayers. In July 2026, I introduced the bipartisan Health Care Fraud Prevention and Enforcement Act to improve and invest in the Health Care Fraud and Abuse Control Program. I am willing to partner with the executive branch to provide more tools and resources to go after health care fraud and prevent it. At the same time, federal agencies must be smarter about how they use existing tools and resources. To name a few things, I encourage the administration to listen to whistleblowers about health care fraud, publish the annual Health Care Fraud and Abuse Control Program reports more timely, hold states accountable for complying with Medicaid asset verification requirements, better manage the Medicare Advantage risk adjustment model and conduct timely audits, and update the advanced premium tax credit fraud risk assessment and antifraud strategy. How will you effectively use existing tools and resources to go after health care fraud, waste, and abuse?

Response: I will use the Department's existing program-integrity authorities, data, audits, and enforcement partnerships to identify and prevent improper payments and fraud, while ensuring that legitimate beneficiaries and providers are not unnecessarily burdened. I also support Department coordination with whistleblowers and taking appropriate action on the credible information they provide, as well as improving the timeliness and quality of program-integrity work, while also holding programs accountable when not following applicable law. Where existing tools can be used more effectively, I will work to ensure the appropriate HHS components do so and that resources are directed to the highest-risk areas.

Question 3: In February 2026, Congress passed some pharmacy benefit manager (PBM) reform in the Consolidated Appropriations Act of 2026 to lower prescription drug costs. It was a good first start towards holding these powerful prescription drug middlemen accountable and lowering prescription drug costs. I believe more needs to be done, including the Federal Trade Commission (FTC) producing its 6(b) study. As the Department of Health and Human Services (HHS) works to implement the recently passed PBM reforms in the Medicare and commercial insurance markets, will you commit to ensuring the law is implemented as Congress intended, and that rural pharmacies and patients have a voice in the regulations?

Response: I will ensure the Department implements applicable law faithfully and brings the appropriate policy, operational, and technical expertise to that work. I also support meaningful transparency and stakeholder input, including from patients and rural and independent pharmacies, consistent with the statute and rulemaking requirements.

Questions for the Record submitted to Chris Klomp from Senator Lankford.

1. Can you provide me with an update and timeline on the ongoing FDA REMS study regarding Mifepristone in-person prescribing requirements? If confirmed, can you commit to completing this review?

Response: The Food and Drug Administration should conduct its review using appropriate data and qualified experts, follow the evidence, and publish the results. If confirmed, I would support the FDA completing that work as expeditiously as practicable while preserving the integrity of its scientific review.

Questions for the Record submitted to Gerard Klomp from Senator Young.

1. Mr. Klomp, I have introduced the *National Biotechnology Initiative Act*, legislation that would create a National Biotechnology Coordination Office in the White House. This coordination office would be charged with advising the President on all biotechnology-related matters, creating a national plan for biotechnology, and working with the appropriate agencies to streamline biotech innovation. It is crucial that we have an entity in the White House that is solely focused on biotechnology. As China's biotechnology ambitions continue to grow, the United States must address this challenge head on.

Your Department has significant equities in this space; do you believe that we need to have a coordinated national strategy on biotechnology?

Will you work with me to create a National Biotechnology Coordinating Office in the White House?

Response: It is critical to protect clinical research in the U.S. because it ensures that American patients will continue to have earlier access to new therapies and are protected by the world's most advanced regulatory oversight. A coordinated national biotechnology strategy can help align federal expertise, reduce unnecessary duplication, and support U.S. innovation and competitiveness. HHS Operating Divisions, including the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Advanced Research Projects Agency for Health (ARPA-H), the Office of the Inspector General (OIG), and other relevant HHS components, are committed to maintaining U.S. global leadership in biomedical research and pharmaceutical innovation.

2. Mr. Klomp, in August, HHS provided additional information on RAPID, a new coverage pathway intended to accelerate CMS coverage decisions for medical devices considered to be breakthrough technology. I am encouraged to see FDA and CMS working together to create a streamlined pathway for these innovative devices to gain Medicare coverage.

   If Congress were to work towards strengthening or codifying elements of the RAPID Coverage Pathway, do you commit to working with my office as well as my Senate colleagues?

Response: I support the goal of better coordination between the Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS), so innovators have clear evidence expectations while CMS continues to apply its statutory coverage standards. As I testified, RAPID is intended to improve that coordination early in product development. If confirmed, I would be pleased to work with Congress, alongside FDA and CMS, on the program consistent with my role and applicable law.

Questions for the Record submitted to Gerard Klomp from Senator Tillis.

Question 1: Mr. Klomp, you and I share the same goals when it comes to wanting to lower health care costs and drug prices. I am concerned, however, that importing foreign price controls through MFN could undermine the investment opportunities that makes American biopharmaceutical innovation possible. Given your role in the President's MFN initiative:

a. If confirmed, how will you ensure that the Administration's MFN policies protect incentives and do not disproportionately harm small and midsized American biopharmaceutical companies? Will you commit to evaluating specific safeguards for

these companies, such as revenue-based thresholds, orphan and pediatric exemptions, or phase-in periods?

b. The MFN policy rests on the premise that foreign governments free ride on U.S. innovation. As someone who worked closely with USTR on this policy, do you believe that practices such as Japan's annual price cuts and the price-setting systems in Germany and Switzerland undervalue medicines? What specific trade tools will the Administration use to address them, and what change in foreign pricing would you count as success?

Response: The objective of the Trump Administration's drug-pricing work is to lower costs for American patients while preserving innovation and competition. If confirmed, I would support evaluating results using transparent, reproducible measures of actual patient and government savings, as well as effects on access, competition, and innovation.

c. In April, Secretary Kennedy told us the Administration was drafting legislative language to codify the first round of MFN agreements. Is codification still a priority? If so, by what date will Congress be able to review these agreements, redacted only for proprietary information and trade secrets?

Response: I believe the Trump Administration's policies should be enduring. If confirmed, I look forward to working with the Congress to collaborate on and ensure the best way to accomplish this goal.

Question 2: Mr. Klomp, I also share the Administration's goal of bringing production of essential medicines, active ingredients, and key starting materials back to the United States to reduce our dependence on China and other foreign sources.

a. If confirmed, what specific role will you play in reshoring? What tools would be available to you, and the department more broadly, to help make U.S.-based manufacturing commercially viable for companies?

Response: President Trump has long been clear about the importance of reshoring manufacturing and drugs are no exception. Speeding clinical trials and new drug development are critical to our country's national and economic security. If confirmed, I look forward to furthering these efforts through the Administration for Strategic Preparedness and Response (ASPR).

b. What metrics, with baselines and targets, would you use to judge success one year from now and at the end of the Administration? For example: the share of critical APIs and starting materials sourced domestically or from allies, supply concentration in any single country, drug shortages, and capital invested versus announced.

c. Should the federal government give preference to domestically manufactured essential medicines and starting materials in SNS procurement? Would you support payment adjustments in Medicare or Medicaid to make domestic manufacturing viable?

Response to Questions b and c: The Department supports a more resilient medical-product supply chain through its procurement, regulatory, preparedness, data, and coordination authorities, consistent with law. If confirmed, I would work through the Administration for Strategic Preparedness and Response (ASPR) and the Food and Drug Administration (FDA) to focus on measurable outcomes such as supply concentration, shortages, and domestic allied capacity.

Question 3: Congress established specific limits on provider taxes and state-directed payments in H.R. 1. CMS and states also have longstanding practices for determining compliance with federal law, including the review of provider tax waivers.

a. As Deputy Secretary, will you commit to implementing H.R. 1 consistent with the statute and those established practices, not imposing additional restrictions beyond what Congress required?

Response: I commit to following the law.

If CMS concludes that a provision is ambiguous or that existing waiver practice needs to change, will you commit to making that change through notice-and-comment rulemaking rather than sub-regulatory guidance or informal waiver reviews?

Response: I will approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

Questions for the Record submitted to Gerard Klomp from Senator Marshall.

Question 1: Some cancer drugs originally available only by IV are now available in oral form, letting patients treat at home instead of making regular trips to an infusion center. Stakeholders have voices concerns regarding a provision in CMS's Medicare drug pricing rule that could discourage continued development of these oral alternatives. If confirmed, will you commit to working with this committee to ensure the final rule does not discourage continued development of oral cancer treatment options?

Response: I will work through the Centers for Medicare & Medicaid Services (CMS), and with this Committee, and approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

Question 2: This Administration has demonstrated commitment to accelerating innovation and patient access to new medical technologies; however, some breakthrough technologies may face payment gaps after temporary Medicare add-on payments expire. Stakeholders have noted instances where hospital payment systems do not fully capture the costs of these technologies once New Technology Add-on Payments (NTAP) or Transitional Pass-Through (TPT) payments end, potentially affecting adoption and beneficiary access. As CMS continues to promote innovation, what specific steps is the Administration taking to ensure that breakthrough technologies that previously qualified for NTAP or TPT payments are appropriately recognized and reimbursed after those temporary payments expire, particularly when existing inpatient or outpatient payment methodologies may not fully reflect the costs of those technologies and could create barriers to patient access?

Response: I support the goal of better coordination between the Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS), so innovators have clearer evidence expectations while CMS continues to apply its statutory coverage standards. As I testified, RAPID is intended to improve that coordination early in product development and promote innovation.

Question 3: As a physician, I have seen the impact that a confusing and expensive health care system has on patients. To that end, I have introduced the Health Savings Account Expansion Act, which would expand eligibility to HSAs, giving Americans more flexibility and choice over how they manage their medical expenses. I'm proud of the work this committee did in the Working Families Tax Cuts Act to make bronze and catastrophic ACA plans HSA-compatible starting January 2026, which the administration has promoted as one of the most significant expansions of consumer-directed health care since HSAs were created in 2003. In your view, how is HSA expansion connected to the administration's broader goal, as outlined in the Great American Health Care framework of giving patients control over their healthcare and helping to drive affordability? What implementation challenges does HHS face in ensuring that newly eligible Americans on the Exchanges and elsewhere actually open and fund HSAs, and what would you prioritize to drive real uptake?

Response: The Trump Administration supports giving patients greater control over their healthcare. Health Savings Accounts (HSAs) are an important tool to achieve that goal.

Question 4: The President launched Trump Rx at the beginning of this year, granting Americans direct access to lower cost medicine, cutting out the middlemen and their abusive and restrictive practices. The latest numbers Dr. Oz shared was that Americans have saved more than $700 million on prescriptions as a result. Can you give us an update on this: how many medicines are now available through TrumpRx? Any updates to these numbers, number patients utilizing, and how much have Americans saved on medicines available through TrumpRx?

Response: Through TrumpRx, participating medicines include lower-cost options across several therapeutic categories, and HHS materials report that the platform has delivered more than $700 million in savings and now covers more than 1,000 branded and generic medicines. If confirmed, I would support measuring these results with transparent, reproducible data and distinguishing advertised discounts from realized patient savings.

