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THE FISCAL YEAR 2027 DEPARTMENT OF
HEALTH AND HUMAN SERVICES BUDGET
TUESDAY, APRIL 21, 2026
House of Representatives,
Subcommittee on Health,
Committee on Energy and Commerce,
Washington, D.C.

The subcommittee met, pursuant to call, at 10:06 a.m., in Room 2123, Rayburn House Office Building, Hon. Diana Harshbarger [vice chair of the subcommittee] presiding.

Present: Representatives Harshbarger, Bilirakis, Carter of Georgia, Joyce, Balderson, Miller-Meeks, Cammack, James, Bentz, Houchin, Langworthy, Rulli, Guthrie (ex officio), DeGette, Ruiz, Dingell, Kelly, Barragan, Schrier, Trahan, Veasey, Fletcher, Ocasio-Cortez, Auchincloss, Carter of Louisiana, Landsman, and Pallone (ex officio).

Also Present: Representatives Tonko and Castor.

Staff Present: Ansley Boylan, Director of Operations; Jessica Donlon, General Counsel; Kristin Fritsch, Professional Staff Member, Subcommittee on Health; Sydney Greene, Director of Finance and Logistics; Jay Gulshen, Chief Counsel, Subcommittee on Health; Annabelle Huffman, Clerk, Subcommittee on Health; Megan Jackson, Staff Director; Jonathan Kupperman, Professional

Staff Member, Subcommittee on Health; Sarah Meier, Counsel and Parliamentarian; Joel Miller, Chief Counsel; Clare Paoletta, Professional Staff Member, Subcommittee on Health; Chris Sarley, Member Services and Stakeholder Engagement Director; Emma Schultheis, Policy Analyst, Subcommittee on Health; James Stursberg, Professional Staff Member, Subcommittee on Health; Timothy Trimble, Staff Assistant; Matt VanHyfte, Communications Director; Katie West, Press Secretary, Press Office; Nick Wooldridge, Professional Staff Member, Subcommittee on Health; Lydia Abma, Minority Policy Analyst; Shana Beavin, Minority Professional Staff Member; Jennifer Black, Minority Professional Staff Member; Jacquelyn Bolen, Minority Counsel; Keegan Cardman, Minority Staff Assistant; Waverly Gordon, Minority Deputy Staff Director and General Counsel; Tiffany Guarascio, Minority Staff Director; Saha Khaterzai, Minority Professional Staff Member; Serena Klebba, Minority Intern; Una Lee, Minority Chief Counsel, Subcommittee on Health; Will McAuliffe, Minority Chief Counsel, Subcommittee on Oversight and Investigations; Harry Samuels, Minority Counsel; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; Hannah Treger, Minority Staff Assistant; and Laurel Uhomba, Minority Health Fellow.

Mrs. Harshbarger. The subcommittee will come to order.

The chair recognizes herself for 5 minutes for an opening statement.

Today we welcome Secretary Kennedy to discuss the President's fiscal year 2027 budget for the Department of Health and Human Services.

Mr. Secretary, thank you for being here and for your continued engagement with this committee.

At the outset, I want to recognize the leadership of President Trump and your work at HHS to advance a bold vision for Make America Healthy Again.

The mission of HHS to promote and protect the health and well-being of Americans has never been more important, especially as we confront rising chronic disease, increasing healthcare costs, and growing access challenges across the country.

As a pharmacist, I have seen firsthand how these challenges play out in real life at the pharmacy counter in rural communities and for patients trying to navigate a system that is often too complicated and too expensive. Too often, patients walk away from needed care, not because it isn't available, but because they can't afford it or because the system makes it too difficult to get the care they need.

And that is why I appreciate the administration's focus on prevention and transparency and accountability. These are core principles that are reflected throughout this budget.

Efforts to strengthen primary care, expand behavioral health services, and invest in maternal and child health are important steps toward improving outcomes and bending the cost curve over time.

A stronger emphasis on prevention, particularly addressing nutrition and chronic disease, has the potential to reduce long-term costs while improving quality of life for millions of Americans.

I am also encouraged by the emphasis on healthcare affordability. Families in east Tennessee, where I am from, and across the country continue to feel the strain of high drug pricing,

rising premiums, and out-of-pocket costs. The administration's work to increase price transparency and ensure patients have access to clear, usable pricing information is a critical step toward restoring a functioning healthcare marketplace.

Similarly, efforts to promote competition through bio-similars and streamlined regulatory pathways can help bring down costs and expand treatment options. And modernizing tools like prior authorization to reduce delays and administrative burden is something both patients and providers have long asked for and have long needed.

Another area of strong interest for this subcommittee and certainly for my district is rural health. We know that rural communities face unique challenges, including provider shortages, hospital closures, and limited access to specialty care. In many parts of my district, patients have to travel long distances just to see a provider or fill a prescription.

I look forward to hearing more about how this budget supports rural providers, strengthens the healthcare workforce, and ensures that patients, regardless of where they live, can access timely, high-quality care. Investments in primary care, workforce development, and community-based services will be key to stabilizing rural health systems and providing outcomes.

I also want to commend the Department's focus on program integrity and stewardship of taxpayer dollars. Efforts to combat fraud, waste, and abuse in Medicare and Medicaid and to move toward real-time oversight are essential to protecting these programs for the patients who depend on them. Every dollar lost to fraud is a dollar that cannot be used for patient care, and strong oversight is critical to maintaining trust in our healthcare system.

Finally, I want to highlight the importance of ensuring patients have access to innovative treatments and therapies. The administration's effort to accelerate drug development, reduce unnecessary regulatory barriers, and support individualized therapies, particularly for rare diseases, are promising steps forward.

At the same time, we must ensure that these scientific advancements translate into

real-world access so patients can get the care they need when they need it without unnecessary delay.

Mr. Secretary, this budget outlines an ambitious agenda to improve health outcomes, modernize Federal programs, and make healthcare more affordable and accessible, and this subcommittee looks forward to working with you to ensure these priorities are implemented in a way that delivers real results for real American people.

And I appreciate your testimony, and I look forward to our discussion today, sir.

I now recognize the subcommittee ranking member, the other half of the "Diana Caucus," Representative DeGette, for 5 minutes for an opening statement.

[The prepared statement of Mrs. Harshbarger follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Thank you, Madam Chair. I will bet you this is the first time in history that both the chair and the ranker have been named Diana.

On a serious note, Madam Chair, it has been a profoundly disturbing 15 months for public health and a profoundly disappointing 15 months for this Congress and for this committee.

Measles is resurgent in the United States, and we are on track to have the most measles cases since just after CDC started recommending the two-dose immunization regime, which was over 30 years ago.

Researchers have seen promising work canceled, and young researchers are less likely than ever to be able to get the funding they need to launch exciting projects and their careers.

And some of the most promising biotechnology companies are wondering whether the United States is where it should grow in their businesses as the FDA becomes less and less reliable and more and more politicized.

I think the Secretary and I do agree on some things -- things that are self-evident but yet are not being adequately addressed. We spend by far the most on healthcare in the rich world, yet we have by far the worst health consequences. We have a chronic-disease crisis driven by environmental contaminants and poor nutrition, among other factors.

So I am mystified why tackling these issues has taken a back seat to peddling lies about vaccines, slashing vital public health programs, and seeding unfounded fear about Tylenol.

I measure priorities in staffing, attention, and action, and where I have seen action, I have seen it taken in the wrong way.

Secretary Kennedy fired the expert scientists on the Advisory Committee on Immunization Practices, replacing them with ideologues. Secretary Kennedy canceled research and development relating to mRNA technology, potentially setting back promising cures by years. And Secretary Kennedy directed the addition of safety warnings on Tylenol use in pregnancy even though the evidence suggests that Tylenol is safe, while fever in pregnancy, which Tylenol treats, can be

profoundly damaging.

Madam Chair, I want to tell you two stories from across the country about the direct impacts from the last year.

First, ending the HIV epidemic was a priority of the first Trump administration, but under Secretary Kennedy's leadership, locally driven programs to get effective medications to prevent HIV to at-risk individuals are in doubt.

I was told of a project to increase access to long-acting HIV-prevention medication for at-risk men in high-incidence areas that has been unable to continue because of funding terminations, restrictions, and instability. That means only one thing: more HIV infections in the long run.

In Colorado, this administration's systemic refusal to execute the laws Congress has mandated for the Agency for Healthcare Research and Quality led to disruptions of clinical trials and wasted research time and money.

A trial on pediatric medication therapy management which tested using different medications to treat children with complex medical conditions was forced to halt enrollment and go on hold. Now, the funding did just come through, but unacceptably late and suspiciously close to this hearing today.

The damage is done. The trial had to temporarily close, leading to primary outcome data being lost and diminished access to cutting-edge care. That has a short-term and a long-term harm. Kids who could have benefited from the trial did not, and since the data was lost, it will be longer before any beneficial findings from the trial get integrated into practice more broadly.

These stories represent a failure of leadership and a failure of vision. If we want to truly make America healthy, we need to follow the evidence, empower the scientists, and we need to be willing to change when we are wrong. Public health fails when we make decisions based on ideology.

We are seeing the very failures of that kind of decision-making before our very eyes. This

HHS does not have the confidence of scientists, doctors, or the American people. The Secretary of Health and Human Services must be a force for improving public health, not for dismantling it. The Secretary and this committee must ask a hard question: What is the legacy this HHS and this HHS Secretary are leaving?

We are rapidly losing our position as the gold standard in the world for medicine and for science. For the sake of ourselves, our children, and future generations, we must stop the bleeding, and we must start to rebuild.

I yield back.

[The prepared statement of Ms. DeGette follows:]

******** COMMITTEE INSERT ********

Mrs. Harshbarger. The gentlelady yields back.

And I now recognize the chairman of the full committee, Chairman Guthrie, for 5 minutes for an opening statement.

The Chair. Thank you, Vice Chair Harshbarger, for holding this hearing.

And thanks, Secretary Kennedy, for being here with us today to discuss the priorities of HHS, the budget, and your Department's priorities.

So, this Congress, Republicans have worked hard to take on some of the major healthcare challenges facing Americans, ranging from mitigating the influx of illicit drugs to cleaning up waste, fraud, and abuse that have plagued our safety-net programs.

We have held a series of hearings to examine the major cost drivers across the entire healthcare system, and just last week we held our first hearing in another series on promoting a healthier America, which I know is important to you, Mr. Secretary, as well.

So, Secretary, I look forward to hearing from you today on everything you have been doing to improve healthcare for all Americans.

In particular, I want to commend you on the release of the new dietary guidelines and your work with medical schools across the country to increase nutrition training. These are important initiatives that are long overdue.

I also want to commend you for your continued partnership in taking on waste, fraud, and abuse in our healthcare system. When bad actors exploit these programs, patients who rely on care ultimately suffer. This is not a victimless crime.

With initiatives like this, the committee's ongoing investigation into fraud schemes combined with the administration's new anti-fraud task force, Republicans are committed to protecting patients and preserving crucial government health programs for decades to come.

We look forward to continuing to collaborate with the Trump administration and your Department to restore the integrity of our health system and to implement solutions that put

patients first.

I thank you for being here, and we thank you for your participation. And I look forward to our discussion today.

And I will yield back.

[The prepared statement of the chair follows:]

******** COMMITTEE INSERT ********

Mrs. Harshbarger. The gentleman yields back.

And I now recognize the ranking member of the full committee, Representative Pallone, for 5 minutes for an opening statement.

Mr. Pallone. Thank you, Madam Chair.

Since Secretary Kennedy last testified before this committee in June, our Nation's entire healthcare system has been driven into chaos thanks to his actions and the actions of Republicans here in Congress.

Healthcare is less accessible and less affordable thanks to the trillion-dollar healthcare cuts in the "Big Ugly Bill" that Republicans jammed through last summer to pay for giant tax cuts for the wealthy and Republicans' refusal to extend the ACA enhanced premium tax credits.

Americans' health, particularly our children's health, is at risk because of Secretary Kennedy's complete upheaval of our Nation's vaccine infrastructure and the endless barrage of misinformation spewed to push the Secretary's ideological agenda.

And this administration actively worked with Congress to pass the "Big Ugly Bill." You can't cut a trillion dollars without dramatically impacting the care Americans receive. Fifteen million Americans are expected to lose their healthcare coverage, forcing people to once again rely on emergency rooms for care and leaving millions of Americans buried in medical debt.

Medicare is also cut by hundreds of billions of dollars, reducing access to care for seniors. It strips States of funding to provide healthcare to their lowest-income residents and shutters hospitals and nursing homes, especially those in rural and underserved areas.

And as a result of this Republican cruelty, we are watching in real-time as hospitals and health clinics are closing at a rapid rate while States are being forced to slash payments to providers, raise out-of-pocket costs, and cut benefits.

And the Trump administration and congressional Republicans drove up monthly healthcare premiums for more than 24 million Americans the beginning of this year because they refused to

extend the ACA enhanced premium tax credits. People have seen monthly premiums double or triple, leaving some people with no choice but to go without health insurance altogether.

And now there are reports that Republicans, through further reconciliation initiatives, intend to make further cuts and take healthcare away from more people to pay for Trump's reckless war of choice in Iran. In Trump's America, we can't afford healthcare, but apparently we can spend a billion dollars a day in a war with Iran. In fact, Trump himself said that it is not possible for the Federal government to pay for Medicaid and Medicare when we are fighting wars.

Now, the chaos does not end with skyrocketing costs and coverage losses. Secretary Kennedy is creating chaos and confusion in our Nation's vaccine policy.

Your handpicked anti-vaccine members of the Advisory Committee on Immunization Practices altered recommendations for multiple vaccines, including measles, hepatitis B, and COVID. These actions left patients, healthcare providers, and parents confused about what vaccines are recommended when and whether they would be covered by their insurance. And the uncertainty drove skepticism and made it harder for people to access vaccines that can keep themselves and their families healthy.

At the same time, the Trump administration has frozen or terminated billions of dollars in scientific research grants and funding, halting ongoing clinical trials to find the next generation of treatments and cures.

You know, Republicans preached for years on this committee about their concerns regarding protecting pharmaceutical innovation, but it is quite ironic they are noticeably quiet now as we watch the United States get left behind as the global leader in medical research thanks to their own administration's actions.

And, Mr. Secretary, you are presiding over one of the most consequential departments within the Federal Government, and this is no small job. But, unfortunately, your actions are dangerous to healthcare in our country. And it is going to take decades to repair the damage that you have done.

So, finally, I want to mention your unprecedented obstruction of congressional oversight and your refusal to respond to our inquiries or requests over the last year. The radical transparency that you talked about, you know, from the very beginning of your time as Secretary, even before, that radical transparency that you promised appears to have been an empty promise.

And I expect you to fully and respectfully answer the questions of the Democratic members of this committee today and to respond to all written requests that we have sent you in the past. There are so many; I haven't gotten responses to any of them.

But, with that, Madam Chair, I yield back the balance of my time.

[The prepared statement of Mr. Pallone follows:]

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Mrs. Harshbarger. The gentleman yields back.

We now conclude with member opening statements.

And the chair would like to remind members that, pursuant to the committee rules, all members' opening statements will be made part of the record.

We want to thank our witness for taking the time to testify before the subcommittee.

Although it is not the practice of this subcommittee to swear in the witness, I would remind our witness that knowingly and willfully making materially false statements to the legislative branch is against the law under Title 18, section 1001 of the United States Code.

You will have the opportunity to give an opening statement, followed by questions from members.

And our witness today is The Honorable Robert F. Kennedy, Jr., Secretary of the U.S. Department of Health and Human Services.

And per committee custom, the witness will have an opportunity for a 5-minute opening statement, followed by a round of questions from members.

The light on the timer in front of you will turn from green to yellow when you have 1 minute left.

And I now recognize Secretary Kennedy for 5 minutes to give an opening statement.

STATEMENT OF THE HONORABLE ROBERT F. KENNEDY, JR., SECRETARY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Secretary Kennedy. Thank you, Chairwoman Harshbarger and Ranking Member DeGette and members of the committee. Thank you for the opportunity to appear before you today to discuss the President's fiscal year 2027 budget request.

We stand at a generational turning point. Our children are the sickest generation in modern history, and decades of failed policies, captured agencies, and profit-driven systems caused it. Parents across the country demanded change, and we are delivering it.

We are ending the era of Federal policies that fueled this chronic disease epidemic and replacing them with policies that put the health of Americans first. President Trump and I are challenging the status quo and the institutions that defend it as we work to make America healthy again.

In just 15 months, HHS has delivered historic wins.

We negotiated most-favored-nation drug prices with 16 of the largest pharmaceutical companies so that Americans no longer pay more than people in other wealthy countries for the same medications.

We are bringing real transparency to healthcare pricing so that patients know the cost of care before they receive it.

I used the full convening power of the Federal Government to bring health insurance CEOs to the table to reform prior authorization. We are cutting red tape, speeding decisions, and demanding transparency.

We are also cracking down on waste, fraud, and abuse.

This year, HHS and USDA issued new dietary guidelines that put real, whole food at the center of the American plate. We flipped the food pyramid upside down. We sent a clear message to

Americans: Eat real food.

HHS has opened the door to partnerships with the industry, trade associations, nonprofits, and advocacy groups. More than 50 medical schools have committed to expand nutrition education from an average of 2 hours to 40 hours.

Food manufacturers are stepping up too. More than 40 percent of the food industry is committed to phase out petroleum dyes by the end of the year, and many have already eliminated them. In conjunction with these efforts, the FDA approved six natural food colorings derived from fruits and vegetables.

Through President Trump's Great American Recovery Initiative, HHS is matching compassion with action to help Americans break the cycle of addiction.

At HHS, we are prioritizing patients with ultra-rare diseases and their families and driving faster access to lifesaving treatments. We are restoring gold-standard science and integrity across the agency for the first time in decades.

We are protecting children from sex-rejecting procedures that expose them to irreversible harm.

