

Statement by Robert F. Kennedy, Jr.

**Secretary, U.S. Department of Health and Human Services
on
The President's Fiscal Year 2027 Budget
before
Committee on Education and the Workforce
April 17, 2026**

The mission of the Department of Health and Human Services (“HHS” or the “Department”) is to promote and protect the health and well-being of the American people. This mission serves as the foundation for the Department’s efforts to strengthen public health systems, support medical research, improve access to quality health care, and provide essential services to individuals, families, and communities across the country. This past year, under President Trump and my leadership, the Department has made tremendous strides in accomplishing its mission.

The Administration continues to align the budget with the proposed reorganization. The structural reforms will reduce duplication, improve accountability, and maximize the impact of limited resources. By consolidating overlapping functions, strengthening prevention-focused programs, eliminating fraud and abuse, and targeting investments toward primary care, maternal and child health, mental health, substance use prevention and treatment, environmental health, and workforce development, HHS aims to slow long-term cost growth while improving health outcomes. These reforms are designed to ensure that federal health dollars are spent more efficiently.

MAHA WINS

We cannot hope to make America great again without first making Americans healthy again. **The bedrock of health—the key to reversing the chronic disease epidemic—is nutrition.**

- **This year we released new Dietary Guidelines that emphasize real, whole, nutrient-dense foods.** The vast majority of chronic diseases in this country are reversible or preventable through changes in nutrition. But dietary interventions have been underutilized. They have also been stifled by poor guidelines from the old food pyramid and MyPlate: Americans were steered toward empty calories from refined breads and pastas and told to shun full-fat natural dairy products. We flipped the pyramid on its head. A diet centered around meat, seafood, eggs, dairy, citrus fruits and berries, root vegetables, and fiber-rich whole grains can dramatically reverse the disease burden on this country. It’s a diet built around whole foods—real, nutrient-dense, single-ingredient foods that you can find at any supermarket. And for Americans who struggle to find these staples in their communities, we are working with the Department of Agriculture to expand stocking requirements for healthy foods to meet that need.
- **We are also making sure that the next generation of doctors is being taught nutrition.** Medical students across this country have historically reported receiving one

or two hours of nutrition education each year. We cannot in good conscience send physicians to treat diet-driven illnesses when they do not feel confident advising their patients on how to eat. So, we've partnered with the Department of Education to secure voluntary commitments from more than 50 medical schools to require 40 hours of nutrition education, or a 40-hour competency equivalent, for all medical students starting this fall. These commitments are science-based and consensus-driven and are a model for how this Administration is working with national experts to address our chronic disease epidemic.

- **We are holding baby formula manufacturers to a high standard.** Good nutrition starts in the womb, and steady access to a balanced nutrient profile during a child's formative years is essential to proper brain development. So, we launched Operation Stork Speed to increase labeling transparency, address gaps in infant formula research, expand the U.S. Food and Drug Administration ("FDA") testing protocols for infant formula, and are undertaking the first comprehensive review of infant formula nutrients in over 30 years to ensure our babies are getting the highest quality supplemental feed possible at such a critical period of growth.
- **We are removing petroleum-based dyes from our children's food.** The research is clear, and we have known for a long time that these dyes are harmful to children's health. What's unprecedented is the outpouring of voluntary cooperation from industry to phase out these dyes. To make the transition to healthier options as seamless as possible, the FDA has approved a host of naturally derived alternative colors, including from fruit and vegetable sources.
- **We are initiating the post-market review of unexamined food additives.** The GRAS standard—"Generally Recognized As Safe"—for decades has allowed new ingredients and chemicals, often with secret safety data, to be introduced into our food supply without notification or oversight by the FDA or the public. Manufacturers were expected to test and vouch for the safety of their own ingredients. They have taken advantage of that loophole for long enough. This year, FDA plans to act.

Under the Biden Administration, the disparity between the 'haves' and the 'have-nots' in this country widened more than ever before. High inflation, overregulation, and unchecked illegal immigration drove up health care costs for middle class Americans.

At HHS, we are doing everything we can to make quality health care accessible and affordable to Americans.

- **We have negotiated "Most Favored Nation" drug prices for Americans.** For too long, America has subsidized the development of lifechanging therapeutics, serving as the world's incubator for breakthrough drugs. But when those drugs come to market, people in other countries have been able to purchase them for a fraction of the cost that Americans pay, and we are tired of being taken advantage of. Thanks to President Trump, that's no longer the case. We have negotiated on behalf of the American people to bring their costs for the best drugs in the world in line with what other countries are paying. President Trump and I call on Congress to codify into law this historic framework for prescription drug prices to ensure the rest of the world pays their fair share and Americans never get ripped off again.