Question 5: For the CY 2026 rulemaking, CMS included an RFI on the outpatient complexity adjustment methodology and received robust feedback from stakeholders. However, we understand CMS did not propose specific refinements in the recent proposed rule. Can CMS discuss its rationale for this omission, particularly given the stakeholder interest in ensuring adequate payment for innovation in the payment system?

Response: I appreciate your interest in ensuring adequate payment for innovative technologies. CMS will take your comments under consideration to help inform future rulemaking.

Questions for the Record submitted to Chris Klomp from Ranking Member Wyden

MFN Drug Pricing Agreements

At your hearing, and repeatedly since April, this Committee has sought copies of the most-favored-nation (MFN) drug pricing agreements you negotiated on behalf of the Trump Administration.

Secretary Kennedy testified before this Committee on April 22, 2026 that he was "happy to make the deals available, except for proprietary information and trade secrets," and he identified you as the lead negotiator. More than four months transpired, and on September 8, 2026, you told Finance Committee staff that you would begin consulting the HHS Office of General Counsel about whether and when the agreements can be shared. No documents have been produced.

1. On what date will this Committee receive the agreements? Provide a date.

2. If the Secretary's April commitment will not be honored, name the official who determined that the Department cannot deliver what the Secretary promised.

3. Please share all legal analysis and opinions authored by the HHS Office of General Counsel after you consulted them about sharing the agreements with the Committee.

4. Identify, by agreement and by section, each provision HHS contends bars disclosure to Congress.

5. After the April hearing, Assistant Secretary Andres told this Committee you would speak with the White House about what could be shared. Did that conversation occur? Yes or no. If yes, on what date and with whom.

6. President Trump has said these agreements reduced drug prices by 600 percent. For each agreement, state the percentage change in the net price paid by the federal government for each covered drug. If HHS has not calculated this, state that in writing.

Response to Questions 1-6: Our goal is to lower drug prices for the American people. Numerous federal agencies are involved in this process, and the release of proprietary and confidential information could delay or jeopardize the goal we both share: lower drug prices for Americans.

Secretary's Travel on Military Aircraft

Recent reporting indicates the Department of Defense provided Secretary Kennedy access to military aircraft for domestic travel, including travel connected to Republican mid-term campaign activity.[1] The Secretary flew an Air Force-operated Gulfstream from Washington to Des Moines on August 17, 2026, for an event with a Member of Congress. Operating those aircraft costs approximately $9,000 per hour; a commercial ticket on that route runs roughly $250. Reporting indicates the arrangement was approved by White House officials and HHS counsel, and that you personally questioned whether a government jet was necessary in at least one instance, after which the Secretary agreed and did not use one.

1. How many times have you raised this with the Secretary? Provide the number.

Please provide a complete list of Secretary Kennedy's flights on military or other government aircraft since January 20, 2025, including the date, origin, destination, aircraft type, purpose,

[1] Rachel Roubein et al., *RFK Jr. uses military aircraft as he campaigns for GOP in midterms*, WASH. POST (Sept. 10, 2026), https://www.washingtonpost.com/health/2026/09/10/rfk-jr-uses-military-aircraft-he-campaigns-gop-midterms/.

total cost to taxpayers, and the estimated cost of commercial travel for the same itinerary. Name the HHS official who approves each request, and provide the written standard applied.

2. The Secretary's "campaign" activities in Iowa have included unlawful election interference, and I have previously filed a Hatch Act Complaint with the Office of Special Counsel.[2] Have you reviewed this complaint with the Secretary?

Response to Questions 1-2: I take my responsibility to be a candid adviser seriously, and I will continue to provide the Secretary with my best judgment.

MMR Vaccine Coverage and Recommendations

At your hearing you testified that the MMR vaccine is unquestionably the single most effective public health tool against measles, and that fighting the current outbreak is a top priority for the Department. You also committed to publish research irrespective of the finding, and said you would fire anyone who does not follow the scientific method.

1. What is HHS's target kindergarten MMR coverage rate, and by what date?

2. What did HHS spend on measles vaccination promotion in fiscal years 2025 and 2026, compared to fiscal year 2024?

3. Will HHS conduct a national public campaign urging MMR vaccination? If yes, by what date and at what funding level? If no, explain how the outbreak is an "absolute top priority" but does not merit a national public campaign.

4. Does HHS recommend that parents vaccinate their children against measles on the schedule in effect? Yes or no.

5. David Geier, who holds a bachelor's degree, has never held a medical license, was fined $10,000 by the Maryland State Board of Physicians for practicing medicine without one, and has had papers on vaccines and autism retracted, is working at HHS and reviewing vaccine safety data.[3] Is he qualified to perform such reviews? Yes or no. Please explain how he meets the scientific standard you described at your hearing and commit to re-evaluating Mr. Geier's employment against that standard if confirmed as Deputy Secretary.

Response to Questions 1-5: As I testified, the MMR vaccine is the single most effective public-health tool to prevent against the spread of measles, and Secretary Kennedy continues to advise children to receive the MMR vaccine. The Centers for Disease Control and Prevention (CDC) is supporting surveillance, laboratory confirmation, outbreak investigation, clinical consultation,

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[2] *See* Letter from U.S. Senator Ron Wyden to Acting Special Counsel Jamieson Greer, July 13, 2026, https://www.finance.senate.gov/imo/media/doc/071326_ranking_member_wyden_hatch_act_complaint.pdf

[3] Anna Merlan, *HHS Refuses to Say What an Anti-Vaccine Activist Is Doing at the Agency*, Mother Jones (May 21, 2026), https://www.motherjones.com/politics/2026/05/david-geier-hhs-vaccines/; *Geier vs. Maryland Board of Physicians*, 225 Md. 114 (2014); *Riggins v. HHS*, No. 99–382V, 2009 WL 3319818, at *6–7 (Fed. Cl. Spec. Mstr. June 15, 2009); *King v. HHS*, 2010 WL 5470787, at *20.

technical assistance, and response teams, and HHS has provided additional dedicated funding for measles response.

MMR Vaccine Makeup

Last month the Secretary stated on X that the MMR vaccine contains aborted fetal tissue. The American Academy of Pediatrics refuted that claim. At staff-level meetings you demurred, and when pressed during your hearing you said you did not believe the vaccine contains fetal tissue today.

1. Was the Secretary's statement accurate? Yes or no.

2. Have you told the Secretary it was inaccurate? If yes, on what date and what was his response?

3. Will you ask him to correct it? Yes or no.

4. Will you commit to HHS and CDC issuing a correction?

Response to Questions 1-4: I am not a vaccine-composition expert, and if confirmed, I would rely on the Food and Drug Administration (FDA),Centers for Disease Control and Prevention (CDC) experts for the precise composition of the licensed products.

Affordable Care Act Rebate Checks

On September 9, 2026, the White House announced the "Working Families Obamacare

Refunds," under which certain Exchange enrollees will receive one-time $500 checks.

Committee staff requested programmatic details from HHS before your hearing and received a response from HHS legislative affairs that did not provide any useful information or details.

1. This proposal appears to have originated from the White House, and you have repeatedly highlighted your direct regular contact with the White House and the President. When did you first hear about this proposal?

2. What was your role in developing this policy?

Response to Questions 1-2: I was not directly involved in developing this policy.

3. In developing this policy, it would be necessary to evaluate the available user fee amounts currently held in reserves prior to and subsequent to the issuance of rebate checks to eligible enrollees in order to determine whether there will be an effect on Exchange operations. How much in user fee reserves will be drawn down to fund these payments, and how much will remain in reserve following disbursement? Please provide the dollar figures.

Response: There was a significant surplus, and reserves will be more than enough to operate the Exchanges and maintain a contingency for catastrophic events.

4. This proposal is limited to issuing rebates primarily to unsubsidized enrollees, meaning nearly 95 percent of people who buy ACA coverage will not receive rebates. What analysis did HHS conduct before deciding to issue one-time rebates to a portion of the market rather

than reducing user fees in subsequent plan years in order to reduce gross premiums for all enrollees and reduce federal premium tax credit outlays? Please provide that analysis.

Response: The refund is limited to Americans who did not receive premium assistance under the ACA in the 30 states that use the federal Exchange platform.

5. Are these $500 rebates being issued per individual enrollee, or per household?

Response: The refund is $500 per eligible person, capped at five people per household.

6. The White House fact sheet cites the number of people eligible for rebates, and notes that most but not all are unsubsidized enrollees, which makes clear that a methodology to determine eligibility for rebates has been developed. Please provide this methodology being used to determine eligibility for rebates.

Response: Americans who did not receive premium assistance under the ACA in the 30 states that use the federal exchange are eligible for the refund.

7. Are people who were enrolled in previous years and supposedly made overpayments receiving rebates if they are not enrolled in coverage during plan year 2026?

8. Are people who are enrolled in plan year 2026 but were not enrolled in previous years receiving rebates, despite not having paid user fees in previous years?

9. Are people who enrolled in coverage mid-year eligible for rebates?

Response to Questions 7-9: The refund is limited to people enrolled in 2026 who did not receive premium assistance under the ACA in the 30 states that use the federal Exchange Platform.

10. If the amount of reserves being used for these checks was instead applied to a reduction in gross premiums in plan year 2027, what would the average reduction in gross premiums be across the market?

11. If the amount of reserves being used for these checks was instead applied to a reduction in gross premiums in plan year 2027, would you anticipate a corresponding reduction in premium tax credit outlays?

Response to Questions 10-11: HHS has not conducted analysis to adequately and accurately answer this question.

12. This proposal benefits insurance companies in several ways, including by reducing funding available for oversight and regulation of their activities on the ACA Marketplace and increasing federal payments to insurance companies in future plan years. Did the Department conduct an analysis to quantify the potential profits that insurance companies will be able to generate if this policy goes into effect?

Response: This policy helps benefit Americans who paid higher premiums as a result of the Biden Administration collecting more user fees in excess of what was needed to run the exchange.

13. As you know, drawing down on user fee reserves increases the likelihood that user fees will increase in future years, which generates additional revenue for insurance companies because they can price these increases into the premiums they charge consumers. What protections have you developed to ensure that nothing in this policy allows insurance companies to charge consumers additional premium tax credit dollars in future years based on increases to user fees?

Response: Reserves will be more than enough to operate the Exchanges and maintain a contingency for catastrophic events.

14. The provisions of H.R. 1 affecting ACA enrollment and eligibility will require system changes, which will be paid for by user fees. How much is being spent on those changes, and will user fees need to be raised in subsequent years in order to ensure that sufficient funds are available? Approximately what percentage of total Exchange enrollment does HHS project will receive a rebate?

Response: Nearly 1 million Americans will receive a refund check of $500 per person.