We are eliminating outdated and misleading warning labels on hormone therapies used to treat women during menopause.

We are strengthening oversight of organ procurement.

We are implementing Operation Stork Speed to ensure the safety and quality of infant formula.

I convened the 405 largest tech companies to agree to stop information-blocking so that, for the first time, every American is going to be able to access their own health records on their cell phones.

We are implementing Operation Stork Speed to improve baby formula.

We are applying that same focus and urgency to rural America. The Rural Health

Transformation Fund delivers the largest investment in rural health in our Nation's history, $50 billion over 5 years, to strengthen rural hospitals and ensure Americans get access to care they need no matter where they live.

Members of Congress on both sides of the aisle have made rural health a clear priority in their conversations with me, because every State is feeling the strain of hospital closures, workforce shortages, and gaps in access.

HHS announced a more-than-$135-million investment this month to expand rural residency programs and nutrition services. The data is clear: When physicians train in rural communities, they are far more likely to stay and serve there.

The President's budget puts all these priorities into action.

It invests in prevention, because preventing disease costs less than curing it.

As my uncle, President John F. Kennedy, said, "'Progress' is a nice word. A change is its motivator, and change has its enemies." We see those forces clearly: defenders of a failing status quo, institutions that put profits ahead of the American people. That resistance underscores the urgency of this moment.

We can reverse chronic disease, improve public health, and lower costs. I stand ready to work with Congress and this committee to seize this opportunity to implement and codify lasting generational reform in American healthcare for our country, for our children, and for the health of the American people. Together, we can make America healthy again.

[The prepared statement of Secretary Kennedy follows:]

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Mrs. Harshbarger. Well, thank you to the witness for your testimony.

We will now begin questioning. And I would ask that members not begin a new question to our witness as their 5 minutes expire, and would encourage members to submit written questions for the record.

And I now recognize myself for 5 minutes for questions.

Mr. Secretary, I agree with all the initiatives that you mentioned that will be in the budget, because this is something I have not only preached but I have practiced for over 40 years in healthcare.

The first thing I want to ask is: You know, as a pharmacist, I know patient trust depends on clear communication and sound science. And I appreciate your focus on restoring confidence in public health.

There has been a lot of misleading commentary about your approach to the measles vaccine and vaccine policy.

Let me start off by saying, would you like to take a few moments to set the record straight and explain how HHS is strengthening measles prevention while rebuilding trust with patients and families?

Secretary Kennedy. Yeah. Thank you for that question, Madam Chairman.

The -- and this has become a talking point for Democrats, that somehow I caused the measles epidemic. The measles epidemic started in January 2025, before I came into office.

Mrs. Harshbarger. Uh-huh.

Secretary Kennedy. And most of the people, almost -- most of the people who are affected are over 5 years old, meaning their decision to not vaccinate predated my appointment to this office.

We had about 2,200 measles cases last year. We have had 1,700 this year. This is not unique to the United States; this is a global outbreak. Mexico had three times the number of measles cases that we did.

We have done better than any country in the world at controlling the epidemic. Mexico has three times the number, and it has one-third of our population. Canada has twice the number, and it has one-eighth of our population. Europe had 33,000 cases last year and 127,000 the year before, and they have one-half of our population.

So the problem is not me. There are people in this country who do not vaccinate. The major outbreak was in the Mennonite population. The Mennonites have not vaccinated since 1796. That was long before I was born. I haven't been to these countries recently where the outbreaks have occurred.

I will tell you one story where two little girls who died from measles during the -- in the Mennonite population. I went to the funeral service for one. I spent a day with the family of the other.

Both of them said that when they showed up at the hospital they were not offered real treatment. They were instead treated as pariahs. They were shamed. They were isolated. And both of them believe that if their children had been properly treated they would have lived. Their children had co-morbidities.

Their own doctors, their personal doctors, believe the children could have been saved.

There is no child who should die in this country of measles.

Mrs. Harshbarger. No.

Secretary Kennedy. One of the things I did since coming into office is to make sure that, for people who do get measles, that they are treated decently, they are treated with compassion, and they are given the kind of treatments that exist that are given by other countries and are refused in this country because of the bias toward a vaccination-only policy.

We need to treat people who get sick. No matter what, they all should be treated with compassion.

Mrs. Harshbarger. Well, I have always looked at -- you can always -- conventional and

nonconventional medications or therapies co-exist. And we have done it forever. And it should be up to the prerogative of the patient as to what they choose to do.

I appreciated our recent discussion on expanding the therapeutic potential of peptides, which are increasingly used across a range of clinical areas.

And as FDA's Pharmacy Compounding Advisory Committee meets in the coming months, I believe it is important to ensure it includes practitioners with real-world compounding and patient-care experience.

And as policy evolves, we should also ensure reliable access to pharmaceutical-grade ingredients that manufacturers can scale for legitimate medical use.

So will you work with me on those priorities, sir?

Secretary Kennedy. Absolutely, Madam Chairman.

And we just moved 14 peptides off of Category 2, where they were wrongly put there --

Mrs. Harshbarger. Right.

Secretary Kennedy. -- during the Biden administration, which created a huge black market in this country --

Mrs. Harshbarger. Yes.

Secretary Kennedy. -- for research-grade peptides, which millions of Americans are using. They are coming from China; they are from uninspected labs.

We need to bring it back into a real marketplace where legitimate, honest formulation pharmacies --

Mrs. Harshbarger. Yes.

Secretary Kennedy. -- with integrity and ethics are formulating them for Americans.

Mrs. Harshbarger. Thank you, sir.

My time is up, so now I turn it over to Ranking Member DeGette for her 5 minutes of questions.

Ms. DeGette. Thank you, Madam Chair.

Mr. Secretary, I spend a lot of my time here on this committee promoting maternal and child health. And I am proud to have worked alongside my friends Buddy Carter, Robin Kelly, and Kat Cammack, in a bipartisan way, to get the Preventing Maternal Deaths Reauthorization Act signed into law just this February.

I think I speak for all four of us, as well as the bill's other champions, when I say we are very proud of this legislation and the work HHS did to implement the original Preventing Maternal Death Act, which was passed under the first Trump administration.

So, because of the data collected by the Maternal Mortality Review Committees, we know 80 percent of maternal deaths are preventable, and we can direct resources into saving those moms and keeping those families whole.

I think you would agree that that is useful data to have, correct?

Secretary Kennedy. Yes, Madam Chairman -- or --

Ms. DeGette. Thanks.

And work fostered by HHS has also helped reduce infections in newborns, reduce pre-term births, improve treatment for mothers with substance use disorders, and much, much more, which is, again, much-needed progress. Wouldn't you agree, sir?

Secretary Kennedy. Yes.

Ms. DeGette. Okay.

Now, all those great initiatives are part of CDC's Safe Motherhood Program, which the Preventing Maternal Deaths Reauthorization Act reauthorized.

So I have to ask you this: Are you aware, sir, that the fiscal year 2027 HHS budget, which you are testifying about here today, seeks the elimination -- not the restructuring, not the relocation, but the elimination -- of CDC's Safe Motherhood Program?

Secretary Kennedy. Can I reply to that?

Ms. DeGette. Yeah. Are you aware that you are seeking to eliminate that program?

Secretary Kennedy. Yes.

Ms. DeGette. Okay.

It is also my understanding that this administration is prioritizing, quote, "family formation." Is that correct?

Secretary Kennedy. Prioritizing what?

Ms. DeGette. Sorry?

Secretary Kennedy. I didn't hear what you said.

Ms. DeGette. The administration is prioritizing, quote, "family formation." Is that correct?

Secretary Kennedy. Family --

Ms. DeGette. That is the words of the agency.

Secretary Kennedy. Family formation?

Ms. DeGette. Uh-huh.

Secretary Kennedy. I can tell you what we are doing --

Ms. DeGette. Okay. Well --

Secretary Kennedy. -- on maternal health.

Ms. DeGette. Well -- so your agency says family formation is a priority.

Wouldn't you say it should be a priority to make pregnancy and childbirth safer and improve outcomes for all moms and babies?

Secretary Kennedy. It is a priority, and we are doing more on that --

Ms. DeGette. Okay. So your answer is --

Secretary Kennedy. -- than any administration in history.

Ms. DeGette. -- your answer is yes.

Now, the fiscal year 2027 HHS budget also seeks to eliminate the Title X Family Planning Program. Title X provides more than 2 million low-income people access to critical services like

contraceptive care, helping people have kids or not have kids safely and on their own time.

Contraceptive care, as defined in HHS's regulations, includes things like birth control pills, IUDs, implants, and condoms.

Mr. Secretary, are you aware that 8 in 10 women of reproductive age have used some kind of contraception in the last year?

Secretary Kennedy. As I said --

Ms. DeGette. No. Are you aware that these people have used contraception in the last year, yes or no?

Secretary Kennedy. This administration has done more for maternal health. And to pretend --

Ms. DeGette. Okay. Are you aware that 8 in 10 women of reproductive age have used contraception in the last year, yes or no?

Secretary Kennedy. As I said, we are --

Ms. DeGette. You don't know.

Secretary Kennedy. -- doing more for maternal health --

Ms. DeGette. Are you aware that nearly a third use it for medical purposes other than preventing pregnancy, yes or no?

Secretary Kennedy. Well, if you care about the outcome of maternal health, you should be supporting what we are doing.

Ms. DeGette. Okay. So you don't know.

Secretary Kennedy. We have --

Ms. DeGette. Are you aware that every dollar invested in family planning saves the public over $7?

Secretary Kennedy. We had 42 maternal health programs at the --

Ms. DeGette. So you don't know.

So I want to ask you something right now, and this is really important. Will you commit, right now, before the American people, that HHS, under your leadership, will not take any action that will limit people for the birth control method of their choice, yes or no?

Secretary Kennedy. As I said, we have done more for maternal health than any administration in our history.

We have one program, the perinatal pilot program, that has already dropped maternal health death by 42 percent in 220 hospitals --

Ms. DeGette. Okay. I only have 6 seconds left.

Let the record reflect the Secretary refuses to tell the American women whether he will let poor women use the contraception method of their choice.

And let the record also reflect it is 2026, Madam Chair.

I yield back.

Mrs. Harshbarger. The gentlelady yields back.

And I now recognize the chairman of the full committee, Representative Guthrie, for his 5 minutes.

The Chair. Thanks, Mr. Secretary. Over here in the corner.

When we reformed Medicaid in the Working Families Tax Cuts, we wanted to make sure that people that were ineligible, illegal, able to work worked, so Medicaid served people who it was intended to serve.

We also knew that States were creating their own financing system to essentially draw down Federal dollars without putting their money in, which the program was supposed to -- we reformed that. But we knew that, and States had to reform the way they do that. It was going to -- we wanted to have a specific focus and give them money to focus specific on rural hospitals.

And so, the Rural Transformation Fund -- can you talk about your experience of the agency in administering the Rural Transformation Fund? And what are you most excited about that you have

seen implemented?

Secretary Kennedy. Yeah. You know, we have a crisis now in rural healthcare. Urban hospitals, by and large, are doing very well. Rural hospitals are -- there is an epidemic of closures. We have lost 120 rural hospitals since 2010, and that pace was accelerating when I came into this job.

Under President Trump's leadership, we put the largest investment in rural health in American history. Typically, Medicaid pays about 7 percent of its doctors -- of it funds to rural hospitals and rural areas, and it is about $20 billion a year. So we are increasing that amount by $10 billion a year.

So it is a 50-percent increase to rural hospitals to help transform them -- help them rebuild infrastructure, to recruit and retain workers, bring in technology, AI and telehealth, to completely transform rural health in this country --

The Chair. Okay. So we are actually spending more on rural hospitals.

I just have a couple more questions I want to get to.

So, on waste, fraud, and abuse, we have had criticism that we wanted people to make sure they were eligible to be on the program more than once a year.

Now that we are seeing waste, fraud, and abuse in Minneapolis, other places, not just in Medicaid but home health and others, in California, what has surprised you about what you have seen in the waste, fraud, and abuse? And what more do we need to be doing to deal with it?

Secretary Kennedy. Well --

The Chair. What is the most shocking thing you have seen?

Secretary Kennedy. Yeah. I mean, the most shocking thing to me was the Biden administration opening the door on waste, fraud, and abuse. They implemented a new program called "pay and chase" where we have to pay people -- we have ended this -- we pay claims that we know to be fraudulent -- and that is what they did during the Biden administration -- and then go and

try to claw back that money, which never happens.

Another thing they did was, we had a program integrity office. There were 80 people in it, which was not enough to cover 50 States and 6 territories. They fired immediately all but six of them. So we have no program integrity department.

They instructed people in my office that they should not be doing program integrity, that they could only validate enrollments, the legitimacy of enrollments, once a year --

The Chair. Uh-huh.

Secretary Kennedy. -- and that there was no pre-validation to them signing up. So they were just inviting people onto the rolls.

We found, I mean, as, you know, you pointed out, in Minnesota, with this analytical behavioral analysis, the ABA therapy, people with high school diplomas and nothing else were being paid $600 an hour.

We went from paying $7 million a year for autism services in Minneapolis to $200 million a year, and most of that was stolen.

In Florida, the durable medical equipment, we found one hotel with 129 rooms, and in every one of them was a durable medical equipment company. None of them had ever sold durable medical equipment. We were just paying their bills --

The Chair. Well, thanks for working -- I do have one more. And we are going to work together on that.

So, on that, competing against China, our pharmaceutical industry is the number one in the world. We know China has targeted to become the number-one producer of cutting-edge therapies. They have increased by 20 percent in 2025.

What is the HHS, and particularly the FDA, focused on to make sure we stay ahead of China in pharmaceutical research and production?

Secretary Kennedy. China is now eating our lunch. They got more drugs approved last

year -- 50 percent of the drugs that were approved in the world were approved in China.

They went from running 3 percent of clinical trials to running 30 percent, and Australia is taking about the same amount.

We are losing scientists, we are losing our IPs, we are losing physicians, we are losing the best researchers, and we are going to lose our biosecurity and --

The Chair. What -- I only have a few seconds -- what do we need to do?

Secretary Kennedy. We are doing it right now. We are fast-tracking approvals now in our country at record levels. This year, we approved 67 new drugs, 39 -- all of these are records -- 39 medical devices, 91 generic drugs.

We are reducing the clinical trials from two trials to one trial, where appropriate.

The Chair. Uh-huh.

Secretary Kennedy. We are fast-tracking approvals so companies can get -- we just approved the two fastest drugs in history, two oncology drugs, one in 45 days, the other in 55 days --

The Chair. We will continue to work -- my time has expired. I know the chair is about to gavel me down. So I appreciate it, and we will continue to work together.

Mrs. Harshbarger. I will gavel you down, Chairman.

I now recognize the ranking member of the full committee for his 5 minutes of questions, Representative Pallone.

Mr. Pallone. Thank you, Madam Chair.

You know, Secretary Kennedy, I am shaking my head because you mentioned President Kennedy, and I went with my dad to work on his campaign, and we worked on your dad's campaign for President.

But these guys were tough. I remember during the Cuban Missile Crisis when President Kennedy forced Khrushchev to back down. He was a tough guy. But, at the same time, he was determined to help the little guy. And we talk about President Johnson and the Great Society, but

most of those initiatives, Great Society initiatives, started under President Kennedy. Johnson continued them.

But we don't have a strong President now. We have a weak President. Trump lets Russia and China walk all over us. You mentioned yourself that China is eating our lunch.

You know, and President Trump doesn't care about the little guy. He just cares about big -- about corporate interests.

On April 1st, President Trump actually stated, and I quote, "It is not possible for us to take care of daycare, Medicaid, Medicare. They can do it on a State basis. You can't do it on a Federal [basis]. We have to take care of one thing" -- one thing -- "military protection."

So my question is, do you know what Trump's reckless, illegal war with Iran is costing us right now? Do you have any idea?

Secretary Kennedy. Frank, I remember when you were the champion of --

Mr. Pallone. All right. I am not going to get into it, because you are not going to answer the question.

As of April 10th --

Secretary Kennedy. Well, you said something --

Mr. Pallone. -- the American Enterprise --

Secretary Kennedy. -- about my family. I would --

Mr. Pallone. Excuse me.

Secretary Kennedy. -- like to reply.

Mr. Pallone. I am cutting you off because you won't answer the question.

As of April 10th, the American Enterprise Institute estimated the incremental costs of the war at between $25 billion and $35 billion.

And it has been reported that the Pentagon has submitted a $200-billion war supplemental spending request to the White House in anticipation of sharing it with Congress ahead of another

likely reconciliation bill.

So I have a question. Secretary Kennedy, do you believe that further cuts to healthcare programs, including Medicare, Medicaid, and the ACA, are necessary in order to pay for Trump's ongoing war with Iran, yes or no?

Secretary Kennedy. There is no cut to Medicaid.

Mr. Pallone. Oh, okay. So are --

Secretary Kennedy. Look at the --

Mr. Pallone. -- you willing to commit --

Secretary Kennedy. -- Congressional Budget Office report.

Mr. Pallone. Mr. Secretary, will you --

Secretary Kennedy. We are increasing Medicaid spending by 47 percent over --

Mr. Pallone. I am just asking --

Secretary Kennedy. -- a decade. How is that a cut?

Mr. Pallone. -- whether you will commit --

Secretary Kennedy. How is that a cut?

Mr. Pallone. -- here today that you will oppose any cuts to Federal healthcare programs to fund the ongoing war with Iran? Will you commit to that?

Secretary Kennedy. We are not cutting Medicaid.

Mr. Pallone. We are not cutting Medicaid?

Secretary Kennedy. You said that, and it is not true.

Mr. Pallone. Okay. Let's say -- let's forget about the past. Will you commit to oppose any cuts to Federal healthcare programs to fund the ongoing war with Iran in the future? Forget the past.

