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May 6, 2026

The Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy:

Thank you again for testifying at the April 17, 2026, House Committee on Education and Workforce hearing titled "Examining the Policies and Priorities of the Department of Health and Human Services." Enclosed are additional questions submitted by Committee members following the hearing. Please provide a written response no later than 5:00 p.m. on May 27, 2026, for inclusion in the hearing record. Your response should be sent to Charlie Hatcher (charlie.hatcher@mail.house.gov) of the Committee staff; he can also be contacted at (202) 225-4527.

We appreciate your contribution to the work of the Committee.

Sincerely,

A handwritten signature in black ink that reads "Tim Walberg".

Tim Walberg
Chairman

Representative Joe Wilson (R-SC)

1. Given the United States' longstanding bipartisan commitment to global polio eradication, how does the Administration plan to support the financing, procurement, and rollout of hexavalent combination vaccines—which include inactivated poliovirus vaccine (IPV) and do not contain thimerosal—in low-income countries? Specifically:
 - a. What steps is the Administration taking to ensure sufficient global supply and affordability of these vaccines?
 - b. How does the Administration view the role of hexavalent vaccines in advancing polio eradication and strengthening routine immunization systems?
2. What steps is the Department of Health and Human Services taking to scale integrated biosurveillance capabilities to detect, track, and respond to emerging multi-drug-resistant pathogens, and what gaps remain in data integration, laboratory capacity, and coordination across federal, state, and private-sector partners?
3. Beyond traditional antimicrobial drug development, how is the Department evaluating and advancing novel non-pharmaceutical approaches to prevent and control multi-drug-resistant infections, and what actions are needed to support the validation, manufacturing, and scalable deployment of these solutions?

Ranking Member Bobby Scott (D-VA)

1. Congress enacted a consolidated appropriations bill for FY2026 to fund programs under the Department of Health and Human Services, as well as related agencies, for the entirety of 2026 Fiscal Year. Yet, there were significant delays in providing funding for various programs. For example, states experienced delays in their Community Service Block Grants. For FY2026, Congress provided \$775 million for the block grants to states, rejecting HHS's proposed elimination of this program in its FY26 budget. The prior release of funding was on December 16, 2025, which provided funding to states through January 30, 2026, based on the Continuing Resolution. States and community action agencies (CAAs) had not received funding for nearly three months after that time, and stakeholders reported that some CAAs were considering staff layoffs due to the funding delays. While I appreciate the confirmation provided on April 22, 2026, that funding would be released shortly, I remain concerned about funding delays in anti-poverty programs, such as CSBG and the Low Income Home Energy Assistance Program (LIHEAP), which serve low-income populations who rely on these programs to make ends meet. Can you assure Congress that there will not be further funding delays in anti-poverty programs where Congress has appropriated funding for those programs?

2. The Department filed a document in the Federal Register¹ indicating its intent to renew the charter of the Advisory Committee on Immunization Practices (ACIP). The renewal broadens who qualifies as an "expert," potentially allowing less traditional or less evidence-based perspectives onto the panel.
 - a. Secretary Kennedy, is your intent to rewrite the charter in order to attempt to reinstate your previous appointments to ACIP that are currently enjoined?

 - b. Did you receive advice or guidance on your rewrite of the ACIP charter from any outside organization(s)? If so, please provide which organization(s).

 - c. Did President Trump direct you to change the charter?

¹ <https://www.federalregister.gov/documents/2026/04/06/2026-06577/advisory-committee-on-immunization-practices-acip-notice-of-charter-renewal>.

Representative Lucy McBath (D-GA)

1. **Leucovorin and Tylenol:** At a press conference in September 2025, alongside the President and the FDA Commissioner, you stated that leucovorin was a possible treatment for autism and indicated it would be fast-tracked for approval². During that same event, you also suggested that the use of acetaminophen (Tylenol) during pregnancy could be a potential cause of autism.

Subsequently, the statement regarding acetaminophen was reversed³, and leucovorin was approved by the FDA only for Cerebral Folate Deficiency⁴, a very rare condition.

Following these announcements, reports indicated that some parents stopped using acetaminophen during pregnancy, and demand for leucovorin increased significantly, contributing to shortages.

In addition, multiple recent studies have reinforced the lack of a causal relationship between acetaminophen use during pregnancy and autism. A study published in *JAMA Pediatrics*, analyzing more than 1.5 million children born in Denmark between 1997 and 2022, found no increased risk of autism associated with prenatal acetaminophen exposure⁵.

- a. How does HHS plan to address the confusion and misinformation that followed these statements, and what actions will the Department take to educate the public and restore trust?
- b. Given the real-world impact on families and access to medically necessary treatments, how is HHS approaching accountability when public communications may influence health decisions at scale?
- c. In health care, public trust is grounded in a responsibility to avoid harm and communicate evidence clearly. As the nation's leading health agency, how will HHS ensure that future statements about autism research and potential treatments are accurate, appropriately contextualized, and do not contribute to false hope or unintended harm?
- d. What processes or safeguards will be put in place to ensure that announcements involving emerging or preliminary science are reviewed and communicated in a way that reflects the strength of the evidence and protects patient care?