15. In 2025, the Trump administration reduced funding for the Navigator Program by 90 percent. How much of this funding is now being used to issue these rebate checks?

Response: Surplus user fees are being used to issue refunds.

16. How much user fee reserve funding is being routed away from outreach, enrollment assistance, and healthcare.gov operations? What effect does the Department anticipate this reduction will have on those efforts?

17. How much user fee reserve funding is being routed away from the Department's oversight of insurers? What effect does the Department anticipate this reduction will have on those efforts?

18. How much user fee reserve funding is being routed away from oversight and certification of brokers? What effect does the Department anticipate this reduction will have on those efforts?

Response to Questions 16-18: Nearly 1 million Americans will receive a refund check of $500 per person. There will be more than enough surplus balance to both operate the exchange and have contingency in case of catastrophic events.

CMS Data Sharing with ICE

In July 2025, CMS entered a data-sharing agreement with Immigration and Customs Enforcement (ICE), reversing longstanding practice under which CMS did not share Medicaid data for any reason other than to determine eligibility and ICE did not use it for immigration enforcement. You served as Deputy Administrator at the time. A federal court has since enjoined portions of that arrangement, and the Administration has reportedly continued to share the data despite this court order.

1. How many ICE personnel currently have access to data held by HHS or any of its components? Please provide the number.

2. Please provide a complete inventory of every agreement under which an entity outside HHS has access to identifiable data held by HHS, including the counterparty, execution date, categories of data, stated purpose, and statutory authority.

3. What did HHS and CMS tell applicants about how their information would be used?

4. What HHS data has been used in any immigration enforcement action?

Response to Questions 1-4: This issue is subject to ongoing litigation. The Department is complying and will continue to comply with the law and court orders.

Mifepristone

Mifepristone's safety profile is well-established: the drug has been approved since 2000, FDA's postmarketing reviews have identified no new safety concerns, and more than forty peer-reviewed studies were entered into the record at your hearing. The FDA under this administration is nonetheless conducting a new, unnecessary safety review. At your hearing you committed to rigorous scientific standards at the Department, including qualified principal investigators, genuine peer review, and an absolute commitment to publish irrespective of the finding.

1. Applying your own standard, what new scientific evidence prompted this review? Please identify it specifically.

2. Who initiated the review, and on what date? Please provide the initiating decision memorandum.

3. Will the review be peer reviewed before any action is taken, selected independently of the Office of the Secretary and the White House, and required to disclose conflicts of interest, including affiliations with organizations that have taken a public position on mifepristone? Please provide details on the office and officials who select the reviewers and by what process.

4. Will the findings be published in full, irrespective of the finding, consistent with the commitment you made at your hearing?

5. Did any person or organization outside the federal government request this review? Name them.

6. Will you commit that FDA will not restrict access to mifepristone, including by revoking approval or altering the REMS?

Response to Questions 1-6: The Food and Drug Administration (FDA) should conduct its review using appropriate data and qualified experts, follow the evidence, and publish the results. If confirmed, I would support the FDA completing that work as expeditiously as practicable while preserving the integrity of its scientific review.

Executive Branch Membership

1. How much did you pay to become a member of the Executive Branch club? Provide initiation fee as well as any recurring dues.

2. Did anyone else pay, or offer to pay, your initiation fee and/or membership dues? If so, who, did you accept the offer, and if so, how much of the fee and or dues did they pay on your behalf?

3. What was the date you became a member, and what date did you pay your initiation fee?

4. Did any Trump Administration official (former or current), or a member of the President's family, advise or otherwise direct you to join the Executive Branch club? If so, who?

5. Have you ever interacted with any of the owners of the club: Donald Trump Jr., Omeed Malik, Alex Whitkoff, and Zach Witkoff? Provide the name(s) and describe the interaction.

6. Have you ever discussed HHS or other Administration business within the Executive Branch club? Describe.

7. Approximately how often do you go to the Executive Branch club?

8. Approximately how many times have you visited the Executive Branch club since you became a member?

9. Have you ever interacted with any representatives of foreign governments, corporations, or any other foreign group while at the Executive Branch club? If so, who were the representatives, who or what do they represent, how often did you meet them, and what was the nature of your meeting or interaction.

Response to Questions 1-9: I have complied with the requirements of the Office of Government Ethics and Office of General Counsel to ensure I have made the appropriate recusals, divestures, and resignations.

Responding to Inquiries from Congressional Democrats

1. Does such a policy exist? Please provide it and identify who approved it and the date it took effect.

2. Would that policy apply to whichever party is in the minority after the next election?

Response to Questions 1-2: HHS has an established process for coordinating with and responding to Congressional requests.

3. Will you commit to cooperating with any inquiries from any member of the Senate Finance Committee and GAO or other nonpartisan, independent entities that are initiated by Congressional Democrats?

Response: If confirmed, I will be responsive to Congress.

Questions for the Record submitted to Gerard Klomp from Senator Cantwell.

Mifepristone Access:

Questions 1: Recently, the Food and Drug Administration launched a safety review of mifepristone, a safe and effective prescription drug used for medication abortion and management of miscarriage. Mifepristone was approved by the FDA more than 20 years ago and for many years patients have been able to access it through telehealth and by mail. For women in rural areas like eastern Washington, where a provider may be hours away, that access can make all the difference.

Given the preponderance of evidence and global medical consensus suggesting that Mifepristone is safe and effective, do you think it's a good use of public resources for FDA to do an additional review?

Questions 2: The administration has put forward Dr. Heidi Overton as its nominee for FDA Commissioner. If confirmed, Dr. Overton would have significant authority over the future of Mifepristone, including by mail access in states like Washington that have continued to reaffirm women's right to choose. On many occasions, Dr. Overton has publicly expressed her enthusiasm for restricting access to abortion and mifepristone nationwide, celebrating the overturning of Roe V. Wade and calling nationwide abortion access "indistinguishable from infanticide." In your role as Chief Counselor at HHS, it has been broadly reported that you have been heavily involved with staffing decisions, including selection of the new FDA commissioner.

During the selection process for the FDA Commissioner, were you directed to select a candidate who would restrict mifepristone access?

Question 3: When Dr. Heidi Overton was selected as the nominee for FDA commissioner, were you aware of her position on mifepristone?

Questions 4: Did you agree with the selection of Dr. Heidi Overton, or did you push back? Did you specifically recommend her as a good fit for the role?

Response to Questions 1-4: The Food and Drug Administration should conduct its review using appropriate data and qualified experts, follow the evidence, and publish the results. If confirmed, I would support the FDA completing that work as expeditiously as practicable while preserving the integrity of its scientific review.

Dr. Overton was selected by the President due to her qualifications for the role which include, but are not limited to, a medical degree from the University of New Mexico, a Ph.D. in Clinical Investigation from Johns Hopkins University, a board certification in public health and preventive medicine, and extensive experience in both Trump Administrations.

WISeR:

Questions 5: Since January, the Centers for Medicare & Medicaid Services has been rolling out a new pilot program called the Wasteful and Inappropriate Service Reduction model (WISeR).

WISeR uses artificial intelligence models developed by third-party vendors to review certain Medicare claims. For services covered by the pilot, providers must get prior authorization before Medicare will pay for the service.

In April, with the help of the Washington State Hospital Association, my office released a report showing that people are waiting two to four times longer to receive procedures covered by WISeR, including care their doctor have already prescribed. I've previously talked about Michael Edgerly and Keith Magnuson, two Washingtonians negatively impacted by this program, but they are not alone. I continue to hear from constituents who have experienced delays due to WISeR, including patients who have experienced long delays more than once.

Are there currently plans to expand WISeR to additional states and procedures? Is the Trump administration in favor of expanding prior authorization?

Response: The Centers for Medicare & Medicaid Services (CMS) is monitoring processing time, provider burden, beneficiary experience, access, clinical quality, and savings. Decision about changes to the model would be based on such experiences and findings.

Question 6: I am also concerned about the ways that AI is being used in WISeR. Is CMS reviewing and validating the third-party AI models used in WISeR? If you are confirmed, will you commit to ensuring that CMS reviews the AI models and protects patient privacy?

Response: The WISeR Model uses technology only for an initial determination. Non-affirmations (denials) are reviewed by a licensed clinician and are not to be performed solely by technology.

Question 7: What is CMS doing to ensure that these third-party companies have appropriate policies to protect patient data and ensure HIPPA compliance?

Response: The Centers for Medicare & Medicaid Services (CMS) is closely monitoring implementation, including system performance and privacy controls, and is actively addressing issues as they arise.

Headstart:

Question 8: In August, a coalition of state Head Start associations released a national report, representing 33 different states and over 55,000 children and families. It found decision times from the Office of Head Start (OHS) have tripled under the Trump administration, with 48% of headstarts reporting that these delays made it difficult to retain quality staff and 12% reporting they were unable to repair health and safety equipment. This follows several decisions by the administration to close 5 regional head start offices, including the region 10 office in Seattle, and terminate 40% to 50% of federal employees in OHS and the Office of Child Care (OCC).

Do you think these delays are acceptable? If not, what actions are you planning to take that will improve response times? If you are confirmed, will you commit to restoring the 5 regional head start office that were closed in March of 2025 and ensuring that all regional Head Start offices are fully staffed?

Response: If confirmed, I will review the Department's staffing needs and make appropriate adjustments to ensure we have the personnel and expertise necessary to effectively serve the American people.

Question 9: In August, the Administration released a proposed rule, *Reducing Federal Burden for Head Start Programs*, that would rescind and replace the current Head Start Program Performance Standards and significantly reduce federal requirements. Among other changes, the proposal creates new documentation requirements that will make it harder for families to access Head Start, eliminates federal staff-to-child ratios, removes the federal prohibition on expulsion, and limits classroom instruction to English, with limited exceptions for Tribal languages.

Head Start serves very young children, including preschoolers and toddlers. Do you believe it is appropriate to allow children this young to be expelled from Head Start? Are you concerned that allowing programs to expel young children could disproportionately affect children with disabilities?

Question 10: The proposed rule would add new verification requirements for Head Start eligibility. Are you concerned that these additional requirements could prevent children who are most in need, including children experiencing homelessness, from accessing Head Start services? Will you commit to ensuring that ACF's regulatory requirements do not create barriers that prevent eligible children from accessing these services?

Response to Questions 9-10: HHS should administer Head Start and child-care programs consistent with applicable law and the terms Congress has enacted, while measuring whether policies improve access, quality, affordability, and program operations. The August Head Start action is a proposed rule and should be evaluated through the rulemaking process, including public comment.

100% FMAP for Urban Indian Health

Question 11: Urban Indian Health Organizations serve over 150,000 American Indians and Alaska Natives living in cities around the country. But unlike IHS and tribally operated health providers, Urban Indian Health clinics do not receive a 100% Federal Medical Assistance Percentage. We were able to secure 100% FMAP for Urban Indian Health Organizations for two years in the American Rescue Plan. The savings were passed to the states and helped these organizations expand health care services for natives. For example, the Seattle Indian Health Board was able to use the funding to the Thunderbird Treatment Center, which is one of the state's largest inpatient treatment centers and increased inpatient beds in King County by 51%.