Secretary Kennedy. Frank, no, I want to talk to you about what --

Mr. Pallone. Oh, forget about it.

Secretary Kennedy. -- you said about my family.

Mr. Pallone. You know, let me just say, it would cost -- to provide 2 years of funding for the enhanced tax credits so families can afford their insurance premium, you know, which this administration and congressional Republicans have refused to extend, it would -- for 2 years without funding -- let me just give you some statistics about how this compares.

The fact is, extending the enhanced premium tax credit for 2 years would cost a fraction of the cost of the Iran war, just over a quarter of that supplemental funding request that we expect to come from the Pentagon.

So you can argue all you like, but the reality is that this administration and congressional Republicans are making a choice -- the choice to fund another endless war that is only raising prices for working families -- when they could be helping millions of American families here at home afford the healthcare that they need.

But what concerns me the most is not only that we have had this trillion dollars' worth of cuts under the "Big Ugly Bill" and that all our hospitals are suffering and that people can't afford their health insurance, but the administration dares to come forward and say, even with all that, we are going to do more reconciliation, with more cuts to healthcare, and says that the reason that we are doing this is because we have to pay for this ongoing war in Iran. It is simply not acceptable to do that.

And I don't want to keep bringing back, you know, President Kennedy, but the bottom line is that President Kennedy, who you mentioned -- you know, I wouldn't have brought it up, but you brought it up -- he was tough on Russia. He believed strongly in a strong military. But, at the same time, he wanted to help the average person. He wanted to, you know, provide better healthcare. He wanted to provide housing. He wanted to provide help for people who were suffering. He was concerned about poverty and started the war against poverty.

But this President doesn't want to do that. He just wants to fight wars. And he says

blatantly he doesn't care about the little guy, he doesn't care about, you know, their concerns.

So, with that, I yield back, Madam Chair.

Mrs. Harshbarger. Mr. Pallone yields back.

And I remind the witness that you need to call the members by their appropriate title.

Secretary Kennedy. Excuse me?

Mrs. Harshbarger. You need to call the members by their appropriate title, sir.

Secretary Kennedy. Oh, I apologize for that, Congressman Pallone.

Mrs. Harshbarger. Thank you, sir. I know, you know him as "Frank," I know him as "Frank," but we have to call him --

Secretary Kennedy. I have a long history with the Congressman, so we were on first-name bases for most of our --

Mrs. Harshbarger. It is easy to mess up, I know. I call our chairman "Brett," for heaven's sake.

Secretary Kennedy. I apologize for that.

Mrs. Harshbarger. Okay. Thank you, sir.

I now recognize Representative Bilirakis for his 5 minutes.

Mr. Bilirakis. Thank you.

Good morning, Secretary Kennedy. Thank you for being here and for your work making America healthy again. We appreciate it so much.

As you know, rare-disease innovation is a key priority area for me. Last year, with HHS support, Congress reauthorized the FDA Pediatric Priority Review Voucher program, a critical incentive for rare-disease companies to develop pediatric treatments.

I was pleased to see a legislative proposal in the President's budget this year to make the PRV program permanent, and I look forward to working with you on this proposal that will bring stability to the rare community. So thank you very much for that.

First question: Rare-disease advocates were also encouraged to see the addition of two conditions to the recommended universal screening panel for heritable screen- -- against newborn screening.

What will the process look like for adding new conditions to the newborn screening panel moving forward, sir?

Secretary Kennedy. We added two new diseases, metachromatic leukodystrophy and Duchenne muscular dystrophy, to the panel. We intend to add a lot more of those diseases.

In addition to that, we have a new initiative called the Plausible Mechanism Pathway that will facilitate, quickly facilitate, new drugs getting to market, new rare-disease drugs, without going through clinical trials if a similar molecule has already gone through the process and there is a plausible mechanism for approval.

In addition to that, we have a Rare Pediatric Priority Review Voucher that is going to, again, facilitate quick approval of rare-disease drugs.

So this is a center-focus at FDA right now. We are doing more than any administration has done in history.

Mr. Bilirakis. And I appreciate that. I look forward to working with you on that.

Also, I appreciate your efforts on chronic and age-related diseases that impact my constituents and, of course, millions of Americans.

According to a recent report by The Michael J. Fox Foundation, the Federal Government spent more than $25 billion on care in 1 year for Parkinson's disease and related conditions. And these costs are only increasing, as you know. We must do more to understand why so many Americans are diagnosed with neurodegenerative diseases.

Question number two: Secretary Kennedy, research increasingly shows a link between environmental toxins and neurodegenerative diseases. A 2025 study found that living within 1 mile of a golf course is associated with a 126-percent increased risk of developing Parkinson's disease due

to high pesticide use.

With recent new initiatives at CDC on toxins, do you see an opportunity for HHS to further engage on this potential link between toxins and neurodegenerative diseases?

Secretary Kennedy. Yeah. We are -- you know, we should know the answers to -- it is really regulatory malpractice that we do not already know the answer to that question, but there was a taboo against -- before I came into this office, there was a taboo against allowing studies of environmental exposures that might put to disadvantage the mercantile ambitions of certain industries.

And we have ended that taboo. We are studying these issues specifically, the links between environmental exposures and the neurodegenerative diseases, neurodevelopmental diseases, at NIH. And I hope by the end of my term we will have a lot of those answers.

Mr. Bilirakis. Very good. Thank you.

Again, thank you. I am proud to co-lead a bill called the HEALTHY BRAINS Act that would create a center for collaboration on this exact issue at NIH and would welcome the opportunity to work with you.

Thank you, Mr. Secretary. And I want to give you a couple seconds -- I have about 25 seconds -- to respond to Mr. Pallone if you want.

Secretary Kennedy. Yeah. I mean, Congressman Pallone unfavorably compared the political courage of my family to me. But I was with Congressman Pallone in the early 2000s when he was the champion in this body for people who had vaccine injuries. And suddenly he did a 180 when the pharmaceutical industry of New Jersey turned him around.

And that was a template --

Ms. DeGette. And now he is a -- now he is --

Secretary Kennedy. Oh, and -- you know you were.

Ms. DeGette. Yeah, now he is a --

Secretary Kennedy. And he has never said a word about it since. And the mothers --

Ms. DeGette. Madam Chair?

Secretary Kennedy. -- have not been able to get into his door.

Mr. Bilirakis. I yield --

Ms. DeGette. Madam Chair --

Mrs. Harshbarger. All right.

Mr. Bilirakis. I yield back.

Ms. DeGette. -- I would ask you to instruct this witness not to impugn the motives of the members of this committee, as he tried --

Secretary Kennedy. But I had my own impugned.

Ms. DeGette. -- excuse me -- as he tried to do the last time he was in front of this committee, Madam Chair.

Mrs. Harshbarger. Well, it is best for everybody to just simmer down, and let's try not to talk about the witnesses or the members.

So I recognize Dr. Ruiz for his 5 minutes of questioning.

Mr. Ruiz. Thank you.

Mr. Secretary, do you approve of President Trump's nomination for Dr. Erica Schwartz to be the next CDC Director?

Secretary Kennedy. Yes, I do.

Mr. Ruiz. So you agree with him?

Secretary Kennedy. Yes.

Mr. Ruiz. Were you consulted?

Secretary Kennedy. Yes.

Mr. Ruiz. Great. Did you speak to the President directly about this choice before she was nominated?

Did you --

Secretary Kennedy. Well --

Mr. Ruiz. -- speak with the President before her nomination about her?

Secretary Kennedy. We were the ones who sent her nomination to the White House.

Mr. Ruiz. But did you speak -- did you speak to the President?

Secretary Kennedy. I have not spoken to the President directly, but my staff, Chris Klomp, spoke directly to the President.

Mr. Ruiz. All right. So you didn't speak with the President about a major decision that they were all going to make on an agency that you oversee.

Did you speak with Erica Schwartz prior to her nomination to vet her?

Secretary Kennedy. Yeah, on multiple occasions.

Mr. Ruiz. Great. And have you spoken with her since?

Secretary Kennedy. Yes, I have.

Mr. Ruiz. Did you vet her positions on vaccines?

Secretary Kennedy. I did.

Mr. Ruiz. Okay. Well, here, let me remind you what she said about vaccines.

Quote, "When I was a military physician, my job was all about readiness. It was all about public health, prevention, vaccines, early detection. If we get that right, we change lives before illness ever begins."

It was all about vaccines, and if we get that right, we can change lives.

So this runs contrary to your dangerous anti-vaccine crusade, Mr. Secretary.

These questions are important because you fired the last CDC Director, Susan Monarez, because she refused to, quote, "give blanket approval," unquote, and rubber-stamp your efforts to dismantle the childhood vaccination schedule without any scientific evidence to do so. Remember that?

Secretary Kennedy. That is not true.

Mr. Ruiz. Well, that is what was reported that she testified in front of the Senate, that you dismantled --

Secretary Kennedy. Yeah, but what she testified to was not true.

Mr. Ruiz. -- that you dismantled the program, replaced the ACIP board with anti-vaxxers -- anyway, things that she said you were going to do, and you did it.

So, when we talk about truth and who is being honest, I would trust her, because that is what you did, even though you denied to Senator Cassidy that you wouldn't do that.

And, Mr. Secretary --

Secretary Kennedy. Well, I had a very good reason --

Mr. Ruiz. -- you support --

Secretary Kennedy. -- for firing her, and it doesn't --

Mr. Ruiz. So let me ask you a question, because you and her have very different opinions on vaccines. Did you change your views on vaccines?

Secretary Kennedy. Do you want a sound bite, or do you want to have a discussion? Because what you are saying is absolutely wrong.

Mr. Ruiz. What you have demonstrated throughout your entire time as Secretary is the dismantling of the childhood vaccination program that has been detrimental to our Nation and puts our Nation at risks of getting more communicable diseases, which has been shown through the flu, through the measles. Those cases have been rising, Mr. Secretary.

Secretary Kennedy. I am putting a billion dollars --

Mr. Ruiz. Do you agree with Dr. Schwartz and her vaccine position?

Secretary Kennedy. I am putting a billion dollars --

Mr. Ruiz. No. Mr. Secretary --

Secretary Kennedy. -- into vaccine research.

Mr. Ruiz. -- if Dr. Schwartz is confirmed, will you commit on the record today to implement whatever vaccine guidance she issues without interference?

Secretary Kennedy. I am not going to make that kind of commitment.

Mr. Ruiz. Because you probably won't, and you will probably fire her --

Secretary Kennedy. Well, I --

Mr. Ruiz. -- as well as you did Director Monarez, because you will not accept the recommendations based on science.

Mr. Secretary --

Secretary Kennedy. You are getting your sound bite, but you are not getting --

Mr. Ruiz. -- it has been reported by Bloomberg that the President and the White House have sidelined you, they have benched you, because you are making the President look bad.

Are you aware of that?

Secretary Kennedy. That is not true.

Mr. Ruiz. How does that make you feel, Mr. Secretary? You must be aware of that, and --

Secretary Kennedy. I mean --

Mr. Ruiz. -- it must be nerve-racking --

Secretary Kennedy. -- you just want the sound bite. You don't want to --

Mr. Ruiz. -- especially after AG Bondi --

Secretary Kennedy. -- actually have a discussion.

Mr. Ruiz. -- especially after AG Bondi and Secretaries Noem and Chavez-Deremer got fired for making the President look bad.

You see, I think the reporting is correct, Mr. Secretary. You --

Secretary Kennedy. You are just making stuff up.

Mr. Ruiz. -- are making the President look bad, especially before the midterm elections.

You talk publicly about snorting cocaine off a toilet bowl seat. Your words, not mine.

You said that if you were President, you would, quote/unquote, "re-parent" Black children. Again -- in other words, taking them away from their parents -- your words, not mine.

Furthermore, the American people think your anti-vaccination crusade is too extreme. A KFF polling shows that 55 percent of the Americans disapprove, with 37 percent strongly disapprove, of your work, Mr. Secretary. Fifty-six percent have little to no confidence -- the majority -- have little to no confidence in your work with vaccines.

And you keep losing. Americans are sicker now more than ever. Measles cases were up to 2,288 in 2025, more than the previous year. This year is going to be worse, with cases already at 1,748.

So, Mr. Secretary, you should resign for your dangerous dismantling of our public's health and before the President fires you too. And when you do get fired, don't say --

Mrs. Harshbarger. The member's time is up.

Mr. Ruiz. -- I didn't tell you.

Mrs. Harshbarger. The member's time is up.

And I want to remind the members, too, that we can't badger the witness and say these -- these specific things we may have read in the paper.

So now I recognize --

Mr. Ruiz. Wait, wait, wait. I am sorry --

Mr. Carter of Georgia. Whoa, whoa, whoa, whoa. It is my turn.

Mrs. Harshbarger. -- Buddy Carter from the State of Georgia.

Mr. Carter of Georgia. Mr. Secretary, thank you for being here today, and thank your staff for being here. And thank you for your efforts that you are making -- that you are -- in trying to make America healthier.

Mr. Chairman -- or, Mr. Secretary -- I apologize -- Mr. Secretary, do you have anything you want to respond to? I want to give you some time if you want to respond to anything.

Secretary Kennedy. I will respond by saying a couple of things.

One is, I am not anti-vax. I have never been anti-vax. I am putting a billion dollars into vaccine research right now at NIH and at NCI. If I was anti-vax, I wouldn't be doing that. We are developing a universal flu vaccine, and we are developing cancer vaccines.

I don't believe all vaccines are bad. I have never said that. What I have said is, they should be safety tested. None of the 92 vaccines -- with one exception, none of the 92 doses of 18 vaccines now given to our kids has ever gone through a randomized, controlled placebo trial. No other medication would be able to do that. And all I am saying is, we should know risk profiles so that we can inform parents.

I fired Susan Monarez because I asked her an outright question, are you trustworthy, and she said no. And I said, can I trust you, and she said no. That is why she got fired, not because of her vaccine issues. I really had nothing to do with that.

Mr. Carter of Georgia. Okay. Thank you, Mr. Secretary.

Mr. Secretary, I want to talk about the budget. I think that is why you are here, is to talk about the budget, and I appreciate it very much.

One of the things that -- and, as you know, I am the oldest pharmacist in Congress, and Chairperson Harshbarger is the youngest, but, nevertheless, I have seen a lot of these Federal programs in my practice of pharmacy over the years and the policies that are implemented, and I have seen them misaligned.

And one of them that I am particularly interested in is the 340B program. I am not trying to end the 340B program, but I think it has evolved into something it was never intended to be. It was intended to be for the rural hospitals, for the FQHCs, and it has evolved into something much more than that.

And I am interested -- I have legislation to call for more transparency in 340B, but I wanted to ask you, what kind of reforms is the agency looking at to try to reform the 340B program?

RPTR KRAMER

EDTR HOFSTAD

[11:05 a.m.]

Secretary Kennedy. Well -- and you are right in the way that you characterize it. Originally, it was intended for rural hospitals, for patient populations who couldn't afford medicine, to lower the cost of medicine for those hospitals. And it was mandatory.

Originally, there were 90 facilities, 90 different entities in the program. Today, there are 12,000, with about 60,000 outpatient offices. And it has become a boondoggle.

We saw, in one situation in Virginia, a hospital in Virginia that was taking the discount from the pharmacy drugs and selling them at list price to the patients, using the profits from that to build a hospital in an affluent area in Virginia. It is exactly the opposite of what -- and I could tell you horror stories about it all day.

Mr. Carter of Georgia. Absolutely.

Secretary Kennedy. There are a lot of good things about 340B. It is absolutely critical --

Mr. Carter of Georgia. I couldn't agree more.

Secretary Kennedy. -- many functions. We need congressional help, because the change has got to be statutory. And we want to work with you and figure out the best way to --

Mr. Carter of Georgia. Well, we are trying to give you that congressional help, let me assure you of that.

But, you know, it is even worse than what people think, because not only has it proliferated into something that it was never intended to be, but also it is leading to consolidation in healthcare, which is leading to higher costs in healthcare. There are healthcare systems that are buying oncology practices for no other reason but to get the pricing of 340B.

And then the hospitals have become so dependent on it. And I get it, but I can't help them if they are masking costs by using that program. If I can't see those other costs, I can't help them with

that cost. And that is exactly what they are doing.

And that is why we are trying to reform the program, to make it better for who it was intended to be for, for the rural hospitals and for the 340Bs. I want to make sure -- or, for the FQHCs. Excuse me.

I want to make sure that I get to this real quickly, and that is, streamlining the regulatory process and trying to give additional investments in domestic manufacturing.

Can you tell me real quickly what the agency is trying to do there?

Secretary Kennedy. For manufacturing?

Mr. Carter of Georgia. For just regulatory process and trying to support additional investments in domestic manufacturing.

Secretary Kennedy. In pharmaceutical manufacturing?

Mr. Carter of Georgia. Yes, yes, for drugs, absolutely.

Secretary Kennedy. Yeah. I mean, we are putting in -- through the MFN agreements, the companies that -- of the 16 companies that negotiated with us, almost all -- all of them have agreed to reshore their pharmaceutical production. So we are seeing huge, vast investments now in pharmaceutical production.

In addition to that, my agency is putting in $325 million, attached to the Strategic National Stockpile, to reshore API manufacturing in this country --

Mr. Carter of Georgia. Good.

Secretary Kennedy. -- so that, come a time --

Mr. Carter of Georgia. Thank you for your efforts, Mr. Secretary.

Secretary Kennedy. -- that we have a pandemic, that we don't, you know, have these supply-chain difficulties that we --

Mrs. Harshbarger. Okay. The member's time is up.

Mr. Carter of Georgia. Thank you for your efforts.

Mrs. Harshbarger. I now recognize Representative Dingell for her 5 minutes of questions.

Mrs. Dingell. Thank you, Madam Chair.

Mr. Secretary, my concern is that, under the current leadership at HHS and, quite frankly, out of the White House, America is grappling with an unprecedented destruction -- destruction of our public health infrastructure.