- **We are empowering patients with clear, accurate, transparent healthcare pricing.** Americans were promised a free market—but when hospitals and health insurers hide the price of care until after the procedure is complete, consumers cannot shop and compare. The market is not free if prices are not disclosed upfront. That is why, consistent with the President’s direction, we finalized changes to hospital price transparency regulations that ensure patients have the information they need to make well-informed healthcare decisions by requiring the disclosure of actual prices, and by making sure that pricing information is easily comparable across hospitals. We also proposed new transparency in coverage regulations for insurance companies that make negotiated prices accessible and usable for consumers.
- **We have empowered Americans with access to real-time prescription drug price information.** In October of last year, a [final rule](#) went into effect ensuring that health care providers using certified health IT systems are able to submit prior authorizations electronically, select drugs consistent with a patient’s insurance coverage, and exchange electronic prescription information with pharmacies and insurance plans no later than the end of next year. This overhaul of the prior authorization system improves patient outcomes, reduces provider burden, and gives Americans full transparency at the point of care so that they can take advantage of the free market—window-shopping for the best prices instead of getting disoriented and hoodwinked by a marketplace that is deliberately made hard to navigate.
- **We have taken major steps to streamline the development of biosimilar medicines.** [Biosimilars](#) are essentially “generic” versions of biologic drugs, which can be powerful treatments for many diseases, including autoimmune diseases and cancer providing more affordable treatment options compared to biologics medicines which are often prohibitively expensive. Despite accounting for just 5% of prescriptions, biologics account for 51% of drug spending. [Changes](#) by the FDA will reduce the cost to develop these lower cost options by millions of dollars and get them to patients years sooner, dramatically reducing drug prices, expanding patient options, and driving actual market competition.

Part of making quality care accessible and affordable means going after the people who are taking advantage of our health care system, leaving our most vulnerable—the people it was designed to serve—out in the cold.

Across HHS we are holding those bad actors accountable, cutting them out of our system and installing new safeguards to ensure that they never come back.

- **We are doing our part to fight the war on fraud by rooting out fraud, waste, and abuse in our Medicare and Medicaid programs.** Prior administrations allowed our systems to be taken advantage of by people they were never meant to serve. In many instances, the Biden Administration even enacted policies that made it easier for criminals to commit fraud and harder for states to combat it. Every dollar diverted to a fraudulent claim is a dollar unavailable to fund legitimate care for Americans: preventive screenings, mental health services, rural hospitals, and lifesaving medications. That’s why we have catapulted the Centers for Medicare & Medicaid Services (“CMS”) into a new era of integrity with modern tools, tighter oversight, and

announced a nationwide call to action for Americans to support fraud prevention through the CRUSH initiative: “Comprehensive Regulations to Uncover Suspicious Healthcare.” In fact, we have joined forces with 28 states across the political spectrum in a CMS-State Tax Fraud Partnership to strengthen state-federal enforcement against fraudsters. We are replacing the old “pay and chase” model with a real-time “detect and deploy” strategy, using advanced AI tools to identify fraud instantly and stop improper payments before they go out the door.

- **We are ending the abuse of children through sex-rejecting procedures.** Impressionable youth questioning their sex deserve compassion, attention, and care. Instead, some of these children have been exposed to invasive, irreversible sex-rejecting procedures and castrating chemicals through our health care system. We released the most comprehensive peer-reviewed report to date on the harms of these procedures last November. The science is clear: these interventions risk lasting physical and psychological damage to vulnerable young people. CMS has issued proposed rulemaking that seeks to protect children by withholding Medicare and Medicaid federal funds from any hospital that performs sex-rejecting procedures on minors and prohibiting federal Medicaid funds from paying for any sex-rejecting procedures performed on children. The FDA issued warning letters to 12 manufacturers and retailers of breast binders—medical devices—formally notifying them that marketing their products to children with gender dysphoria is not in compliance with FDA regulations and requiring prompt corrective actions. We also released a public health message to inform health care providers, families, and policymakers that the evidence does not support claims that puberty blockers, cross-sex hormones, and surgeries are safe and effective treatments for pediatric gender dysphoria.
- **We are restoring dignity and accountability to the organ donation process.** Patients and families should not be pressured by organ procurement organizations into making life-or-death decisions that favor the financial interests of those organizations. We have released clear guidance across this Department preventing such behaviors and reiterate that organ donation begins after death is confirmed—not before. We also decertified the Life Alliance Organ Recovery Agency organ procurement organization after uncovering years of unsafe practices, poor training, chronic underperformance, understaffing, and paperwork errors. The American people deserve a higher standard of care.