It is time to fix decades old technical oversight and provide 100% FMAP for our urban Indian health providers. And Secretary Kennedy agrees. When I asked if he would work with us on this, he said "Absolutely and enthusiastically. And you can call me directly on that."

If confirmed, do you commit to securing 100% FMAP for Urban Indian Health Organizations? Would you support an HHS Administrative fix?

Response: I will approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

AHRQ Grant Cuts:

Question 12: In late July, KFF reported that HHS had failed to disburse 95 percent of grant funds appropriated through the Agency for Healthcare Research and Quality (AHRQ). HHS has also canceled 150 awards nationwide, further disrupting federally funded health research. Institutions in Washington, lost approximately 2.5 million dollars because their grants were "not consistent with agency priorities." One of these projects at Seattle Children's Hospital connected experts in child medicine with general providers at rural hospitals. On one occasion it helped save an infant's life by providing a rural doctor with specialized knowledge of how to treat a collapsed long in a pediatric patient.

Who makes the final decision that an individual grant is no longer consistent with agency priorities? Is that decision made by career staff at AHRQ, political appointees at HHS?

Question 13: Will you commit to ensuring that funds appropriated by Congress to AHRQ and other agencies are expended?

Response to 12-13: HHS should administer congressionally appropriated funds consistent with applicable law and exercise responsible stewardship over grants. I will work to ensure grant decisions follow lawful processes and that HHS has the operational capacity to carry out its responsibilities.

Questions for the Record submitted to Gerard Klomp from Senator Bennet.

Rural Health

Question 1: During your testimony, you highlighted the operational mandate of the Deputy Secretary to ensure smooth, clear, and effective departmental functions. Yet, safety-net providers are facing razor-thin margins and mounting financial distress that threaten rural hospital closures across states like Colorado. Can you commit to this Committee that HHS will use every administrative tool at its disposal to ensure that no rural hospital in Colorado or across the nation is forced to close its doors due to federal policy shifts or funding shortfalls?

Response: If confirmed, I would work through the Centers for Medicare & Medicaid Services (CMS) to ensure HHS uses its lawful authorities and programs effectively to support access and strengthen rural health care, while recognizing that I cannot guarantee that no individual facility will close.

Health Care Consolidation

Question 2: Health care consolidation - spanning hospital networks, insurers, pharmacy benefit managers (PBMs), and more - is driving up prices by 20 percent or more in non-competitive markets without demonstrating clinical improvement for patients. When competition disappears, options vanish, emergency rooms move further away, and family budgets are strained. Having spent your career as an investor and executive, you are positioned to understand complex

corporate structures. Will you commit that HHS, under your operational leadership, will actively investigate health care consolidation and coordinate with the Federal Trade Commission and Department of Justice to address health care consolidation?

Response: If confirmed, I would work through Centers for Medicare & Medicaid Services (CMS), and with applicable interagency partners, to examine how federal policies may contribute to health care consolidation and identify opportunities to strengthen competition and patient choice.

Question for the Record submitted to Gerard Klomp from Senator Whitehouse.

Question 1: The IRS position is that a taxpayer's status as a "limited partner" is not enough to exclude related income from Medicare taxes if the partner, in reality, is actively involved in the business. You argue you're not actively involved enough to cross this threshold, despite evidence you regularly and meaningfully advised on key functions in this business that you founded.

A. To avoid any appearance of impropriety, if confirmed as Deputy Secretary, would you amend your return to ensure that your taxes align with the IRS position?

Setting aside the question of can you legally avoid Medicare taxes under the law, do you think wealthy taxpayers like yourself should be able to avoid them given that most Americans pay Medicare taxes on all of their income and the program will become insolvent in 2033?

Response: My tax returns underwent review by the Committee's extensive audit process, including review by the nonpartisan Joint Committee on Taxation. The tax treatment of limited partners has been the subject of ongoing litigation and legal interpretation. If the law changes or new legal requirements apply, I will make any appropriate adjustments and continue to fully comply with the law.

Question for the Record submitted to Gerard Klomp from Senator Warren.

Ethics

Question 1: Will you commit to recuse from any particular matters involving your former clients, employers, and companies for which you sat on a corporate board for at least four years?

Question 2: Will you commit to recuse from any particular matters, including particular matters of general applicability, that have a direct and predictable impact on the financial interests of your former clients, employers, and companies for which you sat on a corporate board for at least four years?

Question 3: Will you commit to setting up a screening process that would involve a third-party staff member screening each of your matters, before you learn of the matter, to determine whether the matter would trigger a conflict of interest?

Question 4: If you do create a screening process to comply with your recusal requirements, who would be responsible for identifying particular matters from which you should recuse?

Question 5: What role, if any, do you intend to personally have in identifying particular matters from which you must recuse?

Question 6: If confirmed, will you commit to not seeking employment or board membership with, or any other form of compensation from, a company involved in a matter pending under HHS's responsibility or that lobbied HHS during your tenure for at least four years after leaving office?

Question 7: If confirmed, will you commit to not lobby HHS — including through unregistered "shadow" or behind-the-scenes lobbying" — for at least four years after leaving office?

Response to Questions 1-7: I will comply with my ethics agreement and all applicable federal ethics, conflict-of-interest, impartiality, and post-government service requirements, including any required recusals, and I will consult HHS ethics officials when questions arise.

Vaccines

Question 8: In a speech at the Children's Health Defense conference on September 17, Secretary Kennedy stated that the anti-vaccine movement has a "strong and steadfast friend at the White House." Do you agree with this statement?

Response: As I have stated, vaccines save lives and are an important health tool. I am unaware of the context of this statement.

Question 9: President Trump's Executive Order on childhood vaccines calls for breaking up the measles, mumps, and rubella (MMR) vaccine into three separate vaccines. To secure FDA approval for these single-antigen vaccines, manufacturers would be required to submit new clinical trials. Secretary Kennedy has repeatedly asserted his position that all vaccines should have inert placebo-controlled trials prior to approval, which means that some children enrolled in these studies would unknowingly receive saline and remain completely unprotected from the disease the vaccine is intended to protect against.

a. Is this the trial design that FDA would require for any new single-antigen MMR vaccines?
b. How would HHS justify unnecessarily exposing children to vaccine preventable diseases, when a safe and effective combination vaccine is already on the market?
c. Are you aware that manufacturers have estimated that bringing these products to market could take approximately ten years?

Question 10: What scientific evidence has HHS identified that supports a change to single-antigen MMR vaccines?

Question 11: What consumer research has HHS conducted to confirm there is demand for these single-antigen vaccines?

Question 12: How will HHS respond if vaccine manufacturers do not pursue the development of single-antigen MMR vaccines?

Question 13: Has the agency examined whether the change to single-antigen vaccines will reduce coverage rates and timeliness of vaccinations?

Response to Questions 9-13: As I testified, the MMR vaccine is the single most effective public-health tool to prevent against the spread of measles, and Secretary Kennedy continues to advise children to receive the MMR vaccine. The Centers for Disease Control and Prevention (CDC) is supporting surveillance, laboratory confirmation, outbreak investigation, clinical consultation, technical assistance, and response teams, and HHS has provided additional dedicated funding for measles response.

U.S. Preventative Services Task Force (USPSTF)

Question 14: On May 19, 2026, the USPSTF Chair and Vice Chair were fired. Reporting suggests that the justification for this was that the decision in *Kennedy v. Braidwood* (*Braidwood*) stipulated that the Chair and Vice Chair were unlawfully appointed. The *Braidwood* decision makes clear that the Secretary has the authority to hire and fire Task Force members; however, it is unclear whether the argument suggests the appointments of the former Chair and Vice Chair were unlawful.

a. Please cite the specific components of the *Braidwood* decision that HHS used to justify that the Chair and Vice Chair were unlawfully appointed?

Question 15: On September 17, 2026, HHS announced that eight new members of the USPSTF had been appointed. The Chair and Task Force leadership historically make recommendations to the Secretary on USPSTF appointments, enshrining a layer of independence and integrity to the appointments process. By comparison, this recent appointment process appears to have been opaque – and remains so. As of September 18, 2026, the webpage on Conflict of Interest disclosures for the Task Force contains no information about these nominees.

a. What is the justification for not making public the conflict of interest disclosures for these new members?

b. Will you commit to making these disclosures public?

Response to Questions 14-15: I will approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

Reproductive Health

Question 16: In your testimony, you stated, "In 2023, the FDA modified the [mifepristone] REMS to allow additional prescribing, but never conducted an additional safety study internally, as one might expect the FDA to do consistent with its statutory obligations." Please provide the statutory text which requires FDA to conduct its own internal safety study about a drug, specifically about REMS modifications.

Question 17: In your testimony, you stated that a study on mifepristone was now ongoing *internally* at FDA. Earlier this year, HHS spokesman Andrew Nixon said the FDA awarded a contract for the mifepristone study. Please provide the contract for this mifepristone study.

Question 18: Do you commit to ensure that, under your leadership, HHS will not take any action that will limit patients' access to the birth control method of their choice?

Response to Question 17-18: The Food and Drug Administration (FDA) should conduct its review using appropriate data and qualified experts, follow the evidence, and publish the results. If confirmed, I would support the FDA completing that work as expeditiously as practicable while preserving the integrity of its scientific review.

Child Care

Question 19: Reports indicate that HHS has drafted a rule that would redirect some of the funds from the Child Care and Development Fund (CCDF) that go to vulnerable families to instead go to married couples with one stay-at-home parent.

a. Is reporting that the administration plans to propose this rule accurate?

b. If these reports are accurate, when will HHS issue a Notice of Proposed Rulemaking for this draft rule?
c. How many more families will become eligible for CCDF subsidies under this draft rule?
d. Will the Trump administration work with Congress to increase CCDF funding to support the new category of eligibility this rule will create?
e. Did the administration conduct any analysis on how many low-income families would lose their CCDF subsidies as a result of these changes to CCDF eligibility? If so, please provide your findings.
f. Did the administration conduct any analysis on how this draft rule will impact the affordability of child care and whether it will increase child care costs, particularly for low-income families? If so, please provide your findings.
g. Did the administration conduct any analysis on how this draft rule will impact the labor market? If so, please provide your findings.

Response: The Administration has made clear that supporting parents and expanding choices for families are priorities. To date, no such proposal has been submitted to the Federal Register. If a proposal moves forward, I would expect it to follow the appropriate process, including public comment and stakeholder input.