You talked about measles. Other people have talked about measles. We eliminated them -- the United States announced they were eliminated in the year 2000. I am one of the counties that has a outbreak.

Secretary Kennedy. Eliminating what?

Mrs. Dingell. In 2000, we said we had eliminated measles in this country. It is back. You acknowledged it; others have. Three thousand cases in the last few months.

Every patient -- every child with measles should be treated with compassion. But I had seven cases just in the last couple of weeks in my county, and they have been -- the contagious spots have been grocery stores and the colleges. You can't stop it.

I have met with the family of one of them, and I said, "Why didn't you get immunized?" And they said, "We are listening to our government. Our government tells us not to."

So you may think that you are pro-vaccine, but people aren't hearing that. And I am talking to the people that are actually sick right now.

So that is what is worrying me.

And you are hiring -- you are hiring people that are vaccine-skeptic health appointees, and they are spreading, quite frankly, lies about vaccine safety. And now polio is coming back. That is why I am worried.

While Americans are continuing to get sick, the Trump administration is cutting staff and funding for public-health efforts at critical agencies. And not only are we seeing measles and polio come back, the chaos at NIH is also doing long-term damage to the future of health research in

America.

I agree with you when you say that researchers are going overseas. I have met with these kids. They are being recruited. We are losing a generation of researchers. And they are headed to other countries, including bad actors, with big wallets, where they can count on stable funding.

I got called into the University of Michigan by the chairs, who just -- and you have been wonderful at HHS last year. Given up this year. They don't know what the hell is going to happen. Kids have said to me, "We are leaving. We can't count on it." I have said, "Please stay."

So do you believe that the U.S. should remain a global leader in health research, yes or no?

Secretary Kennedy. Yeah, what was the question?

Mrs. Dingell. Do you believe that the U.S. should remain a global leader in health research, yes or no?

Secretary Kennedy. Can I answer some of the misstatements you made about measles --

Mrs. Dingell. My time is --

Secretary Kennedy. -- just to clarify?

Mrs. Dingell. -- short. It is a documented fact, the U.S. said it was eliminated in 2000.

Secretary Kennedy. Well, we eliminated it, Europe eliminated it, Canada -- and now guess what? Canada has lost its elimination status. England has lost its elimination status. All across Europe, they have lost their elimination status. It has nothing to do with me. It has to do that we have a global epidemic.

If you are asking why people stopped vaccinating, it is because the government lied to them during COVID. That is when the vaccination rates dropped, because of -- and if you are worried about polio and tuberculosis, you should look at the immigration policies of this country, because the places where it is occurring are the places where the immigrants are going, because they are not vaccinated. And they got tuberculosis --

Mrs. Dingell. A lot of people have stopped getting vaccines, and I can't go -- I can't agree

with you on that, but I am getting low on time.

And another thing I am very worried about is, your agency rescinded a rule implementing a minimum staffing standard in nursing homes. This rule --

Secretary Kennedy. Minimum what?

Mrs. Dingell. -- would have saved lives --

Secretary Kennedy. I couldn't hear what you said.

Mrs. Dingell. Your agency rescinded a rule implementing a minimum staffing standard in nursing homes. This rule would have saved lives, improved care, and strengthened the nursing-home workforce. The rule is not going to be implemented until 2035, providing nursing homes a decade.

What plan does your agency have to address the staffing crisis in nursing homes?

Secretary Kennedy. And that rule was putting out of business thousands of nursing homes in rural areas in this country who could not meet the Federal standard.

Mrs. Dingell. And people were dying because there wasn't enough care in those nursing homes. And I have met with families whose people died.

Secretary Kennedy. They were dying because they had to move to city nursing homes where the families couldn't visit them anymore.

Mrs. Dingell. You have to have a standard that there are enough people to take care of people that are in those nursing homes.

Secretary Kennedy. In a rural nursing home --

Mrs. Dingell. Let me ask you a question. The New York Times reported that several nursing-home CEOs got paid $2.1 million to have lunch with President Trump at Mar-a-Lago and urged him to rescind the minimum staffing rule. Weeks later, he put that out.

Did the President talk to you? Was there any connection?

Secretary Kennedy. Was there a -- did the President talk to me about what?

Mrs. Harshbarger. The gentlewoman's time is up, and you can answer that via written notice.

I now recognize --

Secretary Kennedy. Well, I am having trouble hearing --

Mrs. Harshbarger. I now recognize Dr. Joyce for his 5 minutes of questioning.

Mr. Joyce. First of all, Secretary Kennedy, I want to thank you for appearing here today. And thank you for your leadership and the concrete steps that you have taken to root out the fraud, hold bad actors accountable, and improve access to care and training for new physicians.

Your leadership in the fraud space, including the CRUSH initiative and RFI, pose an opportunity to fundamentally change how we approach these fraudsters, who prey on the government and they prey on government programs to divert precious government funding away from true areas of need.

Moving away from the current model of "pay first, attempt to recover later" -- which, you mentioned in your statement, it is very difficult to recover any of that funding -- to a real-time detection model will enable government to stop payments before they are even made, which will lead to billions of dollars in annual savings. And that is what this hearing is all about. And I congratulate you for that aggressive stance.

Last year, you also acted on bad actors in the organ procurement space, leading to the first-ever mid-contract decertification of an OPO. Like you, I share concerns that more needs to be done in this space and look forward to partnering with you and Administrator Oz to address any additional authorities required from Congress.

Finally, I am encouraged, as a physician, through the recent announcement that 53 medical schools are now committing to at least 40 hours of nutrition education as part of their curriculum.

I did 4 years of medical school. I did 6 years of postgraduate studies. I had zero hours in nutrition training.

It is so important that you have addressed this. And I would encourage all medical schools, not just the 53 that have made that commitment, all, to participate and provide that training for our future doctors.

In your testimony, you mentioned affordability and actions that you and this administration have taken to lower costs. In our previous hearings on this subject at this committee, one of the biggest issues driving higher costs is the issue of hospital consolidation.

Secretary Kennedy, independent physician practices are disappearing, in part due to hospital systems offering compensation arrangements that may exceed fair market value and are not commercially reasonable.

In 2020, CMS made it clear through rulemaking that physician compensation must meet standards for fair market value and commercial reasonableness under the Stark Law. There is a growing concern that these standards are not being properly enforced, particularly in hospital hiring practices that may be declining to the independent physician hospitals and independent physician practices.

What is HHS doing to ensure that these standards under the Stark Law are enforced?

Secretary Kennedy. First of all, thank you for raising that issue.

And one of the ways that we have tried to address this is through reforming the site neutrality rule so that our hospitals in rural areas are not getting paid less and that the compensation is not less for the doctors in those areas.

In terms of investigating that particular fraud, I am happy to work with your office and with Dr. Oz to make sure that we are targeting it, along the long list -- among the long list of other things that we are doing to combat --

Mr. Joyce. Thank you for that commitment, and I look forward to working with you and Dr. Oz on that issue.

Another issue of concern will lead to more independent practices closing or selling into

hospital systems is the recent reimbursement reductions impacting radiation therapy and oncology.

As you know, radiation therapy is a key part of cancer care and requires significant capital investment, advanced technology, and highly specific clinical staff. Abrupt reductions in reimbursement threaten the financial viability of community-based radiation oncology practices and freestanding radiation facilities.

I plan on sending a letter on this subject to Administrator Oz. Will you commit to look into this issue with us, as well, to work for a potential solution?

Secretary Kennedy. Absolutely. Those offices are critical, again, particularly in rural areas, isolated areas of the country.

Mr. Joyce. In the remaining seconds, are there any additional issues -- with the barrage of questions that you have been posed by the other side without adequate time to answer, is there anything that you would like to comment to the committee at large here today?

Secretary Kennedy. I mean, you know, I would say this: People said that I am breaking the healthcare system. The healthcare system was broken when I got here.

We spend 48 cents out of every dollar that Americans pay in taxes to the Federal Government is going to healthcare, and 90 percent of that is going to chronic disease -- that is if you include my agency, the Department of Defense, and Social Security -- while our lifespan is plummeting --

Mrs. Harshbarger. Okay. Our witness's --

Secretary Kennedy. -- our fertility --

Mrs. Harshbarger. Our witness's time is up. But we are going to take a short, 5-minute recess, and we will come back and resume the hearing as soon as that recess is up. Five minutes.

Secretary Kennedy. Thank you.

Mrs. Harshbarger. Thank you.

[Recess.]

Mrs. Harshbarger. Okay. The hearing has resumed.

And I want to say this one more time. We ask that members not begin a new question to our witness as their 5 minutes expire, because we have Secretary Kennedy here for a very short period of time and we want as many members that are here to ask questions.

So I will recognize Ms. Kelly for her 5 minutes of questions.

Ms. Kelly. Thank you, Madam Chair and Ranking Member.

Secretary Kennedy, when you appeared before this committee in June 2025, the "Big Ugly Bill" had not yet been enacted, but you claimed that your department would not be cutting Medicaid. You said, and I quote, "We are not cutting Medicaid. There are no cuts to Medicaid."

Despite active plans underway to dramatically change the program and severely reduce Federal funding to States, you have actually repeated that today.

And I just want a yes or a no: Is it still your position that a $900-billion reduction in Federal Medicaid funding to States is not a cut? Yes or no?

Secretary Kennedy. There is no cut to Medicaid. Look at the Congressional Budget Office's --

Mrs. Harshbarger. You need to turn your microphone on, sir.

Ms. Kelly. So yes or no? Are you saying -- can you just tell me yes or no?

Secretary Kennedy. That would only be a cut in Washington, D.C. A 47-percent increase in spending, how is that a cut?

Ms. Kelly. I just want --

Secretary Kennedy. How is it even a cut?

Ms. Kelly. -- you to say yes or no, that is all. So you are saying it is not a cut.

Secretary Kennedy. A 47-percent increase --

Ms. Kelly. Okay. Next question.

Secretary Kennedy. -- is not a cut.

Ms. Kelly. Did your department find $900 billion worth of fraud in Medicaid to justify --

Secretary Kennedy. Excuse me?

Ms. Kelly. Did your department find $900 billion worth of fraud in Medicaid to justify these cuts that you --

Secretary Kennedy. There has been no cuts.

Ms. Kelly. Did you find --

Secretary Kennedy. There is not a cut to Medicaid.

Ms. Kelly. -- $900 billion in fraud?

Secretary Kennedy. There was no cut to -- there is --

Ms. Kelly. Did you find $900 billion in fraud?

Secretary Kennedy. -- a lot of Medicare fraud. There were millions of people on Medicaid -- there were 3.7 million people who were getting Medicaid in two States or they were getting Medicaid and Obamacare at the same time, and there were a million illegal immigrants on Medicaid, so that is fraud. We are getting rid of those people --

Ms. Kelly. But you are not --

Secretary Kennedy. -- not cutting Medicaid.

[Crosstalk.]

Ms. Kelly. -- to justify because of --

Secretary Kennedy. Medicaid is increasing.

Ms. Kelly. Next question. Do you have any evidence to justify eliminating the funding for critical programs like CDC's Safe Motherhood Initiative?

You talked about maternal mortality, which is a devastating problem in the United States.

Secretary Kennedy. We have -- we have --

Ms. Kelly. Do you have evidence to justify eliminating the funding for that critical program, yes or no?

Secretary Kennedy. We had 27 maternal mortality programs. We consolidated them.

We are doing more maternal mortality --

Ms. Kelly. I know.

Secretary Kennedy. -- I can show you the data -- than any administration in history.

Ms. Kelly. You don't have to show me the data. I am the one that brought the issue to Congress.

Secretary Kennedy. Yeah, I am happy to.

Ms. Kelly. So you are saying you eliminated the program because you are merging programs?

Secretary Kennedy. We eliminated programs that were duplicative or redundant. We are laser-focused -- we are serving 59 million women. We are --

Ms. Kelly. Too many women are dying, and definitely too many Black women are dying --

Secretary Kennedy. They were dying before I came here.

Ms. Kelly. -- and that is not getting better.

Secretary Kennedy. Yeah, it is getting better.

Ms. Kelly. No. No. No, it is not.

Secretary Kennedy. Look at our --

Ms. Kelly. The national average is --

Secretary Kennedy. Look at our perinatal pilot program.

Ms. Kelly. -- for Black women, it is three to one. In Chicago, it is higher than that --

Secretary Kennedy. Our programs --

Ms. Kelly. -- and it is higher than that in a lot of places.

Secretary Kennedy. Our programs are making it better.

Ms. Kelly. Retaking my time, please.

The American people are not falling for what you are saying. Your attacks on minority health, women's health, LGBTQ-plus health, and basic preventative medicine through illegal funding

freezes and mass firings will lead to decades of consequences for all Americans.

We are already seeing hospital closures, a reduction in services and staffing cuts -- for example, a 28-bed obstetrics unit in Elk Grove Village, which is not rural, earlier this year.

Mr. Chairman, I would like to enter -- or Ms. Chairman -- a Newsweek article about the closure into the record, as well as a report from Energy and Commerce and Senate Finance that document dozens of similar stories throughout the country.

Mrs. Harshbarger. Without objection, so ordered.

[The information follows:]

******** COMMITTEE INSERT ********

Ms. Kelly. Labor and delivery units and maternity care are some of the most vulnerable healthcare services to funding cuts, which means pregnant and postpartum women must drive further to seek care, change providers when clinics and hospitals close, and face longer wait times and more risks in the case of an emergency.

Secretary, are you concerned by these closures, particularly in rural and low-income parts of the country, but not just in those parts of the country? Because my district is urban, suburban, and rural, and I have seen the effects.

Secretary Kennedy. We are putting more money into improving access and rural healthcare than any administration in history.

Ms. Kelly. I don't know about that.

Secretary Kennedy. It is $50 billion.

Ms. Kelly. And, lastly --

Secretary Kennedy. It has never been done before.

Ms. Kelly. -- before my time closes, you talked about, you know, food. And there are approximately 150,000 people in Illinois that may lose their food because of the cuts to SNAP.

And you talk about "eat real food, not medicine." Real food is expensive. And when all those SNAP cuts that have already happened and will continue to happen, it will be really hard for people to stay healthy.

I yield back.

Mrs. Harshbarger. The gentlelady's time is up.

And I recognize Mr. Balderson for his 5 minutes of questions.

Mr. Balderson. Thank you, Madam Chair.

And thank you, Mr. Secretary, for being here today.

My first question, Mr. Secretary, is: The budget-for-2027 proposal centers around promoting the health and wellness of every American through the reduction of chronic disease

burdens. How does the Department see wearable technologies contributing to earlier detection and prevention strategies?

Secretary Kennedy. It is a key part of our response.

And I will give you an example. Glucose meters can tell you while you are eating, while you are chewing on the food, what it is doing to your insulin levels, if it is causing your glucose to spike.

People who wear those glucose meters for even 3 or 4 weeks change their diet. It has a dramatic impact, because now they know that you can eat certain things -- they may be buying a yogurt thinking it is healthy, and they will see that their glucose spikes. It gives them insight into their healthcare.

And it can also mesh with their personal health records. So it can help them -- now there are apps that can look at their personal health records, look at the feedback from their wearable, and tell them how to shop: Oh, that item is good for you, this item is not, and then here are some alternatives.

Oh, it can revolutionize chronic disease prevention in this country.

Mr. Balderson. I agree, sir.

A followup to that: Are there policy barriers Congress should consider addressing to support the responsible adoption of wearable devices?

Secretary Kennedy. I mean, the more that -- Congress can do a lot more than we can. And I would love to work with you on proposals for what Congress could be doing to incentivize the use of wearables.

Mr. Balderson. Okay. Thank you, sir. I look forward to that.

We are in a new era of Alzheimer's treatment and innovation, yet only half of Americans living with Alzheimer's are diagnosed, and many primary-care providers report they do not feel prepared to manage dementia care, even though they make about 85 percent of initial diagnoses.

How important is it to ensure that Federal investments in research and chronic disease

innovation translate into stronger detection and diagnosis in primary care? And how will you prioritize that effort?

Secretary Kennedy. Well, it is absolutely critical, because there are -- we now know there are -- that early treatment of Alzheimer's can postpone its onset. And, you know, it is almost -- it is again kind of regulatory malpractice that we do not have early screening already.

And one of the things that we are working on right now is to reform the United States Preventive Services Task Force. And we will be putting in the Federal Register, this week, solicitations for new members of that task force. That task force has been lackadaisical; it has not been doing its job. If it had been doing its job, we would have early screening for Alzheimer's.

Mr. Balderson. Okay. Thank you.

In Ohio, many community health centers report difficulty recruiting behavioral health providers and primary-care clinicians. How does this budget strengthen the pipeline of providers serving health-professional-shortage areas?

Secretary Kennedy. Well, first of all, I would point to the Rural Health Transformation Fund, which a lot of the States, when they filled out their applications, included the retention of workers. In addition -- so there is going to be a lot of money going into that recruitment and retention.

We also just put in $135 million to community health services -- or, to community health organizations, community health centers, which treat about 32 million Americans, and they are by far the best facilities for treatment of Americans for preventative care and for, you know, 24-hour care. And they are mainly targeted to poor Americans. We put $135 million into that for nutrition, to improve nutrition in them, but also for retention of workers.

We are also expanding GME, general medical education, so that -- to increase rural residencies. We know that when doctors train in rural areas about 30 percent of them end up staying there. The more doctors, the more residencies we can get funded in rural areas, the more doctors we are going to have.

Mr. Balderson. Thank you.

Madam Chair, I yield back.

Thank you, Mr. Secretary.

Mrs. Harshbarger. The gentleman yields back.

And I recognize Representative Barragan for her 5 minutes of questions.

Ms. Barragan. Thank you, Mr. Secretary.