Gold-standard care starts with gold-standard science.

We are bringing agency recommendations into alignment with the best scientific evidence.

- **We have removed black box warnings on certain hormone replacement therapy products for menopausal women.** Use of these therapies [plummeted](#) in the early 2000s due to the prejudicial effect of a warning label FDA applied following a study that connected the products to a statistically non-significant increase in the risk of breast cancer diagnosis in a study of women with a median age more than a decade beyond the onset of menopause. Women deserve an honest, comprehensive assessment of the science so they can make informed decisions about what they put in their bodies, and removing the blanket black box warnings from these products fulfilled that.

- **We have sustained funding for the AI-backed Childhood Cancer Data Initiative at the NIH at \$100 million.** This continued funding will accelerate the development of improved diagnostics, treatments, and prevention strategies for pediatric cancer. Our children are our future. Every day that they spend burdened by this modern phenomenon of pediatric cancer is an avoidable tragedy. We can and will get to the bottom of this crisis, and we are bringing in private-sector partners to apply advanced artificial intelligence tools to get us there faster.
- **We are shining a light on invisible illnesses.** Last year, we convened a roundtable of Lyme disease patients, clinicians, and researchers to vindicate in a public way what they already knew: chronic, multisystem tick-borne illnesses like Lyme disease and alpha-gal syndrome are real, and we need to accelerate innovations in how we understand, diagnose, and treat these conditions. We also announced the renewal of the [LymeX Innovation Accelerator initiative](#), a \$10 million public-private partnership that will advance AI tools to support earlier and more accurate detection across stages of infection. Americans with Lyme disease are sick of the gaslighting; we're treating them with the dignity they deserve and giving them answers.
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- This Administration endeavors to put the truth back at the center of scientific inquiry, where it has always belonged. By freeing our experts from the constraints of dogma and censorship, we have empowered them to focus on making cutting-edge advancements in medicine, research methodology, and regulatory science.

These advancements are already delivering cures to the American people, and they have laid the tracks for accelerated innovation.

- **We are dramatically reducing review times for drug and biological product applications.** The Commissioner's National Priority Voucher (CNPV) [pilot program](#), which we announced last year, uses a collaborative tumor board-style review process to accelerate review and approval of products that align with U.S. national health priorities: crisis response, breakthrough therapies, large unmet medical needs, domestic supply chain resilience, and affordability. In [February](#), FDA granted approval to a new lung cancer drug submitted through this voucher program just over a month earlier because it showed incredible promise in the clinical trial data. In [March](#), we approved a treatment for adults with relapsed or refractory multiple myeloma who have received at least one prior line of therapy. This decision was issued just 55 days after filing. The historical precedent for approvals is 10-12 months.
- **For patients with ultra-rare diseases who cannot afford to wait, we are accelerating the development of individualized therapies.** This is done through our new plausible mechanism framework, which cuts unnecessary red tape, aligns regulation with modern biology, and clears a path for breakthrough treatments to reach the patients who need them most.
- **We are improving screening for rare diseases in children.** My uncle once [said](#) that, "although children may be the victims of fate, they will not be the victims of our neglect." By adding Duchenne Muscular Dystrophy and Metachromatic Leukodystrophy to the Recommended Uniform Screening Panel for states to follow, we can give every

child a fair chance at timely care. We're also giving parents the information they need to make educated decisions about their children's health.

Through a range of programs and partnerships, HHS works diligently to address the varied health needs of the nation and ensure that Americans have the resources necessary to live healthier and more productive lives. Both President Trump and I treat this responsibility with the utmost seriousness and consider it a critical national priority. We remain committed to ensuring that the Department's programs and initiatives effectively serve the public while ensuring maximum efficiency and transparency.

The FY 2027 President's Budget supports the Department's mission to promote the health and well-being of all Americans and reflects our legislative proposal to Congress. HHS proposes \$111.1 billion in discretionary budget authority for FY 2027. The budget demonstrates the Trump Administration's commitment to Make America Healthy Again (MAHA).

FIGHTING THE CHRONIC DISEASE EPIDEMIC

The United States devotes an extraordinary share of federal resources to health care, yet outcomes continue to deteriorate, driven largely by the preventable chronic disease epidemic affecting Americans of every age and demographic. Rising rates of diabetes, obesity, heart disease, respiratory illness, mental health conditions, and substance use disorders continue to place sustained pressure on Medicare, Medicaid, and other federal health programs. Americans are getting sicker while paying more. These dangerous trends threaten us, our economy, our way of life, and our national security. While the current trajectory is unsustainable, the Administration's MAHA agenda provides solutions to make Americans healthy again and radically transform the health of our nation.