Question 20: In early August, HHS proposed a rule that will eliminate hundreds of key Head Start regulations. Some of the many changes include loosening class ratios, weakening staff and teacher credentials, reducing services for children with disabilities, and eliminating requirements for staff to ensure children obtain access to medical care. Child care policy experts warn this deregulation will jeopardize Head Start's renowned safety and quality, and reports indicate that these changes are laying the groundwork for the administration to eliminate the program entirely.

a. Do you support the agency's decision to roll back hundreds of Head Start regulations?
b. How will HHS ensure these regulatory changes do not impede on the program's ability to offer high-quality care to families?
c. Does HHS plan to eliminate Head Start entirely?
d. Will you commit to not eliminating Head Start, and to preserve the program's funding and structure?

Question 21: Prior to the August rule, HHS proposed a separate Head Start rule in May that

would rescind wage standards for child care workers at Head Start. These standards require Head Start to update its pay scales, promote wage comparability across its programs and with public preschool teachers, and ensure salaries covered basic costs of living. Together, these wage standards were estimated to increase the majority of Head Start teachers' wages by $10,000. This rule also rescinds benefit standards that require Head Start programs to provide their staff with health care coverage, paid leave, and behavioral health services. Child care policy experts are concerned that the proposed changes risk further destabilizing Head Start programs by deepening an existing supply crisis, which risks worsening coverage gaps and pushes affordable child care options further out of reach for the families who need them most.

a. Do you support the agency's decision to strip Head Start's early childhood educators of these wage protections and benefits?
b. Did HHS conduct any analysis prior to proposing this rule on how it will affect the program's ability to retain educators and incentivize early childhood education as a profession?
c. How will HHS support current Head Start educators and attract new educators in the absence of these protections?

Responses to Questions 20 – 21: This is in active rulemaking and I do not want to prejudge that process. HHS will carefully review the comments and stakeholder input received before determining the appropriate path forward, consistent with applicable law.

Question 22: Hundreds of child care centers across the country have reportedly closed in the last year. Does ACF track how many child care centers across the country close and the average cost of child care for a family? If so, please provide month by month data on how many child care centers have closed since January 2025 and how much the average cost of child care has increased over the past year.

Question 23: HHS has asserted that it is prioritizing the continuity of services for Child Care Development Fund (CCDF) grantees amidst department-wide reorganization. However, the administration has effectively done the opposite by hollowing out the agency tasked with carrying out these grants – draining ACF of the hundreds of key staff, including grant managers, and closing half of the agency's regional offices. Employees at ACF say these cuts make it "nearly impossible" to "process grants in time, without cutting corners on the usual process set up to carefully review, negotiate and award the money." As a result, ACF has experienced delays in getting grant funding out the door.

a. Since reducing ACF's workforce and consolidating regional offices, how often has there been delays in awarding CCDF grant funding? Please specify how many grants have experienced delays.
b. Since reducing ACF's workforce and consolidating regional offices, how many ACF grantees have experienced lapses in funding?
c. Reports indicate that grants have fallen "several months behind schedule." What is the average number of months grants are being delayed?
d. Reports have also indicated that some grants have even been delayed in being "formally opened for applications." How many grants were delayed in being formally opened for applications since ACF's workforce reductions and regional office closures?

e. Have any child care centers that receive CCDF grant funding been forced to close either temporarily or permanently due to lapses or delays in funding since ACF's workforce reductions and regional office closures? If so, please specify how many have been forced to halt operations temporarily or permanently, where these centers are, and how many families they serve.

Question 24: Under President Trump and Secretary Kennedy, the number of ACF regional offices dropped from 10 offices to five. Are the five remaining ACF regional offices fully staffed?

a. Have any of the regional offices had to temporarily close or reduce their hours due to lack of staffing?
b. How many grantees did each regional office oversee before and after you closed half of ACF's regional offices?
c. What is currently the average number of grantees assigned to each Grants Management Specialist and Federal Project Officer, and what was this average before the workforce reductions and office closures at ACF?
d. Are any of the five remaining regional offices experiencing a backlog in casework due to the consolidation of regions?

Responses to Questions 22 - 24: If confirmed, I would work through the Administration for Children and Families (ACF) to ensure the Child Care and Development Fund (CCDF) and other federal child care programs are administered effectively and consistent with the law. That includes evaluating whether ACF has the appropriate staffing, expertise, and operational capacity to carry out its responsibilities and making adjustments where appropriate.

Question 25: In May, HHS finalized a rule that rescinds key Child Care Development Fund (CCDF) regulations that target affordability, including the cap on families' co-payments for their child care subsidy at no more than seven percent of income. Child care is already a major expense for families receiving subsidies, and the seven percent cap helped to make that expense more manageable. Without it, families' child care costs will soar at the same time costs across the board are rising for families – and states will no longer be obligated to reduce copayments. HHS offered no alternative plan to lower family co-payments in place of the seven percent cap.

a. Has HHS done any analysis on how much child care costs once this final rule goes into effect and the cap is fully rescinded? If so, please specify how much rescinding this cap will raise families' child care costs.
b. Does HHS have a plan to lower families' copayments that will replace this cap? If so, please explain how this plan will work to lower family co-payments and make child care more affordable for eligible families in the absence of the seven percent rule.

Question 26: Without the cap of seven percent – and without the obligation to lower families copayments – there will be major disparities between states in terms of if or where they set their own copayment caps, with some states having already capped copayments at a level as high as 27 percent of income.

a. How does HHS plan to incentivize states to lower families' copayments in the absence of the seven percent cap?

b. How will HHS ensure states do not set their own caps at an unreasonably high or ineffective level, and how will the agency reduce disparities between states?

Question 27: This final CCDF rule from May also eliminates requirements for states to pay child care providers prospectively and based on enrollment. Doing so will make funding less reliable and predictable, limiting child care providers or centers' ability to determine their staffing needs. Providers have warned that this will destabilize the child care workforce – which already faces a shortage and struggles to retain workers. Did HHS consider the potential destabilizing effects eliminating these policies could have on the child care workforce?

a. Does HHS have a plan to build up child care supply and strengthen the child care sector that will replace these policies? If so, please explain how this plan will strengthen and build up the child care workforce.

Responses to Questions 25 – 27: The final rule preserves important protections for families and providers while giving states greater flexibility to meet their communities' needs. States must still ensure that family copayments are affordable and do not create barriers to child care assistance, and requirements for timely provider payments remain in place.

If confirmed, I will work through the Administration for Children and Families to ensure the Child Care and Development Fund is administered consistent with the law and with operational excellence. My focus will be on measurable results for families: affordable, high-quality child care, a strong provider network, accountability, and responsible stewardship of taxpayer resources.

Question 28: Community Service Block Grant (CSBG) funding enables community action agencies to provide crucial services to low-income families across the country, including home energy assistance, child care and early education assistance, food assistance, and help filing taxes. However, the Trump administration has sought to eliminate CSBG funds entirely and has attempted to hollow out the program by firing most of the staff at ACF's Office of Community Services (OCS) who ensure these grants get out the door.

a. How many staff are currently working at OCS today, and how many staff were working at OCS on January 19, 2025?
b. How many staff are working on CSBG today, and how many were working on CSBG on January 19, 2025?
c. Is the Trump administration planning any additional workforce reductions at OCS? If yes, please provide a detailed summary of the positions that the administration proposes to become vacant as a result of future workforce reductions.
d. Will the Administration seek to impose further cuts in CSBG funds?

Question 29: Please provide a list of staff members who were fired from OCS, before or during the government shutdown, along with the reasoning for each firing and the responsibilities of that staff member.

a. Have these employees been reinstated?

Responses to Questions 28 – 29: If confirmed, I would work through the Administration for Children and Families (ACF) to ensure OCS has the operational capacity and appropriate expertise to administer its statutory responsibilities effectively. My focus will be on operational excellence, timely and lawful grant administration, accountability, and responsible stewardship of taxpayer resources.

Question 30: Some CSBG grantees in western Massachusetts have experienced delays in receiving their grant funding, putting their programs in jeopardy. Further, the Office of Management and Budget (OMB) was reportedly withholding all Fiscal Year 2026 CSBG funding. Although this funding has since been released, we are concerned about potential delays in the future.

a. Why was this funding temporarily withheld, and is HHS in touch with OMB regarding why funding was delayed?
b. How many CSBG grantees have experienced delays in receiving funding so far this fiscal year?
c. Will you work with OMB to ensure that CSBG grantees receive grants on time going forward?

Response: If confirmed, I would work through the Administration for Children and Families (ACF) and, where appropriate, with OMB to promote timely, lawful grant administration and ensure HHS has the operational capacity to carry out its responsibilities effectively.

Most Favored Nation Drug Pricing Agreements

Question 31: In April, Secretary Kennedy committed to "make the [MFN] deals available, except for proprietary information and trade secrets."

a. Was Secretary Kennedy telling the truth when he committed to providing these agreements?
b. If not, why did he not provide accurate information at this Committee hearing?
c. If so, please provide copies of all negotiated deals made with drug manufacturers that list their brand drugs on TrumpRx. For any information that is redacted because you claim it is confidential or a trade secret, please provide a clear explanation for doing so.

Question 32: In June 2026, Centers for Medicare and Medicaid Services (CMS) Administrator Mehmet Oz said that the MFN agreements expire at the end of the President's term. Is Dr. Oz's statement correct?

Question 33: What is HHS doing to ensure that pharmaceutical companies do not immediately raise prices back to their pre-negotiated level after their contractual obligations from these deals expire?

Question 34: The White House has claimed that TrumpRx has saved American patients more than $700 million. Please provide a detailed methodology explaining how the administration arrived at this estimate.

Question 35: In August, Secretary Kennedy wrote in a letter to me that TrumpRx "does not store any patient, health, or prescription information." Without collecting this information, how is it possible to estimate the total savings to Americans from TrumpRx?

Response to Questions 31-35: Our goal is to lower drug prices for the American people. Numerous federal agencies are involved in this process and the release of proprietary and confidential information could delay or jeopardize the goal we both share: lower drug prices for Americans.

Question 36: How many Americans have visited the TrumpRx website since February 5, 2026?

Response: The Department does not operate the TrumpRx website. I would defer you to the Executive Office of the President.

Question 37: What is the average amount of savings per visitor to the website? Please provide a detailed description of how this estimate was developed.

Response: The Department does not operate the TrumpRx website. I would defer you to the Executive Office of the President.

Question 38: Did the pharmaceutical companies that entered into MFN agreements request that TrumpRx omit information about the availability of cheaper generic options?

Response: Our goal is to lower drug prices for the American people. Numerous federal agencies are involved in this process and the release of proprietary and confidential information could delay or jeopardize the goal we both share: lower drug prices for Americans.

Question 39: Foundayo – a drug sold by Eli Lilly, one of the companies that has supposedly committed to MFN pricing on newly launched drugs – was approved by the FDA earlier this year for weight loss. TrumpRx states that the original price for maintenance doses (the doses that would be taken most commonly by patients) is $649 and that discounts lower the monthly price to $349. Is $349 per month the lowest price in the world for Foundayo?