I want to bring something to your attention since you just brought up glucose meters. I am not sure if you are aware, but if you are a patient that is on Medicaid and Medicare, the U.S. health system will not cover the glucose meters unless your A1C is so bad, like, over 8, before they will cover that.

So you talk about preventive care and making sure we invest in preventive care --

Secretary Kennedy. I didn't hear what you said.

Ms. Barragan. Okay.

Secretary Kennedy. They won't cover it unless what?

Ms. Barragan. Unless your A1C, your sugar level, is so high, like, over 8, that they will cover it.

In other words, there is no investment in preventive care. It is only: You are so bad; then we are going to cover the glucose meter. I am --

Secretary Kennedy. Well, that is not right. That is not right.

Ms. Barragan. And I am just telling you this because I hope you will go fix it.

This happened to my mother. Her A1C got over 8. They gave her the glucose meter. As soon as she got under 8, they said, "We are not going to cover anymore. We are going to take it away."

That is the opposite of preventive care. I hope you are going to fix it.

I just wanted -- I don't want your comment. I just mentioned it because you brought up

glucose meters. I will follow up with your office.

Secretary Kennedy. Okay. Follow up with my office.

Ms. Barragan. Please.

Secretary Kennedy. I would like to solve that problem.

Ms. Barragan. Thank you.

Secretary Kennedy. I am happy to work with you.

Ms. Barragan. I appreciate that.

Now, do you think women should have access to birth control pills?

Secretary Kennedy. To birth control pills?

Ms. Barragan. Yes.

Secretary Kennedy. I assume that they do.

Ms. Barragan. No. Do you think that women should have access to birth control pills? Should they have access?

Secretary Kennedy. To birth control pills? Yes.

Ms. Barragan. Then why eliminate Title X funding from the budget? That would make it harder for women to have access to birth control pills and the contraception of their choice.

Secretary Kennedy. I am sorry that I can't talk about that because that case is under litigation and --

Ms. Barragan. Okay. Well, you are here to talk about the budget, and this is an elimination of the budget of Title X.

You just said that women should be entitled to birth control. By the way, I agree with you. I agree with you. And I can tell you, surely, you know how common, either from personal experience or men you know, men will ask women before sex, "Are you on the pill?" I mean, that is a common question. Why do you think they are asking? It is because of family planning or unwanted pregnancies.

So I am really disappointed that you are here to testify about the budget, yet you will not talk about this issue. This is an elimination of Title X funding, which is directly to birth control pills.

So I will move on.

I want to thank you for, last year, when you came before this committee, I asked you about Alzheimer's research funding, and you followed up with me in your letter.

In the letter, you said, "As the global" -- and this is a quote -- "As the global leader in research on Alzheimer's disease and Alzheimer's-related dementias, the Department of Health and Human Services considers funding this research area a high priority."

So you said it was a high priority. Yet your budget proposes a $312-million cut to the National Institute of Aging, which does research on -- Alzheimer's Disease Research Centers.

Do you think that is consistent, Mr. Secretary?

Secretary Kennedy. We are putting a lot of money into Alzheimer's research at a very, very high priority at NIH and at the CDC.

Ms. Barragan. Okay. So, you know, you used the words "regulatory malpractice" when you talked about Alzheimer's research a moment ago with my Republican colleague. I will just say that I think this is also malpractice. On the one hand, you say this is a high priority; on the other hand, you are cutting $312 million in research funding to the Alzheimer's Disease Research Centers.

Mr. Secretary, last week, you spoke about Medicaid programs that allow family members to care for their parents at home, and you testified -- and I am quoting you -- "These are family members who are getting paid to do things they used to do as family members for free," end quote.

Okay, you said this. Do you remember saying this?

Secretary Kennedy. Saying? I couldn't hear what you said.

Ms. Barragan. It seems, Ranking Member, that most of our time is being taken on with the Secretary cannot hear, and I would suggest that you add time. Because it is, I could tell you, 30 seconds in the last one, just when he can't hear. And I am trying to speak slowly and articulately.

Last week, you testified for Medicaid programs that allow family members to care for their parents at home. You said that family members who are getting paid to do -- they are getting paid now to do things that they used to do for free.

Do you remember that?

Secretary Kennedy. Yes.

Ms. Barragan. Right. So are you suggesting women should quit their jobs to provide free care for their family members who are elderly --

Secretary Kennedy. I said that --

Ms. Barragan. -- instead of getting in-home care?

Secretary Kennedy. I said that in the context that that kind of program is significantly vulnerable to fraud which is impossible to detect.

Mrs. Harshbarger. Okay.

Secretary Kennedy. And that program has doubled the cost of Medicaid over the past --

Mrs. Harshbarger. The member's time is up --

Secretary Kennedy. -- 4 years.

Mrs. Harshbarger. -- sir. The member's time is up.

And I now recognize Dr. Miller-Meeks for her 5 minutes of questioning.

Mrs. Miller-Meeks. Thank you, Ms. Chairman.

And thank you, Secretary Kennedy, for testifying before the Health Subcommittee today.

As our time is limited, I will jump in, but perhaps I can give you a chance to respond.

Mr. Secretary, I have a bill on oral contraception over the counter. I introduced this bill as a State senator in 2019. This is something we have been working on in Congress. There are several bills on this.

In response to the question from my colleague on the other side of the aisle, whether or not you support oral contraception for women, would oral contraception over the counter be something

you would support, which would increase access?

Secretary Kennedy. Yes.

Mrs. Miller-Meeks. Thank you, sir.

I would also like to bring your attention to one of my bills, the Welfare Abuse Laundering Zillions -- which, you just mentioned fraud -- or WALZ Act, legislation designed to stop large-scale welfare fraud and restore accountability to government programs nationwide.

Specifically, this bill would require HHS Office of Inspector General to open investigations into any program that sees a 10-percent or greater increase in total payments over a 6-month period within a fiscal year.

Under the bill, HHS would no longer have discretion to ignore sudden increases in billing that critics often say signal fraud schemes, particularly in large entitlement programs, such as a rapid increase in the billing for autism services.

My staff, along with Energy and Commerce Committee, have been working with HHS OIG to ensure the bill has stringent guardrails in place to prevent the level of negligence and fraud uncovered in Minnesota, California, and Washington from happening again.

Would you be supportive of something like my bill, the WALZ Act, and commit to providing technical assistance?

Secretary Kennedy. I think the bill is a great idea. I would look at the details and work with you on it at HHS, but I think it is -- it would have prevented a lot of the fraud that we have seen in the last 4 years.

Mrs. Miller-Meeks. Thank you.

I also want to thank you for your leadership on the MAHA initiative, because, as a physician and a former nurse and someone who represents a largely rural district in southeast Iowa, I have seen firsthand how health is shaped long before a patient ever walks into a clinic.

The MAHA movement rightly emphasizes better nutrition, chronic disease prevention, and

improving the quality of our food supply. So, from changing the food pyramid to encouraging nutrition, I just wanted to say that I did not have any nutrition education in medical school. It came in nursing school, prior to medical school. And I think that your advocacy for nutrition education in medical school is worthwhile.

There are several bills in Congress for nutrition education in medical school. Would this be something that you would support?

Secretary Kennedy. Absolutely.

And, you know, I point out that many of the States now -- over 50 of the States have now passed laws requiring, for continuing medical education, that the curricula includes nutrition.

So, you know, the more that doctors know about the nutrition, the healthier our people are going to be.

Mrs. Miller-Meeks. Yes. And I think your leadership has helped to spur that movement.

I also want to highlight the great work done by congressional Republicans and HHS for delivering the largest Federal investment in rural healthcare in American history through the Rural Health Transformation Program. And I heard you mention that earlier.

I have hosted three roundtables in the past year in my district with all our hospitals, meeting with hospital leaders and FQHCs and community health centers and advocating at the Federal level to ensure Iowa is prioritized for this historic investment. And, in fact, Iowa is the first State to disburse funds related to the Rural Healthcare Transformation --

Secretary Kennedy. Congratulations.

Mrs. Miller-Meeks. -- investment legislation.

During my last roundtable earlier this month, hospital leaders brought up a few questions of eligible expenses under the Rural Healthcare Transformation grant. And you just mentioned about workforce. So one of the questions that was brought up was, recruitment is extraordinarily difficult in rural communities. And I had -- one of our hospital systems had to pay a recruitment bonus of

$200,000 for an OB/GYN.

And so would this be something where there could be flexibility in the grant program to allow some of the workforce funds to be utilized for recruitment bonuses?

Secretary Kennedy. You mean under the Rural Transformation -- I do not know the answer to that question, but I will get it from Dr. Oz and get back to you.

Mrs. Miller-Meeks. Thank you, sir.

And then, lastly, I just wanted to say that affordability is an issue that all of us are looking at, including you, which is why tackling waste, fraud, and abuse in the system is so important.

I have introduced the Lower Healthcare Premiums for All Americans Act, which passed the House in December of 2025. The bill takes a targeted approach to lowering premiums. And I would certainly want to partner with HHS, as my time has expired --

Secretary Kennedy. Yes.

Mrs. Miller-Meeks. -- but hope to partner with you on lowering healthcare premiums for all Americans.

Secretary Kennedy. I look forward to it.

Mrs. Miller-Meeks. I yield back.

Mrs. Harshbarger. The gentlewoman yields back.

And I now recognize Dr. Schrier for her 5 minutes of questions.

Ms. Schrier. Secretary Kennedy, last week, you testified that newborns should only get the hepatitis B vaccine at birth if their moms test positive or haven't been tested. This is a massive departure from a 35-year recommendation for all babies to get the vaccine at birth.

Secretary Kennedy, how often does that test miss hepatitis B in moms who actually have it?

Secretary Kennedy. How often --

Ms. Schrier. How often does that test make a mistake?

Secretary Kennedy. It makes some mistakes. I am not sure what the error rate is.

Ms. Schrier. It is a really important piece of data. It is not a perfect test. It turns out there is a false-negative rate of 1 to 2 percent. And that might be enough for screening the general population, but not when a baby's life is at risk.

And so let me just translate. That means if there are 100 moms out there with hepatitis B, 2 of them are going to be told that they don't have it, their children will not be vaccinated based on your recommendations, and then there is a 90 percent chance that those two children will end up getting chronic hepatitis B.

Mr. Secretary, do you know what happens when you get chronic hepatitis B?

Secretary Kennedy. I do. I also know that the death rate in children was practically zero for hepatitis B prior to the introduction of the vaccine.

Ms. Schrier. So it is interesting to say that, because, generally speaking, what happens with these children is that they don't die as children -- but they can spread hepatitis B to other people -- but they go on later in life to get cirrhosis of the liver and liver cancer, and they might need liver transplants, and they die prematurely when they are younger in adulthood.

And so you are basically sentencing thousands of kids to a terrible chronic illness -- that you want to prevent -- for no reason. At the same time, you are suggesting to parents that there is something wrong with the vaccine, that it might not be safe. And, after all, why not just give it to every child and not have anybody fall through the cracks? That is your underlying message.

Now, there is another shot that babies get at birth; it is vitamin K, and it prevents catastrophic brain bleeds. And now that you have made parents distrust doctors and shots, some parents are now refusing the vitamin K shot and other routine care, putting these babies at risk for bleeding out.

This has a name. It is called the "RFK Jr. spillover effect." You spread misinformation, you scare parents and confuse them, parents don't immunize their children or give them other routine care, and then the kids get sick, and they might even die.

And, right now, Secretary Kennedy, given what I just told you about vitamin K, will you just

tell pregnant women out there, for the record, yes, you should get your babies the vitamin K shot?

Secretary Kennedy. Well, first of all, anybody can get a hepatitis B shot and have their --

Ms. Schrier. But the point is --

Secretary Kennedy. -- insurance company pay for it --

Ms. Schrier. Secretary, the point is that you are discouraging it. You are suggesting it is unsafe. This is what parents are hearing. Why else, all of a sudden, are parents saying no to vitamin K?

Will you just tell them, for the record -- there are women out there delivering today -- that they should get the vitamin K shot for their babies?

Secretary Kennedy. Are you saying the hepatitis B shot?

Ms. Schrier. No, I am saying vitamin K. Should women allow their babies to get the vitamin K shot so they do not have brain bleeds and --

Secretary Kennedy. You know, I would refer that to FDA and to the PAC panel.

Ms. Schrier. The FDA has approved it. It is a recommendation. But parents are listening to you, and they are doubting science --

Secretary Kennedy. Well, I have never said anything --

Ms. Schrier. You are gambling --

Secretary Kennedy. -- about vitamin K, so I don't see how they --

Ms. Schrier. Sir --

Secretary Kennedy. -- are listening to me. I have never said anything about it.

Ms. Schrier. You have not.

Secretary Kennedy. But I would also point out --

Ms. Schrier. Sir, I am taking back my time.

Secretary Kennedy. -- that there is no vitamin B shot in Denmark, and they have the same rate -- I mean hepatitis B --

Ms. Schrier. Sir, I am taking back my time.

Secretary Kennedy. -- there is the same rate of hepatitis B as we do.

Ms. Schrier. Sir, this is about vitamin K. It is a spillover effect, just like the measles vaccine and pertussis vaccine. You are --

Secretary Kennedy. I have never --

Ms. Schrier. -- instilling doubt.

Secretary Kennedy. I have never said anything public about it.

Ms. Schrier. I am going to move on.

Secretary Kennedy. So you saying that women are --

Ms. Schrier. I am going to move on, Mr. Secretary.

Secretary Kennedy. -- listening to me --

Ms. Schrier. You are --

Secretary Kennedy. -- is just wrong.

Ms. Schrier. You are putting our country in a position where --

Secretary Kennedy. I have never said -- literally never said anything about it.

Ms. Schrier. That is exactly the point. You don't say anything about it, but the doubt you have created about all of medicine and science is causing parents to make dangerous decisions.

Last time we spoke --

Secretary Kennedy. Are you saying we changed the recommendations?

Ms. Schrier. Mr. Secretary, I am reclaiming my time.

The last time we spoke, I told you I would hold you accountable for every vaccine-preventable illness and death in this country, and now I have to add newborns bleeding out because these same parents who are listening to you are not giving their babies the vitamin K shot. And your reckless policies --

Secretary Kennedy. I have never said anything about vitamin K.

Ms. Schrier. This is going to be your legacy: the HHS Secretary --

Secretary Kennedy. I have never said anything about vitamin K.

Ms. Schrier. -- that caused kids to die.

You are Secretary of HHS. Your job is to protect us. And you are putting kids in danger. And I believe you should resign or you should be fired.

I yield back.

Mrs. Harshbarger. The gentlelady yields back.

And I now recognize Representative Cammack for her 5 minutes of questions.

Mrs. Cammack. Thank you, Madam Chairwoman.

And thank you, Secretary Kennedy, for appearing before us today.

I am going to try very hard to resist responding to what I just heard, but I do want to just say thank you for actually trusting moms to make the best decisions for themselves and their families, rather than continuing to perpetuate the narrative that only bureaucrats in Washington can make recommendations and force people into doing things that they know is not best for them and their children.

As we review the fiscal year 2027 budget, Secretary Kennedy, I think it is important that we focus not just on how much we are spending but whether or not we are actually improving health outcomes for the American people.

Now, too often, we say that we have a healthcare system, but I personally believe that we have a sick-care system, and we have a culture that perpetuates a system of maintenance rather than prevention. And I think much of what your initiatives do is trying to address the cultural issue as well as the structural issues within HHS.

So I appreciate the administration's focus on prevention, nutrition, innovation. And I look forward to continuing the discussion on how this budget can move us in that direction while improving access and lowering costs.

So, recently, we hosted Dr. Bhattacharya in the Gator Nation, north Florida, and I would like to extend a similar invitation to you, to learn more about what we are doing at the University of Florida, the number-one public university in the country -- I would be remiss if I didn't mention that -- but what we are doing particularly in the healthcare space and within R&D to advance better outcomes and healthcare discoveries.

So we would welcome the opportunity to host you if you --

Secretary Kennedy. I would love to come. My sister-in-law teaches at the University of Florida, and my wife's family lives there, and my wife is an alumni. So I would be delighted to come.

Mrs. Cammack. Can I get a "Go Gators" from you, then?

Secretary Kennedy. Yeah.

Mrs. Cammack. Okay.

Secretary Kennedy. Go Gators.

Mrs. Cammack. All right. That is what I am talking about.

So let's talk about the spending and whether our Federal health spending through HHS is actually changing outcomes and not just maintaining the status quo.

Walk us through some of the challenges that you are facing and how we can be helpful in advancing those changes that really disrupt the status quo and drive us towards better health outcomes.

Secretary Kennedy. I mean, I would say, there is the whole waste, fraud, and abuse --

Mrs. Cammack. Right.

Secretary Kennedy. -- issue that you are familiar with, so I won't dwell on that. But I would say the overarching issue that we are trying to create is the perverse incentives.

Mrs. Cammack. Uh-huh.

Secretary Kennedy. We have a sick-care system where people get compensated more for keeping patients sick.

Mrs. Cammack. Correct.

Secretary Kennedy. And, you know, Medicare Advantage was supposed to be the template for outcome-based care. We have other templates for outcome-based care. The whole system ultimately has to be moved to that. Fee-for-services is not a way that we are going to get Americans to healthy.

Mrs. Cammack. Uh-huh.

Secretary Kennedy. We need to align the economic incentives with the outcome of good health for all Americans.

Mrs. Cammack. Absolutely. I agree.

And, to that point, we have seen the use of QALYs, right, that has been prohibited when we talk about Medicare because they undervalue the lives of our seniors and people with disabilities and chronic conditions. That is just fundamentally wrong, in my opinion, to have an algorithm, a formula, determine whether or not you are of value enough to receive certain treatments.

So, as we are going through this, can you confirm that HHS will continue to uphold this safeguard and ensure that coverage and payment decisions are not based on discriminatory measures like QALYs? And would you be willing to work with us to extend and clarify this protection across all of the Federal health programs?