Fulfilling the MAHA agenda requires transformative change in our federal health programs. The Administration for a Healthy America (AHA) will combine the Office of the Assistant Secretary for Health (OASH), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and several centers and programs from the Centers for Disease Control and Prevention (CDC) into a single, unified entity. This consolidation will reduce administrative duplication and improve coordination of health resources. AHA will focus its \$14.7 billion discretionary budget on high-impact priority areas, including primary care, maternal and child health, mental health, HIV/AIDS, and workforce development.

The Administration continues to align the budget with my aspiration to better leverage the skills and knowledge of those delivering on the HHS mission. By reducing duplication, improving accountability, and maximizing the impact of resources, HHS can reduce silos that lead to inconsistent guidance, prevent collaboration, and misalign efforts to deliver optimal health outcomes and services for the American people. By consolidating overlapping functions, strengthening prevention-focused programs, and targeting investments toward primary care, maternal and child health, mental health, substance use prevention and treatment, and workforce development, HHS aims to slow long-term cost growth while improving health outcomes. The budget proposes \$14.7 billion in discretionary funding for these high impact priority areas,

including \$3.5 billion for primary care, \$1.1 billion for maternal and child health, \$6.7 billion for mental health and substance abuse treatment, and \$393 million to strengthen the healthcare workforce. Through our reforms and a more focused approach to the operations of the Department, we aim to deliver higher quality care for Americans at lower costs.

Behavioral health conditions are a major contributor to chronic illness, disability, and rising healthcare costs. We must ensure our healthcare system addresses the root causes of disease rather than just managing its symptoms. HHS investments focus on strengthening prevention, expanding timely access to care, and shifting from crisis-driven interventions toward more effective, community-based solutions. This approach improves outcomes, supports recovery, and reduces long-term costs to federal health programs.

To support the Great American Recovery, the budget includes \$6.7 billion for mental health and substance use disorder services. Funding will enable states and tribes to address behavioral health issues through approaches tailored to their local communities. The budget proposes two new flexible programs, the Behavioral Health Innovation Block Grant and the Behavioral Health and Substance Use Disorder for Native Americans program, to expand evidence-based practices and innovative approaches to improve access and care. Addiction begins in isolation and ends in reconnection. Thanks to the leadership of President Trump, we are bringing Americans suffering from addiction out of the shadows and back into their communities.

Food safety investments are essential to preventing avoidable exposure-related illnesses that contribute to rising rates of chronic disease, particularly among children. Failures in prevention and oversight shift costs to families, healthcare systems, and federal health programs, eroding public confidence in the food supply. Targeted funding proposed in the budget strengthens accountability and transparency across the food system, reduces preventable health spending, and supports a sustained shift toward prevention rather than costly medical intervention. The budget ensures FDA has the resources to protect the nation's food supply and prevent food safety risks.

The budget provides \$57 million to help remove harmful chemicals from foods, reduce toxic elements in foods eaten by children, and address contamination and supply issues in infant formula. These funds will also support new tools to estimate per- and polyfluoroalkyl substances (PFAS) levels in food-producing animals and improve the safety review of new ingredients. The FDA will expand public transparency, review safer natural alternatives, and support the move away from petroleum-based synthetic food dyes. The budget also includes additional funding for the CDC's Food Safety program to improve surveillance of food and waterborne outbreaks and to advance methods to measure microplastics in the human body and better understand their health impacts.

STRENGTHENING SERVICES TO TRIBES

HHS is committed to fulfilling our responsibility to provide quality healthcare services to more than 2.8 million eligible American Indians and Alaska Natives through the Indian Health Service (IHS). We are committed to upgrading IHS facilities, upholding Tribal sovereignty, and improving healthcare outcomes. During my time as Secretary, I have made this commitment a

top priority and continue to meet, listen and consult with Tribal nations on the issues that matter most to them.

The budget provides an additional \$1 billion for IHS in FY 2027, including funding to continue high-quality service delivery, staff newly opened facilities, and provide services to newly recognized Tribes. The budget also invests \$5 million for oversight of IHS-operated hospitals to ensure they deliver safe, reliable, and effective care. The budget provides funding for IHS' Health Information Technology Modernization to replace aging legacy systems with a unified platform that improves efficiency, reduces administrative burden on providers, and enhances continuity of care. This investment will ensure IHS facilities are better equipped to deliver high-quality healthcare services efficiently and effectively.