Response: The Administration is proud of the tremendous progress it has made to reduce drug prices for American patients. TrumpRx currently lists a 30ct prescription of 0.8mg Foundayo at $149.00.

Question 40: Reports indicate that Eli Lilly expects the price of Foundayo in the United Kingdom to be between £100 and £120 per month, which is the equivalent of around $135 to $163. Even at the high end, $163 is less than half of $349. What is the price for the maintenance dose of Foundayo in the United Kingdom?

Question 41: Which company was provided the contract to develop and maintain the TrumpRx website?

a. How much has this company been paid to date under this contract?
b. What is the total value of the contract?

Question 42: Is the administration working to strike deals with European countries, including Germany, to increase drug prices abroad, as has been publicly reported?

Question 43: Which countries have the administration targeted as part of this pressure campaign?

Question 44: Is the administration attempting to strike these deals with European governments at the request of major pharmaceutical companies?

Question 45: Have any of the drug companies with which the administration has struck these drug pricing deals influenced or participated in the administration's negotiations with European countries?

Question 46: One of the supposed elements of the MFN agreements is that companies will be offering all newly launched drug products at MFN prices in the United States.

a. With the first deals announced on September 30, 2025, nearly one year ago, can you identify an example of a newly launched brand name drug from any one of the participating companies which is available in the U.S. at the lowest price in the world?
b. Can you describe how the administration and participating companies plan to implement this commitment?
c. How will you ensure that all Americans across payer types can access these prices, as promised?

Question 47: Can you confirm whether the following arrangements were included for participating pharmaceutical companies as part of these deals:

a. Exemptions from the administration's tariffs;
b. Priority voucher reviews at the Food and Drug Administration; and
c. Exemptions from drug pricing demonstrations in Medicare?

Question 48: The GENEROUS model has been presented as the method by which the Trump administration will institute MFN drug pricing for Medicaid. What products have the companies participating in these deals agreed to include in the GENEROUS model and at what price? Please provide this information for each company that has signed an agreement with the administration.

Question 49: Reports reveal that BridgeBio Pharma's MFN deal with the Trump administration exempts orphan drug products from MFN pricing.

a. Have any other classes of drugs received exemptions from MFN pricing in any of the other deals the administration has struck with pharmaceutical companies? Please list which drugs, if any, have received exemptions.

Response to Questions 40-49: Our goal is to lower drug prices for the American people. Numerous federal agencies are involved in this process and the release of proprietary and confidential information could delay or jeopardize the goal we both share: lower drug prices for Americans.

Question 50: The GLOBE and GUARD demonstration projects were announced in December 2025 and the comment period on the proposed rules closed more than 6 months ago.

a. Are the drug companies that have deals with the administration exempt from these rules? Please state specifically which companies are exempt from the rules.

Response: The GLOBE and GUARD models are intended as effective tools to help us lower drug prices for the American people. These are two mandatory models designed to reduce out-of-pocket drug costs for people with Medicare, generate savings to Medicare, and preserve or enhance beneficiaries' quality of care.

b. Does the administration plan to finalize these rules? If so, when?

Response: The Centers for Medicare & Medicaid Services (CMS) is currently reviewing comments received before making final decisions.

Medicare Advantage

Question 51: Earlier this year, CMS proposed to keep federal payments to private Medicare Advantage insurers essentially flat in 2027 amid concerns of widespread billing fraud. However, following industry lobbying, CMS later finalized a 2.5 percent – or $13 billion – pay raise for MA plans. How does this rule conform with the president's stated goal to "hold insurance companies accountable"?

Response: The annual rate process incorporates updated actuarial data, including more current estimates of underlying Medicare costs and risk-model factors, as well as public comments. The final Rate Notice was based on the technical record and our obligation to protect beneficiaries, maintain access, and pay plans accurately.

Question 52: Given the documented increased costs of Medicare Advantage coverage compared to traditional Medicare coverage per enrollee, how would auto-enrollment of every new Medicare enrollee into a Medicare Advantage plan affect the solvency of the Medicare trust funds?

Response: Our goal is a competitive Medicare Advantage market in which payments reflect beneficiary needs, plans are rewarded for genuine quality, and enforcement is timely and transparent.

Question 53: Recently released documents show that CMS plans to expand the WISeR model to require artificial intelligence-performed prior authorization for time-sensitive medical services including oncology care and cardiac catheterization in traditional Medicare. Have providers and patients been asked about how this would affect their care? If so, what were their responses?

Response: The WISeR Model uses technology for an initial determination. Non-affirmations (denials) are reviewed by a licensed clinician and are not performed solely by technology.

Competition

Question 54: The health care industry is historically consolidated following decades of mergers and acquisitions between health care firms. Consolidation and the resulting lack of competition has been proven to lead to higher prices for patients and taxpayers and decreased innovation. Consolidation may have especially negative impacts on rural communities.

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

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

Response: If confirmed, I would work through Centers for Medicare & Medicaid Services (CMS), and with applicable interagency partners, to examine how federal policies may contribute to health care consolidation and identify opportunities to strengthen competition, patient choice, healthcare quality, and affordability.

Question 55: The last 15 years have seen an influx of private equity investment in health care entities. According to some estimates, more than 40% of emergency rooms are overseen by private equity-owned companies. Alarmingly, research shows that patient health declines following a hospital's acquisition by a private equity firm, and ownership by a private equity company is associated with an increase in falls and patient infections.

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

Response: If confirmed, I would work through Centers for Medicare & Medicaid Services (CMS), and with applicable interagency partners, to examine how federal policies may contribute to health care consolidation and identify opportunities to strengthen competition and patient choice.

Transparency and Freedom of Information

Question 56: How will you ensure that the public remains informed about HHS's policy decisions?

Response: I will use the communications tools, resources, and experts within the Department to inform the public of policy decisions made at HHS.

Question 57: What do you believe is the role of the FOIA process in affording transparency in policymaking?

Response: FOIA has an important role in keeping the American people apprised of Departmental actions.

Safe Staffing in Nursing Homes

Question 58: Nursing home staffing is directly linked to the quality of care residents receive. A report prepared by Senator Warren's staff in November 2023 revealed that nursing homes with higher staffing levels have higher overall quality ratings, lower levels of patient abuse, and

higher quality care. In addition, an analysis by researchers at the University of Pennsylvania found that CMS's final rule would save approximately 13,000 lives per year.

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

Response: The Department has taken a layered approach to ensure nursing homes maintain adequate staffing levels.

Question 59: If confirmed, what steps will you take to improve quality of care in nursing homes?

Question 60: If confirmed, what steps will you take to improve working conditions for nursing home staff and reduce staff turnover?

Response to Questions 59-60: If confirmed, I would work through Centers for Medicare & Medicaid Services (CMS) to examine how CMS can work with states to strengthen the number of nurses working in nursing homes and reduce staff turnover.

Retaliation and Protecting Whistleblowers

Question 61: Do you believe that HHS personnel should be protected from any form of retaliation for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Question 62: Have you ever retaliated against any individual for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Question 63: If you are confirmed, will you commit to protecting whistleblowers? If so, please specify how you will do so.

Question 64: If you are confirmed, will you commit to preventing retaliation against any individual for coming forward about an illegal order, sexual assault or harassment, negligence, misconduct, or any other concern that they wish to raise?

Question 65: Will you ensure your staff complies with any Inspector General deadlines established for requested communications, documents, and witnesses, and that staff will be protected from reprisal for their testimony?

Response to Questions 61-65: I support lawful protections for whistleblowers and employees who raise concerns through appropriate channels. If confirmed, I will follow applicable whistleblower-protection laws and cooperate with lawful oversight consistent with applicable legal and disclosure requirements.

Personal tax returns

Question 66: Will you commit to paying the IRS the full amount of taxes that the Senate Finance Committee staff found that you did not pay because of your questionable tax avoidance tactics?

Question 67: Will you commit to making your tax filings from the last five years public, with redactions to protect confidential or sensitive personal information, in advance of the Senate

Finance Committee's vote on your nomination?

Question 68: Will you commit to voluntarily submitting to an IRS audit of your previous three years of tax filings and all tax filings during your time in office if you are confirmed?

Question 69: Did you materially participate in the activities of Endurance Companies for the years 2022, 2023, and 2024?

a. Please describe your role at Endurance Companies in relation to the chain of command.

b. Please describe your involvement in day-to-day decision-making at Endurance Companies.

Question 70: Why did you describe yourself as both a "limited partner" in Endurance Companies and a material participant in the activities of Endurance Companies on the same tax returns?

Question 71: Do you believe that Americans have the right to refuse to pay their Medicare and Social Security taxes as required by federal law, including as defined by rulings from the IRS and Tax Court?

Response to Questions 66-71: My tax returns underwent review by the Committee's extensive audit process, including review by the nonpartisan Joint Committee on Taxation. The tax treatment of limited partners has been the subject of ongoing litigation and legal interpretation. If the law changes or new legal requirements apply, I will make any appropriate adjustments and continue to fully comply with the law.

Terminations and Reorganization

Question 72: According to the Office of Personnel Management (OPM) data, HHS had around 93,400 employees in January 2025 and reports from June 2026 show that the number has fallen to below 73,000 employees, a 22 percent drop and the lowest employment level since 2006. As a result, reports suggest that these layoffs have left agencies understaffed and unable to complete core functions, including ordering equipment and disbursing grants. What justification did the administration provide for these layoffs, and have they achieved their desired effect?

Question 73: HHS reportedly had at least 147 non-Senate-confirmed political appointees as of May 2026, the highest in at least a decade, and the most of any other federal Department. Why does HHS need more political appointees than any other federal Department?

Response: HHS is making significant progress implementing its staffing plan and substantial operational changes across the Department, while continuing to fulfill all statutory obligations, to do more with less and better serve the American people.

Question 74: As of July 2026, the Substance Abuse and Mental Health Services Administration (SAMHSA) workforce was roughly half the size of its January 2025 levels. What impact has this had on SAMHSA's ability to advance mental health and fight addiction?

Question 75: The President's Fiscal Year 2027 budget consolidates programs under a new Administration for a Healthy America (AHA), including SAMHSA, HRSA, CDC, and the Office of the Assistant Secretary for Health.

a. Do you support Secretary Kennedy's plan to eliminate funding for programs that do not align with the Administration's ideological views?

Response to 74-75: The President's FY27 Budget includes a proposed HHS reorganization designed to reduce duplication, streamline administrative functions, and better focus resources on the Department's core mission. It is a legislative proposal for Congress' consideration.

Question 76: Secretary Kennedy has fired over 300 workers at CMS, currently employing about 1,000 fewer workers than it did in 2024.

a. Do you support Secretary Kennedy's cuts to CMS?
b. How will you ensure that the firings at CMS will not impede the timely delivery of Medicare and Medicaid benefits to the American people?