Secretary Kennedy. I would be delighted to work with you on that.

Mrs. Cammack. Excellent. I know people around the country are celebrating that answer, for sure.

And shifting a little bit to the FDA while I have some remaining time here, I would like to hear about how you guys are improving the clarity and predictability in FDA as you review different applications. That is something that I hear often, particularly from startups, of the process, it is still bogged down, we need to move faster.

Can you just talk a little bit about that?

Secretary Kennedy. The process at FDA for approving --

Mrs. Cammack. Correct.

Secretary Kennedy. -- new drugs?

Well, we are now using AI; 90 percent of FDA is on it. Using it, we have been able to condense the time for reviewing final applications from typically 60 to 90 days to 2 hours.

Mrs. Harshbarger. The member's time is up --

Secretary Kennedy. Okay.

Mrs. Harshbarger. -- and you can answer her question via written circumstances.

Mrs. Cammack. Thank you.

Mrs. Harshbarger. And I now recognize Representative Trahan for her 5 minutes of questioning.

Mrs. Trahan. Thank you, Madam Chair.

Secretary Kennedy, since day one of your administration, the Department of Health and Human Services has made it much harder for Americans to enroll in health coverage and afford their healthcare. Americans are currently experiencing an accessibility and affordability crisis in our country due to the Trump administration's actions.

Now, before President Trump came into office, a record-breaking 24 million Americans were enrolled in healthcare coverage through the ACA marketplace. Millions of families were saving thousands of dollars each year in premiums.

Secretary Kennedy, you are aware that at least 1.2 million Americans have lost ACA marketplace coverage this year under your leadership? Yes or no?

Secretary Kennedy. They were people -- the only people who lost coverage were people who were never entitled to coverage, who were --

Mrs. Trahan. Yeah, no, I heard the -- I have heard the illegal aliens --

Secretary Kennedy. Not just illegal aliens.

Mrs. Trahan. Yeah. Look, that is not how the law works, and I would --

Secretary Kennedy. People who were dead.

Mrs. Trahan. -- expect you to know that. Undocumented immigrants aren't eligible to enroll --

Secretary Kennedy. People who were dead.

Mrs. Trahan. -- in the ACA marketplace, so --

Secretary Kennedy. People who were enrolled in two States.

Mrs. Trahan. -- they wouldn't be reflected in the 1.2 million. They wouldn't be reflected in that number. So don't offend us by --

Secretary Kennedy. Well, I didn't mention illegal aliens, although that is part of the issue. We have found 3.7 million people --

Mrs. Trahan. Well, premiums have --

Secretary Kennedy. -- who were double-enrolled.

Mrs. Trahan. Ugh. Okay. I know, it is all fraud, waste, and abuse -- even though we know the paperwork that you are now putting on more people are causing them to drop their insurance coverage. And the price of premiums has gone up so much that eligible Americans are dropping coverage because they can't afford it anymore.

And I would like to enter into the record the 2026 Marketplace Open Enrollment Public Use Files.

[The information follows:]

******** COMMITTEE INSERT ********

Mrs. Trahan. Further, that doesn't even tell the entire story. We are seeing growing evidence that many Americans have gone through the process of selecting coverage but they never actually receive it because they can't afford to activate their plans.

Independent analysis of 2026 insurer data suggests that roughly 3 million Americans who selected marketplace plans have never paid their first month's premium and never actually got covered.

Mr. Secretary, do higher premiums lead to fewer insured Americans, yes or no?

Secretary Kennedy. Eighty-seven percent of the people who are --

Mrs. Trahan. So it is just a simple --

Secretary Kennedy. -- on the exchanges now are paying less than $96 a month.

Mrs. Trahan. You can't make --

Secretary Kennedy. Fifty-four percent are paying --

Mrs. Trahan. No, I am reclaiming my time.

The question is simple. If people can't afford their premiums, does that lead to more insurance of Americans or less?

Secretary Kennedy. Like I said, the Democrats had a chance to expand ObamaCare three times. They didn't do it.

Mrs. Trahan. Yeah, no, I have heard you blame Biden too. This is like a common -- it is a common theme with all of you.

Look, when coverage becomes unaffordable, healthier people are often the first to drop it, leaving behind a smaller, sicker group of people who need more care. That is what insurance calls a risk pool.

Now, if that risk pool gets sicker, premiums go up, right, Secretary?

Secretary Kennedy. Yeah, of course.

Mrs. Trahan. Yes. So nothing about your agency's harsh policies, including the $1-trillion

cut to Medicaid, reduces --

Secretary Kennedy. There have been no cuts to Medicaid.

Mrs. Trahan. I know. No, it is -- no, no cuts. That is --

Secretary Kennedy. There are no cuts to Medicaid.

Mrs. Trahan. That trillion-dollar cut, it doesn't reduce the number of strokes, heart attacks, cancer diagnoses, or car accidents. So what your policies do mean is that more people will show up in emergency departments without appropriate coverage.

Secretary Kennedy. There has been no --

Mrs. Trahan. And when that happens, the cost doesn't disappear, does it, Mr. Secretary? It shows up in uncompensated care, which experts have shown is often shifted onto insured patients through higher premiums and out-of-pocket costs.

When hospitals treat more uninsured patients, Mr. Secretary, and they are not paid for that care, where do you think those costs go?

Secretary Kennedy. There have been no cuts to Medicaid. Look at the Congressional Budget Office. Last week --

Mrs. Trahan. Yeah. It is insulting that you would keep framing the increase in Medicaid costs as anything but increase in population growth and inflation.

Look, we know that with more paperwork, more eligibility checks, stricter reporting requirements, people lose coverage -- not because they are ineligible. It is because the system is harder to navigate.

The demonstrated impact of this administration's policy is clear -- to everyone except, I guess, you. More uninsured patients means more strain on hospitals, fewer services, higher costs for everyone. It makes care more expensive, harder to access, and weakens our healthcare infrastructure. That is not making America healthy.

And I just sat here and listened to you. You managed to give a "Go Gators" from the witness

table but not a "Go K shot." I mean, it is incredible --

Mrs. Harshbarger. The witness's --

Mrs. Trahan. -- that you are heading up the Sec- -- as the Secretary of Health and Human Services.

Mrs. Harshbarger. The witness's time is up.

Mrs. Trahan. I yield back.

Mrs. Harshbarger. I now recognize Representative James for his 5 minutes of questioning.

Mr. James. Mr. Secretary, I want to thank you for your courage. As somebody who was a Democrat his entire life and this time, what, 2, 3 years ago ran as a Democrat, now sitting here choosing the people over a party, I want to thank you for your courage and your leadership.

Mr. Secretary, the Department of Health and Human Services issued a rule in 2020 requiring healthcare providers to clearly label prices so that patients can make informed decisions about where to get treated.

Under the Biden administration, that rule was not enforced, sir. As a result, patients ended up paying radically different prices for the exact same services and the exact same level of care. We are talking hundreds-of-thousands-of-dollars different. That is wrong.

Dilbert cartoonist Scott Adams had a term for this kind of system: confuse-opoly. He called it that because the friction makes it difficult to shop around, by design.

In 2025, President Trump issued an executive order to make America healthy again, which included an April 1st deadline for healthcare providers to comply with price transparency laws.

Sir, that deadline was 3 weeks ago, and yet a third of hospitals in Michigan and, I have to imagine, around the country have not fully complied.

A big part of the problem is that HHS does not have strong enough enforcement mechanisms. That is why I introduced the Patients Deserve Price Tags Act to require price transparency by law, with consequences for health providers who continue to hide their prices from consumers.

Mr. Secretary, will you support my efforts to lower prices and increase access, transparency, and quality of care for Americans who are struggling in today's sick-care system in America?

Secretary Kennedy. Yes. And I thank you for that legislation.

We have already finalized regulations that are now requiring all hospitals in the country to post and certify their prices. And so patients will be able to -- if you go into a restaurant, you are able to see the price on the menu. If a car dealer told you, "You can buy this car, but I am not going to tell you the price till afterward," you would not buy it. But that is what the hospitals are asking you to do --

Mr. James. Thank you for increasing transparency and giving people a choice.

Secretary Kennedy. -- and we are changing that.

Mr. James. Thank you, Mr. Secretary. I would appreciate your support on making that permanent so that it cannot be ripped away from the American people after this administration has concluded.

Secretary Kennedy. Happy to work with you.

Mr. James. Thank you, sir.

Mr. Secretary, ticks are becoming a bigger problem in Michigan and around the country.

My wife and son have Lyme disease and other co-infections, but they don't show through standard antibody testing. If you have the ability to pay for a high-cost test like IGeneX, it shows the strains and confirms Bartonella in her red blood cells, and my son has Babesia in his red blood cells.

We know that undiagnosed Lyme causes fatigue, autoimmune conditions, and neuropsychiatric issues in elderly and even schizophrenia in younger patients. We also know that with proper diagnosis many of these symptoms can be treated and the disease reversed.

My concern is that many Michiganders who are suffering from unexplained symptoms may think they have been tested for Lyme when, in reality, they have not because the standard test is not

thorough enough.

What can we do together to make sure that people are getting thorough and accurate testing for Lyme disease to stop these types of spreads, sir?

Secretary Kennedy. Yeah. I mean, this is a priority for us, Congressman.

You know, Lyme disease has been a hidden disease because the government has been denying its existence. Prior to me getting in, the heads of my agency, the leading heads of NIH were telling the American people it is a myth, it doesn't really exist. And we have changed all that.

We have conducted a Lyme roundtable with the best experts from around the country. Many people from this body participated in it.

We are putting -- we put up a webpage -- I am not sure if it is up yet, but it should be up -- so that people can find the best physicians for treating it.

We are putting large amounts of money into Lyme research.

And, absolutely, we should be doing pre-screening for people to see if they have it. So many millions and millions of Americans have this disease and don't know it, and it is absolutely debilitating to their lives.

Mr. James. Mr. Secretary, in the time that I have remaining, are there any questions, comments, or concerns that you feel like you have not had the opportunity to address?

Secretary Kennedy. I mean, I would say the same thing about long COVID, and we are addressing that too. We are getting the best physicians in the country together. We are identifying the treatments and the protocols that work and those that don't. And we are giving patients, for the first time, good information about it.

Mr. James. Thank you, Mr. Secretary, for your leadership and your patriotism. God bless.

With that, Madam Chair, I yield.

Mrs. Harshbarger. Thank you.

The Representative -- gentleman yields back.

And I now recognize Representative Veasey for his 5 minutes of questioning.

Mr. Veasey. Thank you.

Secretary Kennedy, I noticed something kind of funny today: You don't really want to talk about vaccines. And your written statement doesn't even mention vaccines once, which is odd because you have basically spent your entire career and life trying to shatter American trust in vaccines.

Under your leadership, we are in the midst of literally the worst measles outbreak this country has seen in over 30 years. And in my home State of Texas, we are ground zero. Ninety-two percent of the over 3,600 cases we have seen are in unvaccinated people. And, Mr. Secretary, tragically, two Texas children have literally died from measles. If you look here at the poster that I have up, two Texas children have died from measles.

And this is all under your watch, Mr. Secretary. I don't know why you won't look at the poster. This happened under your watch.

Mr. Secretary --

Secretary Kennedy. That is not one of the children who died.

Mr. Veasey. Mr. Secretary, you are the author of a book in which you insisted that the measles outbreaks have been fabricated by government officials to create fear.

And so here is my first question: Who in this administration should Texans blame for fabricating the deadly measles outbreak in our State?

Secretary Kennedy. Did you -- well --

Mr. Veasey. Let me take my time back.

Four days ago, you told my colleague Representative Suzanne Bonamici that you, quote, "have never been anti-vaccine." That is a ridiculous lie, because you are probably the most anti-vax figure that I can remember in my lifetime, and in 2007 you founded the anti-vax group Children's Health Defense.

In 2021, you were literally banned from Instagram because you said baseball legend Hank Aaron, an American icon and hero -- you suggested that Hank Aaron died due to the COVID-19 vaccine.

And in 2022, you compared vaccines to the Holocaust. And in 2022, you said, quote, "There is no vaccine that is safe and effective."

And just last year, you dismantled the Advisory Committee on Immunization Practices and replaced independent scientists with anti-vax pseudo-scientists who removed six vaccines from the childhood vaccine schedule.

And after an unvaccinated little girl died from measles in my home State, you told her father that, quote, "You don't know what is in vaccines anymore."

So I am curious as to why such a vocal vaccine skeptic has all of a sudden gone silent on these issues.

And, Secretary, I have a question for you. Please answer yes or no. Did Susie Wiles or anyone in the White House instruct you or suggest that you stop talking about your controversial vaccine skepticism?

RPTR SEFRANEK

EDTR ZAMORA

[12:08 p.m.]

Secretary Kennedy. No.

Mr. Veasey. Okay. It was reported late last year that Republican leaders were briefed on a memo that made it clear that anti-vax candidates would negatively impact their party's performance in the most competitive congressional districts in the upcoming 2026 midterms.

I would like to enter this memo from the Republican polling firm Fabrizio Ward into the record, Madam Chairman.

Mrs. Harshbarger. Without objection.

[The information follows:]

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Mr. Veasey. Secretary Kennedy, were you made aware of this memo, yes or no?

Secretary Kennedy. It is a memo on a poll or what?

Mr. Veasey. Were you made aware of the Fabrizio Ward memo?

Secretary Kennedy. I don't know what that memo is.

Mr. Veasey. Okay. Well, if you look here at Chart 5 of this memo, it says that 70 percent of all voters do not think that the Federal Government should remove recommendations for childhood vaccines, including measles.

Do you agree that the majority of American people oppose your anti-vax actions according to your own administration's internal polling, yes or no?

Secretary Kennedy. We have never removed recommendations for measles.

Mr. Veasey. Yes or no, Mr. Secretary?

Secretary Kennedy. And I have never been --

Mr. Veasey. Yes or no? Yes or no?

Secretary Kennedy. I have never been -- everything you said --

Mr. Veasey. Okay. I am reclaiming my time.

Secretary Kennedy. -- is a lie.

Mr. Veasey. I am reclaiming my time. Conveniently, since the White House received this memo, it seems that you are miraculously no longer an anti-vaxer, but the American people are not dumb, sir. The American people are not dumb.

You and I both know what is going on here. You have absolutely not had a change of heart. You do not care about this child with this rash from measles on him. And it took this polling -- it literally took this polling to change your public posture about vaccines. This is real life, Mr. Secretary, and you have blood on your hands. I honestly hope that Donald Trump tells you to get to stepping next.

I yield back my time.

Mrs. Harshbarger. The gentleman yields back.

And I recognize Representative Bentz for his 5 minutes of questioning.

Mr. Bentz. Thank you, Madam Chair. And thank you, Mr. Secretary, for being here today.

The Wall Street Journal on April 12, John C. Goodman wrote on the opinion page, "Trump is Making the Best of ObamaCare." And in that article he talks about the 2027 ACA exchange rule, which would allow health insurers to offer non-network plans on market exchanges. Health insurers would be able to set reference prices.

And actually, this is a really clever idea, and I am just curious. We are thinking on it, and if it is one of those things that someone has been trying to get in place for years, I happen to think it is excellent, but perhaps -- perhaps I am wrong. What do you think?

Secretary Kennedy. Can you just repeat the proposal?

Mr. Bentz. Yes. The idea is that a non-network plan on an exchange would be able to set reference prices. For example, you can say $30,000 for a knee replacement, and then the person who enjoys that insurance coverage could shop around and select other providers to do the work. They wouldn't be stuck inside the space that they might have been required to to obtain the coverage from.

It is very clever, and it suggests competition as opposed to being stuck someplace. But there is lots going on in this insurance space, so I would enjoy your thoughts.

Secretary Kennedy. I mean, that -- that is President Trump's solution, that we need markets. Markets bring down prices. And Congressman James just talked about price transparency.

When we looked at pregnancy, deliveries in New York, within a mile of New York, we found 30 hospitals; the lowest was $1300, the highest was $22,000, exact same procedure. In Detroit it was $6,000 and $60,000.

The reason you have that market chaos is because nobody can choose prices. The more that you inject -- impose market disciplines on a market, the lower costs are going to go. It is ultimately

the only way we are going to get healthcare costs down, that and ending the chronic disease epidemic.

Mr. Bentz. Well, it would seem to me that, in studying this situation, this kind of thinking is exactly what we need. Because when I go back to my district, the amount that people are paying for health insurance is through the roof. And so this kind of transparency is one step. I am sure there are others. I think in the budget, I note a few.

Do you have -- I think you have put in your testimony what you think would drive down prices, but perhaps you can share with us other ideas that will drive down prices.

Just so I may share with you, one of my brothers is paying $26,000 a year for coverage with a $13,000 deductible covering two people. So what in the world can I go back to him and say, hey, the administration is working on trying to drive these prices down?

Secretary Kennedy. I mean, we have literally dozens and dozens of programs and initiatives for driving prices down. The biggest one is ending the chronic disease epidemic.

In 1961, my uncle was President, we spent zero on chronic disease in this country. Now we spend about $4.3 trillion a year, and it is rising exponentially. So that is one issue that we are addressing for the first time in history.

The drug pricing, the MFN, you know, we were paying the highest price in the world, ten times in some cases what Europeans were spending for the exact same price that was made in a factory in New Jersey. And now we are paying the lowest prices in the world.

The cost sharing, which is the President's proposal, will lower costs, lower premiums by 10 percent.

And then -- I am sorry. I just -- price transparency, obviously, the market is going to drive down the prices, the waste, fraud, and abuse, which is costing us a hundred billion dollars a year, that will drive down prices, ending upcoding and Medicaid, which we are finally doing -- we are the first administration that is ever doing that -- that will lower the prices.

And then cleaning up the risk pool, cleaning up people who don't belong on Medicaid or Medicare or in the exchange is -- when you do that, you improve the risk pool, so that is going to lower prices. And all of those things and many, many others are being done by this administration.