2. **Autism Science Data Initiative:**

² <https://www.hhs.gov/press-room/hhs-trump-kennedy-autism-initiatives-leucovorin-tylenol-research-2025.html>

³ <https://thehill.com/policy/healthcare/5582061-kennedy-trump-tylenol-autism/>

⁴ <https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-patients-cerebral-folate-transport-deficiency>

⁵ <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2847695>

- a. Please provide a comprehensive update on the Autism Data Science Initiative (ADSI), including its current status, scope, primary objectives, and key activities underway.
- b. You recently referenced that more than 100 federally funded autism-related studies may be underway⁶.
 - i. Please clarify the source of this estimate, the criteria used to define “autism-related” research, and how many of these studies fall under ADSI versus other federal funding streams.
- c. Please provide details regarding the Autism Science Data Initiative’s funding, including total funding to date, fiscal year appropriations, accounts used, and statutory authority.
- d. What measurable outcomes or benchmarks have been established for ADSI?
- e. What is the timeline for achieving them?
- f. How will the initiative ensure research reflects the full diversity of the autism community?

3. Interagency Autism Coordinating Committee

- a. Please describe the process and criteria used to select current members of the Interagency Autism Coordinating Committee (IACC), including how nominations were solicited, reviewed, and finalized.
- b. How did HHS ensure balance across lived experience, scientific expertise, clinical practice, service provision, and community representation in the current IACC membership?
- c. The current IACC composition reflects a reduction in the number of autistic individuals from seven members to three⁷. How does the Department justify this change, and what steps are being taken to ensure meaningful inclusion of autistic voices in federal decision-making?

4. Biosurveillance and Multi-Drug-Resistant Pathogen Detection:

- a. What steps is the Department of Health and Human Services taking to scale integrated biosurveillance capabilities to detect, track, and respond to emerging multi-drug-resistant pathogens, and what gaps remain in data integration,

⁶ <https://x.com/acyn/status/2016926380261556364?s=46>

⁷ <https://autisticadvocacy.org/2026/04/april-iacc-comments-2026/>

laboratory capacity, and coordination across federal, state, and private-sector partners?

5. Non-Pharmaceutical Approaches to Drug-Resistant Infections:

- a. Beyond traditional antimicrobial drug development, how is the Department evaluating and advancing novel non-pharmaceutical approaches to prevent and control multi-drug-resistant infections, and what actions are needed to support the validation, manufacturing, and scalable deployment of these solutions?

Representative Summer Lee (D-PA)

1. There are reports that HHS eliminated CDC's entire reasonable accommodations office through the April 1st RIF, leaving employees — including military veterans, cancer patients, people with combat-related amputations, high-risk pregnancies, and immunocompromised conditions — without the legally required interactive process under the Rehabilitation Act and the ADA. There are also reports that as a result of this, there is a backlog of 7,000 reasonable accommodation requests which have sat unresolved for 14 months or more, and over 400 formal EEO complaints have been filed as a direct consequence.
 - a. What is HHS' plan for restoring reasonable accommodations at CDC and complying with its mandate to be an equal opportunity employer?

2. HHS recently froze over \$10 billion in CCDF, TANF, and SSBG funding to California, Colorado, Illinois, Minnesota and New York over allegations of “widespread fraud and misuse of taxpayer dollars.”
 - a. What evidence did HHS have to support these allegations?
 - b. Did HHS investigate these allegations before freezing funding?
 - i. If so, what did these investigations find?
 - b. How many children and families stood to be impacted by this funding freeze?

Representative Mark Takano (D-CA)

1. If Medicaid cuts result in subsequent coverage losses, how will that impact the incidence of chronic and infectious diseases?
2. The Department's budget proposes to cut \$1 billion from HIV/AIDS prevention.
 - a. How will you achieve President Trump's goal to "defeat AIDS in America" by 2030 with the proposed budget cut of \$1 billion from HIV/AIDS programs?
 - b. Since 80% of federal HIV funding is passed directly to states and local communities across the country, how will HHS make up for shortfalls in state and local HIV prevention and treatment budgets if these cuts are implemented?
5. If the administration is successful in creating the Administration for a Healthy America, how exactly will the Department's HIV treatment and prevention work change? What specific programs will be created or eliminated?

Representative Mark DeSaulnier (D-CA)

1. Secretary Kennedy, you have stated that one of the goals of the Department of Health and Human Services budget for Fiscal Year 2027, and indeed one of your goals as Secretary, is to reduce healthcare spending through prevention, nutrition, and lifestyle interventions such as updated dietary guidelines, expanded nutrition education requirements for medical schools, and integrating disease prevention goals into federal programs like Medicare, the Supplemental Nutrition Assistance Program (SNAP), and school meals.

My predecessor in this office, Chairman George Miller, was instrumental in the passage of the Healthy, Hunger-Free Kids Act. As you likely know, that law sets new standards related to portion sizes, minimum servings for fruits and vegetables, and maximum sodium and sugar content in school meals. Efforts are underway by school districts in California and other states across the country to integrate more scratch cooking and locally grown foods into school meals. However, schools are often limited in what they can serve students by the equipment they have. Congressman Glenn Thompson (R-PA) and I have a bill, the School Food Modernization Act, which would help schools replace outdated kitchen equipment in an effort to provide more healthy and nutritious meals to students.

Beyond nutrition, there has been a steady decline in the availability of primary care physicians in the United States. The Health Resources and Services Administration (HRSA) projects that there will be a shortage of 70,610 full-time equivalent primary care physicians by 2038. At the same time, a report from Moody's in 2025 found that hospital emergency department volumes have risen 40% since 2020. Many of these expensive emergency room visits could be avoided with adequate investment in primary care doctors who can address health issues before they become serious or life-threatening.

- a. Secretary Kennedy, how does your department measure the value of disease prevention through better nutrition, expanding access to primary care, and other interventions, and how do you integrate this focus into your decision-making?
- b. Are you committed to letting rigorously peer reviewed research guide the decisions of your department rather than one-off studies and papers that make sweeping claims related to nutrition and disease, but that cannot be backed up by science?