Response: HHS is making significant progress implementing its staffing plan and substantial operational changes across the Department, while continuing to fulfill all statutory obligations, to do more with less and better serve the American people.

Cyclospora Outbreak

Question 77: On July 18, 2026, the FDA reported that lettuce from Taylor Farms tested positive for cyclospora. A day later, the FDA noted that the test was a false positive, yet the agency nevertheless affirmed that there is "overwhelming epidemiological data" that lettuce from Taylor Farms de Mexico was associated with the current outbreak. What protocols does the FDA have in place to verify test results for false positives before releasing results to the public?

a. Why did the FDA decide to reevaluate its initial positive test determination for cyclospora on Taylor Farms produce?
    i. What specific communications did FDA, HHS, or White House officials have with Taylor Farms or its representatives regarding the false positive determination?
b. Did FDA opt to reevaluate the positive cyclospora test result because of outreach from Taylor Farms or any of its representatives?
c. Did FDA opt to reevaluate the positive cyclospora test result because of a request from a political appointee at the White House, CDC, FDA, or HHS?
d. If testing for false positives is a standard part of FDA testing procedures, why was the positive result communicated to the public prior to a reevaluation of the test sample in question?

Question 78: What is HHS's estimate of the average annual cost to track, trace, and treat outbreaks of cyclosporiasis for all years between 2016 and 2025?

Question 79: What is HHS's estimate of the cost to track, trace, and treat the current outbreak of cyclosporiasis in 2026?

Question 80: How many of the ten states previously required to report information about cyclospora infections under the FoodNet surveillance system have ceased reporting cases to CDC since July 2025?

Question 81: How many personnel at CDC, FDA, and HHS were diverted from their regular assignments to assist in the cyclospora outbreak?

Question 82: Was the FDA's March 2025 decision to delay the FSMA Final Rule on Requirements for Additional Traceability Records for Certain Foods influenced by Taylor Farm's political contributions, or company outreach to White House or FDA officials?

Question 83: On what criteria did CDC officials rely to determine the cyclospora outbreak was "over"[4]?

Question 84: What is the status of FDA's ongoing investigation into the cyclospora outbreak?

Response to Questions 77-84: U.S. health officials declared the historic Cyclospora outbreak over on September 11, 2026.

Food Safety

Question 85: How many food recalls has the FDA issued to date in 2026?

Question 86: How many food recalls did the FDA issue for each of the last 5 years?

Question 87: How many food recalls did the FDA issue as of September for each of the last 5 years?

Question 88: How many units of food have been recalled by the FDA so far in 2026?

Question 89: How many units of food were recalled by the FDA for each of the last 5 years?

Question 90: How many units of food were recalled by the FDA as of September for each of the last 5 years?

Response to Questions 85-90: The American food supply remains among the safest in the world, and FDA's food safety system remains active and vigilant. Overall, FDA recalls are at a 10-year low, food recalls are at normal levels.

Vaccine Injury Compensation Program (VICP)

Question 91: What changes, if any, has HHS made to VICP since January 20, 2025?

Question 92: If confirmed, would you support efforts by HHS to expand the list of vaccine injuries eligible for federal compensation?

[4] https://www.cdc.gov/cyclosporiasis/outbreaks/07-26/index.html

Question 93: If confirmed, would you support efforts to expand or reduce the list of vaccines covered under VICP?

Question 94: 42 U.S.C. 300aa-14(c) requires at least 180 days for comments and an oral hearing with respect to changes to the Vaccine Injury Table. Will you commit to a transparent process, with a full notice and comment period as required by law for any potential rule changes?

Question 95: Given widespread personnel terminations and resignations across HHS, is the Health Resources and Services Administration (HRSA) adequately staffed to process VICP claims and ensure timely compensation to claimants?

Question 96: Why was Brueckner Spitler Shelts PLC selected for a contract with regards to the VICP?

Question 97: Has HHS contracted with any other private law firms on VICP or vaccines more generally? If so, please provide a list of any firms.

Question 98: Why did HHS increase the contract award for Brueckner Spitler Shelts PLC from $150,000 in June 2025 to $250,000 in August 2025? Please provide any documentation related to this award change.

Question 99: Why did HHS increase the contract award for Brueckner Spitler Shelts PLC from $250,000 in August to $400,000 in September 2025? Please provide any documentation related to this award change.

Question 100: Since June 6, 2025, has Brueckner Spitler Shelts PLC or any of its attorneys, been the attorney on record for any cases pending before VICP?

Question 101: If so, provide a list of all cases where Brueckner Spitler Shelts PLC and its attorneys represent litigants.

Question 102: Since June 6, 2025, has Andrew Downing remained the attorney on record for clients seeking vaccine injury awards pending before VICP?

Question 103: As of June 6, 2025, how many former clients represented by Brueckner Spitler Shelts PLC had award decisions pending before VICP?

Question 104: Since June 6, 2025, has the firm of Downing, Allison & Jorgenson been the attorney of record in cases pending before VICP?

Question 105: If so, provide a list of all cases where Downing, Allison & Jorgenson and its attorneys represent litigants.

Question 106: Since June 6, 2025, has Andrew Downing remained the attorney on record for clients seeking vaccine injury awards pending before VICP?

Question 107: As of June 6, 2025, how many former clients represented by Downing, Allison & Jorgenson had award decisions pending before VICP?

Response to Questions 91-107: HHS is reviewing the VICP, and I support an evidence-based, transparent process that complies with all statutory requirements. I would look forward to ideas from Congress to further improve the VICP.

Questions for the Record submitted to Chris Klomp from Senator Warnock.

1. If confirmed, and within 30 days of your confirmation, will you commit to ensuring my office receives a formal response from the Department of Health and Human Services (HHS) to the letters I have sent the agency over the last year?
    - Letter, dated September 11, 2025, to then-Acting Director of CDC Jim O'Neill about support for CDC after the August shooting
    - Letter, dated September 11, 2025, to then-Acting Director of CDC Jim O'Neill about Title 42 service fellows
    - Letter, dated December 12, 2025, to Secretary Kennedy about reasonable accommodations for employees with disabilities
    - Letter, dated April 2, 2026, to Deputy Assistant Secretary Thomas Nagy about retirement and severance delays
    - Letter, dated September 10, 2026, to Secretary Kennedy about Ebola response and travel bans

Response: The Department receives a large volume of congressional correspondence, and I am committed to ensuring HHS provides timely responses. While response times may vary based on the complexity of a request and the current incoming volume, I will work to ensure congressional inquiries do not go unanswered.

2. In August 2026, leadership at the Centers for Disease Control and Prevention (CDC) announced an "enterprise transformation project" called "CDC Voyager." If confirmed, will you commit to informing Congress and working with the appropriate Committees to pursue any restructuring or changes to the agency?

Response: HHS will comply with applicable law and court orders with respect to any restructuring or changes made at CDC.

3. Can you commit to keeping CDC headquarters in Atlanta, Georgia, where it has been for 80 years?

Response: Decisions about government office buildings are made by several government agencies and we consult with Congress before making substantial changes.

4. For decades, CDC has been the preeminent global health leader in responding to infectious diseases and public health threats worldwide. If confirmed, will you commit to ensuring that CDC remains the leader in global health work, and not the State Department?

Response: If confirmed, my goal will be to bring the right people, processes, and strategies to ensure the Centers for Disease Control and Prevention continues to be the preeminent global health leader in responding to infectious disease and public health threats worldwide.

5. Chronic Wasting disease (CWD) is a fatal condition in cervids that is caused by misfolded proteins, called "prions," that has been detected in over 36 States and all four regions of the country. Prion diseases are 100 percent fatal with no cure, and CDC's

surveillance of prion disease through the National Prion Disease Pathology Surveillance Center is critical. However, the Administration eliminated funding for the prion disease work at CDC for its proposed FY 2027 Budget.

- If confirmed, will you ensure that the Secretary fully understands the operational importance of the prion disease work, which is especially critical for the safety of Georgia's hunters?

Response: I would ensure that, if Congress appropriates funding for prion disease research and related activities, the Department administers those funds consistent with applicable laws.

According to the CDC, more than 3,200 measles cases have been confirmed this year, the highest level since 1991. As of September 10, 2026, Georgia has 14 confirmed cases and an outbreak associated with a daycare setting. However, HHS has delivered conflicting messages on the value of vaccination, which have undermined public trust and left parents, providers, and public health officials uncertain about federal recommendations, contributing to the further decline of routine childhood vaccine coverage.

- Do you believe that vaccination is a cost-effective strategy to prevent and control vaccine-preventable diseases?
- What grade would you give HHS on its handling of the recent measles outbreaks?
- If confirmed, will you commit to ensuring that HHS effectively collaborates with states and local government to control outbreaks?
- If confirmed, will you commit to launching a national MMR vaccination campaign to deliver clear guidance to Americans on the importance of vaccines?

Response: As I testified, the MMR vaccine is the single most effective public-health tool to prevent against the spread of measles, and Secretary Kennedy continues to advise children to receive the MMR vaccine. The Centers for Disease Control and Prevention (CDC) is supporting surveillance, laboratory confirmation, outbreak investigation, clinical consultation, technical assistance, and response teams, and HHS has provided additional dedicated funding for measles response.

6. CDC surveillance systems are the backbone of the United States's ability to detect and respond to public health threats. However, CDC has lost more than one-quarter of its workforce and 40 percent of its grant funding since February 2025. Additionally, the CDC temporarily paused diagnostic testing for a host of infectious diseases such as mpox, various parasites, rabies, and a rodent-borne virus that can cause meningitis.
    - Do you believe that diagnostic testing is a crucial aspect of disease surveillance that improves early detection and surveillance of outbreaks?
    - If confirmed, will you commit to working with the Secretary to reinstate the CDC testing for infectious diseases?
    - If confirmed, will you commit to restoring CDC's ability to conduct timely vaccine-preventable disease surveillance and outbreak response by addressing recent budget cuts and staffing reductions?

Response: I believe the Centers for Disease Control and Prevention (CDC) surveillance system is a critical component of the United States's ability to detect and respond to public health threats. If confirmed, I would work with the Secretary to ensure that the proper people, processes, and resources are in place to continue this important work.

7. During the CDC All Hands meeting on August 19, 2026, CDC leadership acknowledged critical staffing gaps at the agency.
    - If confirmed, can you commit to conducting a formal review of CDC employees on administrative leave since April 2025 and providing guidance on how they could apply for vacancies?
    - If confirmed, can you commit to giving priority consideration, consistent with applicable law, to qualified HHS employees who remain employed, fully trained, and available to return to active duty?
    - If confirmed, and within 60 days of your confirmation, can you commit to providing the Committee with the number of CDC employees who remain on administrative leave, the centers and offices from which they came, the length of time they have been on leave, and a written timeline for resolving their employment status?