Mr. Bentz. Happy to hear it. Thank you, Mr. Secretary.

I yield back.

Mrs. Harshbarger. Thank you. The gentleman yields back.

I now recognize Representative Fletcher for her 5 minutes of questions.

Mrs. Fletcher. Thank you, Chairwoman.

Secretary Kennedy, the last time you sat before this committee last June, I expressed to you my concerns about the funding cuts to medical research. And I know many of -- many people across the country share these concerns. I represent a lot of people who do. And a lot of them do this work in medical research at the Texas Medical Center in Houston, the largest medical complex in the world.

And in response last year, you told me it is not our intention to cut critical research. We need to keep America as the hub of this critical research. And yet for the past year, I have continued to hear from these medical professionals about their serious concerns to the cuts that this administration has made to scientific research.

And the United States has long held the well-earned position of the world leader in cutting-edge scientific research and innovation. But the cuts that this administration has made and is proposing to make in the budget that you are here to support to our institutions, especially to the National Institutes of Health, they are threatening the United States' position as a leader in this research.

So I have a few questions. I know you had a conversation about this with Mr. Guthrie and -- with Chairman Guthrie, and it prompted some more questions. So I want to ask, first of all, do you know how many jobs NIH funding supported in fiscal year 2025 across the country?

Secretary Kennedy. I think it was -- jobs, you mean --

Mrs. Fletcher. Jobs, research. Supported jobs for researchers through NIH grants and funding.

Secretary Kennedy. For researchers or internal NIH funding?

Mrs. Fletcher. Not internal NIH funding, but the NIH grant funding process and supports jobs across the country in all kinds of medical research. Do you know how many jobs the funding coming --

Secretary Kennedy. I think there were something like 62,000 grants. There could be entire research teams on each of those.

Mrs. Fletcher. There are research teams. The answer is 391,000 American jobs --

Secretary Kennedy. That sounds right.

Mrs. Fletcher. -- are supported by this NIH funding. And so, you know, more than 80 percent of NIH's budget supports these cutting-edge research grants through a competitive merit-based process that annually awards, as you said, more than 300,000 researchers at more than 2,500 universities, medical schools, and institutions in all 50 States.

So it is concerning to me that the fiscal year 2027 budget request that we are talking about today renews the prior push to cap indirect costs at 15 percent and doesn't address the significant funding delays that we talked about earlier at NIH.

At the same time that the U.S. is cutting funding for research, other countries are investing in research. And, for example, as you discussed with Chairman Guthrie, China has made no secret of its ambition to dominate biomedical research. I believe you testified earlier -- I made a note -- you said China is eating our lunch. And China is graduating more STEM Ph.D.s than any other country, dramatically increasing state investment in biomedical research infrastructure.

And, Secretary Kennedy, do you understand that cutting federally funded research, as this budget does, will cede U.S. leadership on biomedical research to China and create national security

and global competitiveness challenges for the United States?

Secretary Kennedy. You want me to answer that question?

Mrs. Fletcher. Yes, please.

Secretary Kennedy. You want me to give a thoughtful answer to that question?

Mrs. Fletcher. I would like an answer to the question.

Secretary Kennedy. Because I share your concerns.

Mrs. Fletcher. Yes.

Secretary Kennedy. We still pay for almost 80 percent of the biomedical research on Earth at NIH, much more than any other country does. I don't want to cut NIH programs, Russ Vogt doesn't want to cut NIH programs, but we have a $39 trillion debt. We have been asked to cut across the board at HHS 12 percent of our $111 billion budget. And so we are making cuts that are painful.

Some of those are going to be to NIH, but I can also say that NIH is --

Mrs. Fletcher. Mr. Secretary --

Secretary Kennedy. -- funding a lot of crazy stuff.

Mrs. Fletcher. I do appreciate -- I have limited time, so if you want to elaborate on that, I ask you to do it in writing.

I do want to ask a couple other questions because, in addition to the cuts, there are also just delays. And in response to Chairman Guthrie's question about what to do about some of these issues in competitiveness, you said we are doing it.

But in the first 13 months of the administration, do you know how many notice of funding opportunities were issued compared to 2024? We are not going to have time for you to answer unless you know it off the top of your head, but I will tell you NIH issued --

Secretary Kennedy. It is very --

Mrs. Fletcher. -- 84 NOFOs -- eighty-four.

Secretary Kennedy. I am happy to explain why that is.

Mrs. Fletcher. -- compared to 787 in 2024. So, you know, if we are falling behind here, we need to figure out the funding that we are doing, we got to get it out the door.

So I have more questions for you. I will submit them for the record.

I thank you very much, Chairwoman, and I yield back.

Secretary Kennedy. I am happy to talk -- and I appreciate you allowing me to answer something, so -- and I can answer that other one for you, but I am also happy to work with you on it.

Mrs. Fletcher. Thank you. I will submit my questions for the record.

Thank you, Madam Chair.

Mrs. Harshbarger. The gentlelady's time is up.

And I now recognize Representative Rulli for his 5 minutes of questions.

Mr. Rulli. Thank you, Mr. Secretary, for visiting the Ohio State House during COVID and helping the Ohio Senate and the entire Ohio State House go through that crisis together. Your efforts in expanding patient affordability and access to lifesaving drugs is also appreciated.

Last August, however, though, the FDA classified desiccated thyroid extract, or DTE, as a biologic, giving DTE manufacturings 1 year to cease production or face enforcement. This action of enforcement is destroying it. This classification also limited the ability for pharmacists to compound DTE, meaning that patients had to switch to much more expensive alternatives.

So the question, Mr. Secretary, is, what was the basis for the FDA to classify DTE as a biologic?

Secretary Kennedy. I would say that there is controversy within my agency about that decision, and I am very, very happy to work with you on that. I am resolving it.

Mr. Rulli. I appreciate that.

Secretary Kennedy. I invite you to contact my office and contact me directly, and I will work with you on that.

Mr. Rulli. With patients facing this August deadline, do you have any steps that you think

you could, you know, maybe influence several Congress Members to reassess how we look at this to help your department move forward and get these conversations going to an elevated level?

Secretary Kennedy. On which subject?

Mr. Rulli. On the DTE subject. Is there anything that Congress could do to help your staff move forward?

Secretary Kennedy. If you call me about it, I will -- I will convene a high-level meeting where we can talk to you and answer your questions and see if there is a resolution.

Mr. Rulli. I really appreciate that, Mr. Secretary. And I do have a couple minutes left. Is there anything you would like to clarify during the last couple of hours that maybe you weren't given the opportunity to? Please feel free to do so.

Secretary Kennedy. I mean, there was a number of statements, again, made about my so-called anti-vaccine. I have always said, for 20 years, I'm not anti-vaccine. I just want the same kind of testing done for vaccines of safety testing. Hepatitis B vaccine, which tested for 4 days with no placebo, a product that is given to millions of children every year. You would never allow a medical product to do that. And so all I want is good testing.

I am not anti-vaccine or I wouldn't be putting a billion dollars into developing new vaccines right now. It is counterintuitive. Look at my record here and say I am anti-vaccine. I am pro-science. I want to ask the right questions.

I don't think there is any taboos. I don't think this religious belief that you have to say all vaccines are safe for everybody and they are all effective for everybody, that we all have to accept it, and anybody who disagrees with that is marginalized, vilified, and deplatformed.

I think we ought to be able to talk, we ought to be able to talk about the science and do it in a way that is dignified and congenial and open-minded.

Mr. Rulli. Mr. Secretary, I will say, in the last 5 years that I have known you, the one thing that anyone that knows you would say is you welcome conversations and open debate. That is how

we grow. And I appreciate your time.

And with that, I yield my time back to the chair.

Mrs. Harshbarger. Thank you.

Ms. Schrier. Will the gentleman yield?

Mr. Rulli. I yield back to the chair.

Mrs. Harshbarger. Okay. Thank you for yielding back to the chair.

And now I recognize Representative Ocasio-Cortez for her 5 minutes.

Ms. Ocasio-Cortez. Thank you, Madam Chairwoman.

How are you doing, Mr. Secretary?

Mrs. Harshbarger. Good. Thank you for asking.

Ms. Ocasio-Cortez. Of course. Of course. I am not sure if you remember our last chat about a year ago where we talked about Medicare Advantage. But, you know, I think one area of agreement that we have, I hope, is that these insurance companies are fleecing the public, right? Can we agree on that?

Secretary Kennedy. Absolutely.

Ms. Ocasio-Cortez. And they are -- I mean, it is highway robbery on the American people, on people who are sick, on seniors. We are on the same page about that, right?

Secretary Kennedy. Yes.

Ms. Ocasio-Cortez. And last year, I brought up Medicare -- the Medicare Advantage program to you, because these corporations, like UnitedHealthcare, Aetna, are known to be defrauding the public. And really, we know that with Medicare Advantage, it is to the tune of about $80 billion.

And the Department of Justice has, in fact, opened an actual --

Secretary Kennedy. You mentioned United last time.

Ms. Ocasio-Cortez. So you remember this, right?

Secretary Kennedy. Yes.

Ms. Ocasio-Cortez. Okay. I am glad that we are able to kind of jog the memory on that. We chatted about this and we actually chatted about it afterwards too.

So we know this, we are all on the same page here. United, CVS, Aetna, they are defrauding the American public to the tune of $80 billion a year. We know that they are doing this to the public. You know it, I know it, we have even had some bipartisan chat about this.

And so I was surprised to see about 2 weeks ago you had decided to give them another $13 billion. It was used through the mechanism of the MA reimbursement rates. But I want to know, why did you do that?

Secretary Kennedy. First of all, I agree with you on everything that you said. You know, we have to look at the reimbursements that the industry gets, which they said there had been a 5 percent increase in cost. And that if we didn't give them the full 5 percent, they were going to -- it would impair patient choice, particularly in some regions of the country. The industry would leave. We gave them a 2 percent raise.

Ms. Ocasio-Cortez. And I hear what you are saying, Mr. Secretary, that the industry is saying that they are increasing these costs. But the industry is defrauding the public, so we know they are lying. We know they are lying through even their mechanisms.

They are upcoding. They are telling us, the public, the government, Medicare, our systems, that people are sicker than they are so that they can get more money. They are lowering their reimbursement rates, they are increasing denial. So we know that these folks are lying. We know that they are bad actors.

And if I am hearing you correctly, we are giving them more money because they are saying that they need it?

Secretary Kennedy. Can I answer the question?

Ms. Ocasio-Cortez. Yeah.

Secretary Kennedy. First of all, I appreciate everything you have done and you speaking out about upcoding. We are ending upcoding. We are using AI now to detect it, to prosecute it, and to end it.

Yeah, they are lying. But my job as HHS Secretary, I have to balance the impact on patients if there are no options in those areas. So we -- we do a lot to verify. We don't trust. We do a lot to verify.

Ms. Ocasio-Cortez. And I hear what you are saying. I mean, even when you talked about that 2 percent, it is something that I found interesting too. Because that 2.48 percent wasn't initially what you were going to go for. You had announced in January that -- in fact, CMS had proposed an increase of 0.09 percent --

Secretary Kennedy. Yeah.

Ms. Ocasio-Cortez. -- which would have essentially kept payments flat, at minimum, to these corporations like United and Aetna that are robbing us.

And so there was an interesting amendment that you had made. We have got the experts saying, okay, even when you start looking at that inflation rate or that cost rate, even that, at most, is .09 percent. But then it seemed as though there was some industry backlash, and now we are at 2.48 percent. We are giving them $13 billion when they are stealing $80 billion a year as it is. I say we let them eat it. Why not?

Secretary Kennedy. Well, you can see from what we originally published what our intention was, to give them essentially nothing.

Mrs. Harshbarger. Okay.

Secretary Kennedy. And we got a huge blowback not only from the industry but providers and everybody else who said we are going to experience closures, we are going to experience places where you cannot get insurance. It is going to leave all these patients high and dry.

We did our own investigation. And, you know, you can look at healthcare --

Mrs. Harshbarger. Representative's time is up, and you can --

Secretary Kennedy. I appreciate you giving me a chance to answer questions. I can't thank you enough for that.

Ms. Ocasio-Cortez. Appreciate it. Thank you.

Mrs. Harshbarger. We will hear more about that.

Now I recognize Representative Houchin for her 5 minutes of questioning.

Mrs. Houchin. Thank you, Madam Chair. Thank you, Mr. Secretary. Appreciate your patience today.

An issue that has been consistently brought to my attention is the vital need to simplify and expedite the FDA approval process for pharmaceutical manufacturers who already are operating in the United States or seeking to expand operations in the United States. This is part of the Biomedical Advanced Research and Development Authority trying to expedite our national security for manufacturing medicines here in the United States.

Indiana is a national leader in pharmaceutical production and exports, and the industry continues to expand its research and development. In the last couple of years alone, Eli Lilly & Company, Roche Diagnostics, and Novartis have announced billions of dollars of investments in manufacturing facilities and drug development.

Areva Pharmaceuticals is a critical manufacturer of generics in my district, which I am proud to have headquartered in southern Indiana, and they have been manufacturing pharmaceutical products in Indiana since 2011. They are continuing their efforts to expand production to include manufacturing of raw materials.

They make fludarabine phosphate, which is a key pretreatment for CAR T-cell therapy and STEM cell therapy for cancer treatment. And the only place they can source the precursor to make that medication is in Wuhan, China. They are facing a lengthy and complicated approval process with uncertain timelines, making it extremely difficult to expand these productions in raw materials.

Mr. Secretary, what are HHS and the FDA doing to accelerate U.S. pharmaceutical domestic manufacturing of these precursors and minimizing regulatory roadblocks while still maintaining high safety standards?

Secretary Kennedy. And thank you for asking me that. It has been a huge stumbling block with the production of generic drugs in this country, which are the majority of drugs that we use. And we are getting them all from China and from India -- almost all of them from China and India, and is a vulnerability in our supply chains, it is a national health -- a national defense vulnerability as well.

So we are doing everything that we can to ease the production pains of construction and expanding plants here and getting quick approvals. We have -- FDA has initiated a new program called the pre-check program that fast-tracks these proposals, and I am happy to talk to you or to the people who run this plant to make sure that they are aware of that program and that they can take advantage of it.

Mrs. Houchin. Thank you. And when we were talking about the cost of medicines in the United States as well, just importing that precursor is $40,000 in shipping. So it would be great to -- for the cost of our prescription drugs here, particularly for cancer treatment, to reduce those costs by helping to onshore that manufacturing.

I want to switch now to an issue -- the issue of long COVID. Long COVID.

Secretary Kennedy. Yeah.

Mrs. Houchin. We believe that as many as 44 million people could be affected by long COVID. The more times you get COVID, the more likely you are to develop that. There is research ongoing, including treatment for long COVID, which can be very debilitating to some Americans.

I just want to encourage additional attention and research into long COVID for treatment for that. I have some concerns that fibromyalgia might be being diagnosed rather than long COVID and would be grateful, having a family member who has experienced that, to just encourage you to

continue focus on research for the treatment and diagnosis of long COVID.

Secretary Kennedy. I mean, we are putting -- it is a priority for me, personally. I have a son who is -- who really was debilitated by long COVID.

We had a roundtable at HHS for the first time in history. We brought in the best experts from around the country, people like Jordan Vaughn from New Jersey and the best people who have the most experience at treating it successfully, from California, from all over the country.

And we are targeting diagnostics to make sure that there is uniform diagnostics. It is a very, very complex illness that manifests differently in almost every person. Treatment protocols are different in people. There is no panacea and -- but there are biomarkers that can tell us what kind of treatments work best for what populations.

Mrs. Houchin. Thank you.

Secretary Kennedy. And we are working on identifying those biomarkers, matching them with a treatment, and then getting the patients together with the appropriate physician.

Mrs. Houchin. Okay. Thank you. My time has expired. I appreciate your service and leadership, Mr. Secretary.

Mrs. Harshbarger. The gentlelady yields back.

And I now recognize Representative Auchincloss for his 5 minutes of questions.

Mr. Auchincloss. Thank you, Chairwoman.

Hi, Secretary. Good afternoon.

Secretary Kennedy. Good afternoon.

Mr. Auchincloss. I want to talk about the Food and Drug Administration, which reports to you. And by law and by logic, the FDA should make decisions on science, not politics, right?

Secretary Kennedy. That is what we are doing for the first time in history.

Mr. Auchincloss. And I also know that, as an environmental litigator, I mean, you really emphasized lifting up the voices of scientists when politicians were trying to pressure them, right?

That was a big part of your litigation against environmental toxins, right?

Secretary Kennedy. Yes.

Mr. Auchincloss. Yes. So I want to make you aware of some of the findings of an investigation I have been doing about the Food and Drug Administration under the leadership of Dr. Makary.

We opened up a whistleblower channel to FDA career scientists and have spoken to multitudes of them. Now, these are career scientists. They have worked for Republican and Democratic administrations, including Trump term one, without complaint or concern.

But now in this last year, they are ringing alarm bells. And I want to just have you listen to three quotations from very senior FDA scientists who are currently employed at the agency.

One quote, "FDA staff had been subject to a steady unrelenting compromise of our scientific standards to support ideologically driven policy goals, more focused on media sound bites and their own self-promotion than our Nation's health." That is one senior scientist.

Another currently employed, quote, "I was pressured into withholding a recommendation for approval for a drug that was intended for a rare disease by Dr. Prasad and other FDA leadership. I know the drug would have been approved had it not been for the political pressure."

Number 3, another senior career scientist currently employed. Quote, "Dr. Makary's approach has made direct lobbying to the commissioner's office a smart and productive business practice for companies to get what they want."

Secretary, you spent your career trying to lift up on the environmental front scientists beating back political pressure. Does this sound like an agency that is effectively lifting up science over politics?

Secretary Kennedy. I can tell you that all the decisions that have been made at that agency are based -- are made with the approvals of panels of career scientists.