8. According to the Office of Management and Budget (OMB), CDC's workforce declined by 10.8 percent between September 2025 and July 2026, compared with declines of 5.8 percent at the National Institutes of Health (NIH) and 4.8 percent at the Food and Drug Administration (FDA), while the Center for Medicare and Medicaid Services (CMS) increased slightly, by 0.6 percent. CDC also recorded substantially less hiring relative to its workforce losses and a higher concentration of excepted-service appointments.
    - If confirmed, within 60 days of your confirmation, can you commit to confirming or correcting these figures to the Committee using comparable workforce definitions and reporting dates? For each agency, can you outline hiring, retirements, resignations, RIF separations, transfers, and other personnel changes?
    - If confirmed, within 60 days of your confirmation, can you commit to sharing with the Committee which CDC operations have been delayed, reduced, or left incomplete since February 2025 because of staffing losses? Identify the programs, funding involved, and additional costs for contractors, overtime, temporary staffing, or restoring the work.
    - What would you consider necessary staffing levels for CDC to carry out its funded responsibilities?

9. If confirmed, within 60 days of your confirmation, can you commit to sharing the following information with the Committee:
    - The number of Reemployment Priority List (RPL) registrants considered and placed at CDC.
    - For each agency at HHS, between January 2026 and July 2026, provide the number entering competitive-service and excepted-service positions.
    - Identify the appointment authority and selection procedure used, including direct-hire and noncompetitive procedures where applicable, and distinguish permanent, term, and temporary appointments.

- Identify how many external hires perform the same or substantially similar work as employees affected by the RIF.
- For each appointment authority used, provide an explanation on whether the RPL, Career Transition Assistance Plan (CTAP), or Interagency Career Transition Assistance Plan (ICTAP) consideration applied and how HHS documented that consideration.

10. CDC has reportedly received approval to fill more than 900 positions. If confirmed, within 60 days of your confirmation, can you commit to sharing with the Committee how many of these positions have been filled, remain vacant, or had their approvals withdrawn?

11. If confirmed, within 60 days of your confirmation, will you commit to hiring qualified RPL registrants or employees on administrative leave to meet CDC staffing needs before recruiting external hires?

Response to Questions 7 – 10: The Centers for Disease Control and Prevention (CDC) staffing plans have been approved, and hiring for mission-critical positions is underway. HHS hiring efforts are supported by an established Reemployment Priority List (RPL) and Priority Reemployment List (PRL), which provides eligible former HHS competitive-service employees separated through reduction-in-force a priority consideration for HHS vacancies, generally for up to two years. If confirmed, I would work through CDC's leadership team to follow applicable civil service and priority-placement requirements to ensure the agency has the personnel, expertise, and capacity necessary to advance operational excellence and remain mission-ready.

12. The CDC National Center on Birth Defects and Developmental Disabilities (NCBDDD) performs specialized surveillance, research, and technical assistance to support the health and well-being of more than 70 million American adults with disabilities, as well as children and families affected by serious blood disorders and other health conditions.
    - If confirmed, will you conduct a program-by-program assessment of NCBDDD to identify which congressionally authorized or funded activities are fully operational, operating at reduced capacity, or no longer being performed?
    - If confirmed, can you commit to provide the Committee with a written staffing plan, within 60 days of your confirmation, identifying the number of employees required to perform each affected activity, the positions that remain vacant, and the qualified employees on administrative leave who could be returned to perform that work?
    - If confirmed, can you commit to providing the Committee with the name(s) of the accountable HHS or CDC official and a completion date for restoring each affected function?
    - If confirmed, can you commit that HHS will not eliminate or transfer NCBDDD's specialized functions outside CDC without first providing Congress with legal authority, operational justification, workforce plan, cost analysis, and continuity-of-services plan supporting such a decision?

Response: I will approach this issue by following the law, and applicable court orders, ensuring CDC continues to meet its statutory obligations, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

13. The CDC National Center for Injury Prevention leads research and prevention of injuries and violence, including overdose, suicide, and child abuse across the United States. The Injury Center distributes more than 80 percent of its annual budget to state, local, tribes, and non-profit organizations to support public health initiatives. However, the Fiscal Year 2027 President's Budget proposes to move the center to a new HHS agency, the Administration for a Healthy America, and cut $173 million of its funding by eliminating programs including the Youth Violence Prevention and Injury Control Research Centers.
    - If confirmed, can you commit to keeping the Injury Center at CDC?
    - If confirmed, can you commit to ensuring that the CDC Injury Center has the capacity and expertise needed to address critical public health challenges, including overdose, suicide, traumatic brain injury, and drowning prevention?

Response: The President's FY27 Budget to move CDC National Center for Injury Prevention is a legislative proposal for Congress to consider, and HHS has no plans to implement the proposed reorganization unilaterally.

14. Arthritis is a leading cause of disability in the United States. As of 2024, nearly 60 million U.S. adults have arthritis. Georgia ranks eleventh in the nation for the highest prevalence of arthritis, with 25 percent of adults having a doctor-diagnosed arthritis. Today, the CDC Arthritis Management and Wellbeing Program funds 12 state health departments and national partnerships and develops evidence-based interventions to improve health outcomes among individuals with arthritis. However, the FY 2027 President's Budget proposes to cut nearly 80 percent of its funding, threatening to reduce data collection, community self-management programs, and research on the disease.
    - If confirmed, can you commit to prioritizing the CDC Arthritis funding?

Response: Funding for the Arthritis Management and Wellbeing Program is determined by the Congressional appropriations process. If Congress appropriates funds for this initiative, I will follow the law.

15. Since January 2025, HHS has undergone significant changes at the senior leadership level. This has led to significant workforce reductions and repeated disruptions at CDC, including the departure of its director and other senior officials. As the leading federal health agency, HHS is responsible for responding to public health threats that require continuity, institutional expertise, and clear lines of authority.
    - What specific steps are you planning to take to restore leadership stability, rebuild workforce capacity, and ensure the HHS has expertise and resources needed to keep Americans safe?

Response: I will approach this issue by following the law and applicable court orders, ensuring that CDC continues to fulfill its statutory obligations, bringing the appropriate subject-matter

experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

16. On December 4, 2025, HHS released a new strategy to integrate artificial intelligence across the agency's internal operations, research, and public health initiatives. While artificial intelligence may improve efficiency within the agency, it cannot independently replace the scientific judgment, institutional knowledge, community relationships, and public accountability provided by experienced HHS employees.
    - Before HHS utilizes artificial intelligence or contractors in place of existing employees, can you commit to conducting an analysis addressing accuracy, scientific validity, accessibility for people with disabilities, algorithmic bias, privacy, cybersecurity, human oversight, workforce effects, and the comparative cost of returning existing employees?
    - If confirmed, and within 60 days of your confirmation, can you share any assessments and implementation plans to the Committee?

Response: AI is an important technology that will impact healthcare in the future. I will approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

17. Tobacco remains the leading cause of preventable disease and death in the United States. According to the FDA, the toxic mixture of chemicals in tobacco and tobacco smoke, not nicotine alone, is responsible for the serious diseases and deaths associated with smoking. The agency has also reported tobacco and nicotine products to exist along a continuum of risk, with combustible cigarettes representing the most harmful form of tobacco use and noncombustible products generally presenting lower health risks.
    - If confirmed, can you commit to ensuring that HHS agencies, including FDA, CDC, the Office of the Surgeon General, and Substance Abuse and Mental Health Services Administration (SAMHSA), provide science-based information to the public about the relative risk of chemicals in tobacco and tobacco smoke?
    - If confirmed, can you commit to supporting evidence-based tobacco harm reduction strategies across HHS that recognize the differences in tobacco products and seek to reduce smoking-related disease among adults that use combustible products?

Response: The Trump Administration is committed to reducing smoking among all Americans. I will approach this issue by following the law, bringing the appropriate subject-matter experts to the table, evaluating the evidence, and focusing on measurable results for patients and taxpayers.

18. H.R. 1 enacted significant cuts to the Medicaid program, including cuts to Medicaid's State Directed Payments (SDPs). The statute limits these SDP cuts to four specific provider classes: inpatient hospital services, outpatient hospital services, nursing facility services, and qualified practitioner services provided at academic medical centers. Despite these statutory limitations, CMS has recently issued a proposed rule (CMS-2449-P) that goes beyond the statute by applying these new SDP cuts to additional provider classes, including ambulance services. Ambulance services are not included in the four

provider classes identified in the statute (Section 71116 of PL119-21). If confirmed, will you work to amend the final rule to align with the statute?

Response: I will implement the statute as enacted and consistent with applicable law.

19. Head Start is one of the most vital federal programs dedicated to improving the education, health, and nutritional well-being of the nation's most vulnerable children. Established in 1965 to combat the cycle of poverty, the program has expanded over the past six decades to provide early childhood education and wrap-around services for more than 40 million children (from birth to age five) and families, especially in rural communities with child care deserts. However, the Administration froze Head Start funding, laid off more than 40 percent of the Office of Head Start (OHS) workforce, and closed five regional offices in early 2025, leaving Head Start grantees without access to critical resources and information.
    - If confirmed, can you commit to ensuring that OHS has the expertise and resources needed to provide quality early learning and child care services for families?
    - If confirmed, can you commit to providing the Committee, within 60 days of your confirmation, a written assessment of the impact of the reductions-in-force at OHS in 2025 on children and families served by these programs?
    - If confirmed, can you commit to working with the Secretary to ensure that Head Start grantees receive their new or continuing awards on time and that the HHS effectively communicates with Head Start recipients about any funding lapse?

Response: The Department of Health and Human Services (HHS) should administer Head Start and child-care programs consistent with applicable law and the terms Congress has enacted, while measuring whether policies improve access, quality, affordability, and program operations.

20. On August 7, 2026, the Administration for Children and Families released a Notice of Proposed Rulemaking titled "Reducing Federal Burden for Head Start Programs" to replace current Head Start Program Performance Standards. The NPRM proposes to cap administrative costs, remove certain health requirements, eliminate staff-child ratios, and require English-only instruction for Head Start programs. If enacted, the changes could cut roughly 40,000 Head Start jobs and lower pay for certain Head Start providers, as teachers serve 32 percent more children.
    - If confirmed, will you commit to providing the Committee, within 60 days of your confirmation, a written assessment of the impact of this rule on the recruitment and retainment of Head Start teachers and the quality of early learning and child care services for families in Head Start programs?
    - If confirmed, can you commit to sharing with the Committee, within 60 days of your confirmation, how HHS plans to reinvest savings from eliminating major Head Start regulations and expand families' access to the program?

Response: This is an active rulemaking and the public comment period remains open through October 6. I do not want to prejudge that process. HHS will carefully review the comments and

stakeholder input received before determining the appropriate path forward, consistent with the law.