Mr. Auchincloss. So that is just not true. So let me reclaim my time. That is categorically

false, because there is, in fact, a program called the Commissioners National Priority Voucher program. I have been investigating that as well for the last 6 months. This program expressly allows political leaders to short-circuit science and pick and choose politically favored treatments. Now, White House and FDA leadership have pressed staff to award vouchers to certain companies as part of White House pressure campaigns.

And most recently and egregiously, the FDA just issued three of those vouchers for psychedelics based on a text from Joe Rogan. And one of those psychedelics was denied by the FDA in 2024.

So let's just go through what happened here. Joe Rogan had a guest on his podcast, and the guest was talking about psychedelics. Joe Rogan texted the President of the United States, and the President texted back, quote, "Sounds great. Do you want FDA approval? Let's do it," end quote. That was from the President of the United States.

So just to be clear, is the President of the United States allowed to grant FDA approval?

Secretary Kennedy. The career staff --

Mr. Auchincloss. Is the President of the United States allowed to grant FDA approval?

Secretary Kennedy. Career staff at FDA has all supported that decision.

Mr. Auchincloss. Is the President of the United States allowed to grant FDA approval? Because he thinks he is. Is he wrong?

Secretary Kennedy. He doesn't do it.

Mr. Auchincloss. He doesn't do it. So -- and yet the FDA, within hours --

Secretary Kennedy. There has been no FDA approval of that.

Mr. Auchincloss. -- issued three priority vouchers from this illegal unauthorized program to respond to political pressure from the White House.

Secretary, this flies in the face of your stated commitment to putting science over politics. We are literally seeing politics put over science.

Now, let's just understand why the President might have bent over to do the bidding of Joe Rogan. He has a disastrous war in Iran that has led even his most committed supporters in his base, like Joe Rogan, to question his competence. And in order to appease Joe Rogan's ire, he grants FDA approval.

Safety and efficacy should be the standard for the --

Secretary Kennedy. You want to grandstand or do you want an answer?

Mr. Auchincloss. -- not --

Secretary Kennedy. Do you want to grandstand or do you want an answer?

Mr. Auchincloss. I want safety and efficacy to be the standard by which psychedelics are approved, not the President's attempt to show up support from his base for a disastrous war in Iran.

This should not be Joe Rogan's decision, that psychedelics are approved. It should be the decision of randomized control trials.

Secretary Kennedy. And we are doing nonpoliticized science for the first time in history.

Mr. Auchincloss. Let me close with a final question here. Reclaiming my time.

You had said about the research here to my colleague from Texas that you wish that the NIH didn't have to cut the billions, right?

Secretary Kennedy. We what?

Mr. Auchincloss. That you wished the NIH did not have to cut money. You had said that to Congresswoman Fletcher.

Secretary Kennedy. The FDA?

Mr. Auchincloss. NIH, the National Institutes of Health.

Secretary Kennedy. Of course.

Mr. Auchincloss. Right. Do you think it would be a better use of money to spend a billion dollars a day on the NIH or a billion dollars a day on bombing Iran? Which do you think would be a better use of money?

Secretary Kennedy. On what?

Mr. Auchincloss. A billion dollars a day on bombing Iran or a billion dollars a day on the NIH?

Mrs. Harshbarger. Member's time has expired.

I now go to Representative Langworthy for his 5 minutes of questions.

Mr. Langworthy. Thank you very much, Madam Chair.

Mr. Secretary, thank you very much for being here today and for your leadership. As this committee reviews the fiscal year 2027 HHS budget, we are focused on how these efforts will support American families, rebuild our trust in our health systems, and Make America Healthy Again.

Secretary Kennedy, in your testimony, you highlight efforts to require hospitals and insurers to disclose actual prices and make them comparable for patients. One concern that we hear even when pricing data is available is it can be difficult for patients to understand and comparatively make a decision. We have seen proposals around tools like advanced explanation of benefits that aim to give patients clearer upfront cost estimates.

What steps is HHS taking to ensure that this information is presented in a way that is clear and actionable and useful to patients?

Secretary Kennedy. You mean the information from our agency or from the insurers?

Mr. Langworthy. Throughout the medical ecosystem.

Secretary Kennedy. I mean, we are doing more on transparency than any agency in history. We have got transparency in coverage rules. We are forcing the insurance industries to tell us what their margins are and what they are charging for every procedure.

Our transparency rules for the hospitals for the first time are going to force them to post their prices -- all hospitals and all providers to post their prices, to certify them, to post them ahead of time. And then, you know, we are doing prior authorization where 80 percent of the insurance industry has now agreed -- any prior authorization for 80 percent of conditions and procedures

within a year by 2027.

Mr. Langworthy. That is great. I appreciate your efforts on that. And just about every other part of life in this country, people know what something costs before they commit to it, and that is critically important.

You wouldn't make a major purchase, you wouldn't book travel or sign up for a service without at least a general sense of price, and this is going to be very helpful as people make their healthcare decisions.

But, unfortunately in healthcare, you know, to this date, patients have often been expected to make important decisions first and then they find out the cost after the fact when they get a bill in the mail. And that is an unacceptable way to go forward, and we can't get our arms around the rising creep of costs of healthcare in this country until we really can see in layman's terms where the dollars are going.

So, you know, what specific enforcement actions is HHS taking to ensure that providers are actually complying with the transparency requirements that your agency is putting forward?

Secretary Kennedy. I mean, during, you know, the Trump administration -- the first Trump administration passed the transparency in coverage requirements. During the Biden administration -- they passed at the end of his administration. During the Biden administration, they just didn't enforce them. So there was no resolution of the problem.

We have now sent out a thousand letters. We are enforcing discipline. We have hardened the regulations, just finalized new regulations that will provide draconian penalties for hospitals that fail to comply. So we are going to end that problem.

Mr. Langworthy. Well, thank you very much. We look forward to working with you and HHS on this issue.

On biosimilars, Secretary Kennedy, you noted in your testimony that HHS is taking steps to streamline the development of biosimilars. What specific actions is the Department taking to

accelerate uptake and ensure that these lower cost options actually reach patients?

Secretary Kennedy. We have changed the approval process for biosimilars so that they will get fast-tracked. And biosimilars are basically the generic version of biologics. They are 35 percent cheaper. And we are doing everything that we can to maximize their access to the market as quickly as possible.

Mr. Langworthy. I appreciate that, Mr. Secretary, because at the end of the day, this is really about affordability for patients and making sure that they have availability of low-cost options.

Another key piece of that is increasing competition in the system, and that is why I am working on legislation to help speed up the development and the approval of biosimilars, cutting unnecessary red tape while still keeping the FDA strong, safety and effectiveness standards in place.

We appreciate your time with us today, Mr. Secretary, and we look forward to working together to make healthcare more transparent and affordable for everyone.

And I yield back, Madam Chair.

Mrs. Harshbarger. Thank you. The gentleman yields back.

And I now recognize Representative Carter for his 5 minutes of questioning.

Mr. Carter of Louisiana. Thank you, Madam Chair.

Like many of our colleagues, Mr. Secretary, I am appalled by the chaos that has transpired at HHS in the past year, including at SAMHSA. On January 13, SAMHSA canceled some $2 billion in grant funding for mental health and substance use programs, putting grantees in a state of uncertainty.

Approximately 2,000 grantees received a letter stating there were no -- that they were being terminated immediately and that no corrective action could align the award with agency priorities.

Madam Chair, I would like to enter a copy of that letter into the record.

Mrs. Harshbarger. Without objection.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Carter of Louisiana. Mr. Kennedy -- Secretary Kennedy, you stated that you weren't aware of these cuts. Are you not aware of this letter that went out relative to these --

Secretary Kennedy. I was not aware of it prior to going out, but as soon as I found out about it, I withdrew it within 24 hours.

Mr. Carter of Louisiana. And then how does such a mistake happen? In an agency of the size of yours, how does something like this happen that sends reverberating fears throughout the hearts and minds of people who are suffering in our country?

Secretary Kennedy. We have a $2.3 trillion agency. It is the biggest agency in the history of government. It has -- it is the size of the sixth largest economy in the world. We have hundreds and hundreds of agencies and subagencies.

We have careers working for us who oftentimes are hostile to -- are not aligned with the President and his agenda. And then there was also --

Mr. Carter of Louisiana. Is there -- are you suggesting this was done nefariously by somebody not in --

Secretary Kennedy. And then because of the corruption during the Biden administration, we did a lot of things that -- some of them were overcorrecting.

Mr. Carter of Louisiana. Sir, respectfully, can I cut you off? I asked you about these egregious cuts. You said they were a mistake. A mistake by the Biden administration, during your administration?

Secretary Kennedy. It was a mistake by my administration.

Mr. Carter of Louisiana. How do you then inject something about the Biden administration? I am asking you about something --

Secretary Kennedy. You want me to answer that question?

Mr. Carter of Louisiana. Yeah, I do. But I want you to answer it honestly, sir.

Secretary Kennedy. Because we had to do an extra amount of surveillance because of all

the corruption that was happening within our agency.

Mr. Carter of Louisiana. Corruption caused your mistake?

Secretary Kennedy. Huh?

Mr. Carter of Louisiana. Corruption caused your mistake?

Secretary Kennedy. Corruption was Biden's mistake.

Mr. Carter of Louisiana. No. Corruption caused you to mistakenly cancel these grants for SAMHSA?

Secretary Kennedy. The surveillance procedures and protocols that we had to put in place to stop money from flowing out the door to people --

Mr. Carter of Louisiana. Okay. Let's leave that, because you are not -- respectfully, you are just not answering that, either intentionally or --

Secretary Kennedy. I am answering your question precisely.

Mr. Carter of Louisiana. I asked you about a mistake that you admitted was from your agency.

Secretary Kennedy. It was my mistake.

Mr. Carter of Louisiana. But then you go on and tell me about corruption in the previous administration. It has nothing to do with you canceling these grants. So let's move on.

Secretary Kennedy. It had a lot to do --

Mr. Carter of Louisiana. Is there any chance that this could happen again? Have you corrected whatever caused the error -- may I, sir?

Have you corrected whatever caused the error to ensure that these grantees will not have to suffer as so many did?

Our phones are ringing off the hook. A bipartisan group of legislators, Republicans and Democrats, sent a letter that caused you to immediately reverse it.

Has a mechanism been put in place to fix it so it doesn't happen again?

Secretary Kennedy. I can't tell you that a mistake will never happen again in a $2.3 trillion agency.

Mr. Carter of Louisiana. Okay. I have got about a minute and 16. I want to touch on a couple of other things.

Secretary, you publicly shared your experience about your 14 years of heroin addiction. You have also gone on to say a day doesn't go by that you don't think about heroin. So certainly you understand the gravity of people who are suffering. Certainly you understand the gravity of people who have addictions and they need resources.

But how do we expect that you really understand that when your own budget undermines substance use prevention, treatment, and recovery services, block grants, State-opioid response, and Community Mental Health Block Grant programs by consolidating them into behavioral health innovation grant? How do we expect mental health and substance use providers and administrators of high-quality, evidence-based care that they will be able to compete against the other same limited funding under your proposals? How -- what message are we sending to people back home?

Secretary Kennedy. We are making the system more efficient, and I am putting more money into it than any other HHS Secretary in history. Not only that, we are putting $49 million into opioid response and putting a hundred --

Mr. Carter of Louisiana. Sir, I got 2 seconds. Respectfully, you know what I really wish you would spend more time on? More time thinking about the American people, less time talking about wellheads, bear heads, and raccoon parts --

Mrs. Harshbarger. Okay.

Mr. Carter of Louisiana. -- talking about what is important to the American people and how they can --

Secretary Kennedy. I don't talk about any of those things. It is you guys who are all talking

about --

Mrs. Harshbarger. Okay. The Representative's time is up, and we have one more original member of the committee, and we will let him ask his questions. And I know you have a hard out, and we appreciate you staying over.

I will turn it over to Representative Landsman for his 5 minutes of questions.

Mr. Landsman. Thank you, Mr. Chair.

Good afternoon. A couple things. One, I am from Cincinnati, as I had mentioned last time. Our community action agency, as you know, they do headstart, utility assistance. They were awarded a grant. Their CDBG grant was awarded to them, but it hasn't come yet. And so I got a frantic call from a constituent saying that they were going to get furloughed or fired because of the delay in the grant going out.

Can we work together to try to get that grant out?

Secretary Kennedy. I would love to work with you.

Mr. Landsman. Okay. Thank you. This is the Cincinnati --

Secretary Kennedy. They are welcome to call me.

Mr. Landsman. We have sent a note to them.

Secretary Kennedy. I am more accessible to Congress than, I think, any other Cabinet member.

Mr. Landsman. We have sent a note to your office, but I want to make sure we can get these out the door so that no one gets fired.

You had mentioned the rural hospital piece, $50 billion, largest investment. But there is a reason why the Senate Republicans asked for a $50 billion rural hospital investment, is because of the trillion dollar -- nearly trillion dollar cut to Medicaid. There would not have been a request for that. It was the only way to get a few of them to vote for this massive spending deal.

They spent $4.5 trillion. Most of that went to tax cuts that overwhelmingly benefited the

super-wealthy. It was about a $2 trillion increase in the debt.

So you said there is no cuts to Medicaid. In order to balance that spending bill, there was $2-, $2.5 trillion in deficit spending, a trillion dollar cut essentially, in Medicaid. Was it $3.5 trillion for deficit spending or was there truly, as we have been saying, a nearly trillion dollar cut to Medicaid and why these Republican Senators pushed for a rural hospital fund of $50 billion, which is nowhere close to a trillion dollars in cuts to Medicaid?

Secretary Kennedy. There is no cut in Medicaid. Look at the CBO report from --

Mr. Landsman. If we go back and then just do the math with me, then that means that they added $3.5 trillion to the deficit? You got to find a trillion dollars. You either added a trillion dollars to the deficit or you cut Medicaid by a trillion dollars.

Secretary Kennedy. I mean, do you think the Congressional Budget Office is lying?

Mr. Landsman. But the Congressional Budget Office --

Secretary Kennedy. Do you think they are lying?

Mr. Landsman. No. They are saying that there was this massive cut --

Secretary Kennedy. They are saying there is a 47 percent increase in Medicaid.

Mr. Landsman. They are saying -- they are saying that about 15 million Americans are going to lose their Medicaid health coverage. That is a trillion dollar cut to --

Secretary Kennedy. There is no -- there is no legitimate enrollee who is going to lose coverage.

Mr. Landsman. You sat on this committee and made a decision -- I voted against it. My colleagues over here voted against it -- to cut nearly a trillion dollars in Medicaid in order to --

Secretary Kennedy. There is no cut in Medicaid.

Mr. Landsman. It is not true.

Secretary Kennedy. The CBO is lying to you then.

Mr. Landsman. It is not true. I want to get back to -- everyone knows, every hospital,

every doctor, every provider, every patient in this country knows that you all cut nearly a trillion dollars in Medicaid.

On the Medicare Advantage --

Secretary Kennedy. You guys keep saying it, but it is a lie. Look at what the CBO says. Are they lying to us?

Mr. Landsman. No. They are saying that there was a massive cut. People are going to lose their coverage.

Secretary Kennedy. They are saying there is a 47 percent increase.

Mr. Landsman. I want to go back to the Medicaid Advantage piece that you mentioned. Medicaid Advantage is private health insurance, correct?

Secretary Kennedy. Yes.

Mr. Landsman. And so when they pushed you to increase the fee, as Ms. Ocasio-Cortez mentioned, you said the reason you agreed to it is because they said there would be no other options.

Secretary Kennedy. We determined that people would lose coverage.

Mr. Landsman. They wouldn't lose coverage.

Secretary Kennedy. That they would lose coverage.

Mr. Landsman. In the private health insurance market, correct?

Secretary Kennedy. They would lose coverage from Medicaid Advantage.

Mr. Landsman. Exactly. Which means -- which means that they could go back to, what, Medicare. You could have sent them back to Medicare where they get more coverage and we pay less. Why didn't you do that? Why do you give them an additional $10-, $13 billion when the option was just go back to Medicare?

Secretary Kennedy. Because Americans want -- prefer Medicare Advantage.

Mr. Landsman. Because they think it is Medicare.

Secretary Kennedy. Because they prefer it.

Mr. Landsman. Because they think it is Medicare. Because of the name.

Do you agree it should be called Medicare Advantage when it is not Medicare?

Secretary Kennedy. I don't care what they call it. Americans like it.

Mr. Landsman. Great. I think we should change the name to something that says this is private health insurance.

Secretary Kennedy. That is up to you and Congress.

Mr. Landsman. Great. Next time you have a chance to negotiate, send people back to Medicare. It is better health insurance and it costs you less money.

Secretary Kennedy. I look forward to seeing your legislation.

Mr. Landsman. I want to -- I want to add -- I have a bill. I am excited that maybe you will endorse it. It does say if you can't be -- if you can't adhere to everything that Medicare offers, then you can no longer use the name.

Secretary Kennedy. Okay. I mean, the reason that people prefer Medicare Advantage, people like my agency, is because it is outcome base care. Because the insurance companies --

Mrs. Harshbarger. Okay.

Mr. Landsman. I have got to yield back. Thank you.

Secretary Kennedy. Okay.

Mrs. Harshbarger. Thank you.

I know, Mr. Secretary, we had one more waive-on member. She won't have time to ask her questions, but I would remind members can submit questions for the record.

I ask unanimous consent to insert in the record the documents included on the staff hearing's document list, which is here.

Without objection, so ordered.

So I would like to thank our witness again for being here today. And members may have

additional written questions for you, sir. And I will remind members that they do have 10 business days to submit questions for the record and I ask the witness to respond to the questions promptly. Members should submit their questions by the close of business on Tuesday, May 5.

And without objection, the subcommittee is adjourned.

[Whereupon, at 12:58 p.m., the subcommittee was adjourned.]