The budget also includes advance appropriations for IHS for fiscal 2028. I heard loud and clear from tribal leaders that advance appropriations are critical to ensuring continuity of care across IHS, particularly during federal funding disruptions. Advance appropriations provide IHS with predictable, stable funding that allows facilities to maintain operations, retain staff, and plan effectively across fiscal years, regardless of temporary disruptions in the appropriations process.

In addition, the budget invests \$14 million to launch a new Tribal Health Quality Initiative within the Office of Strategy to improve health outcomes for American Indian and Alaskan Native people. This initiative will leverage data collection systems, support quality improvement, and enhance patient safety research for tribal populations.

MAINTAINING AMERICA'S COMPETITIVE ADVANTAGE

The United States continues to face serious and expensive health challenges that have not been solved through incremental research. Chronic disease, cancer, neurodegenerative conditions, and emerging health threats place a growing burden on American families, employers, and taxpayers. China is investing in biomedical research and, since 2022, more Phase I first in human clinical trials are conducted in China than in the U.S. To begin to reverse that trend, meet the goals of the MAHA agenda, the Administration supports a research and innovation approach that prioritizes speed, accountability, and results. Investments in this area are critical to strengthening domestic innovation, supporting American jobs, and reinforcing U.S. leadership in science and technology.

The budget invests \$41.2 billion in NIH, to support gold standard science, maintain global competitiveness and national security, and to maximize the impact of NIH research on the American people. The budget advances critical Administration priorities to address the chronic disease epidemic, identify biomarkers for aging and disease, implement scalable and secure data-sharing frameworks, and cultivate innovative research initiatives through the NIH Common Fund. The budget also furthers NIH's commitment to restore trust in biomedical research by accelerating efforts to ensure results are replicable and reproducible, expanding the use of non-animal models, and enhancing the safety and security of NIH research. NIH continues to emphasize that robust biosafety and biosecurity practices are essential for both promoting and protecting critical, life-saving research. NIH will focus funding on scientific research across all the United States rather than political agendas.

In addition, the budget provides \$945 million for the Advanced Research Projects Agency for Health (ARPA-H) to accelerate the development of breakthrough solutions that can meaningfully improve health and reduce long-term healthcare costs.

HHS is using every tool it has to increase domestic manufacturing of the health care products Americans rely on every day. FDA has launched pilot programs to expedite the review of generic drugs made in the U.S. and provide information early for those building new manufacturing plants in the U.S. As part of President's Trump negotiations to lower drug prices, companies have committed over \$350 billion to increase drug manufacturing throughout the U.S. And it is not just private companies. The Administration for Strategic Preparedness and Response (ASPR) has provided funding to make and stockpile vital key starting materials and active pharmaceutical ingredients right here in the U.S.

RESTORING THE NATION'S PREPAREDNESS CAPABILITIES

The budget supports a resilient health security infrastructure that protects Americans during the most critical moments of a public health emergency. The Strategic National Stockpile (SNS) is a critical national asset that ensures lifesaving medical countermeasures are available when emergencies overwhelm state, local, tribal, and territorial health systems. Many of these medical countermeasures are unique to the stockpile and not available elsewhere, making the SNS an essential resource for both large-scale emergencies and smaller targeted responses.

The budget prioritizes funding for the Strategic National Stockpile at \$1 billion to strengthen national preparedness and protect public health. ASPR will continue to replenish and rotate critical supplies, modernize storage and distribution capabilities, and improve coordination with public and private partners. These investments ensure the nation can respond quickly to emergencies, control threats, and save lives.

The budget includes an additional \$45 million for CDC's Biothreat Radar System, a layered early warning system that expands innovative metagenomic detection approaches and strengthens outbreak signal detection. With these resources, CDC will continue to deploy innovative metagenomic tools to efficiently detect and analyze multiple pathogens from a single clinical or community sample; expand traveler-based genomic surveillance (TGS) to improve detection of pathogens with international origins and assess patterns of global spread; integrate complex data into a unified analytic platform to accelerate automated outbreak and signal detection and translate data into actionable intelligence; and, enhance data sharing and partnerships with federal and jurisdictional partners to support modernized infectious disease investigation and coordinated preparedness and response. CDC launched the integration of the Biothreat Radar program in 2025 with additional resources dedicated to metagenomic testing, data analytics, and the Advanced Molecular Detection (AMD) and TGS programs. This request sustains the ongoing program implementation to ensure an early warning system that will protect Americans for years to come.

MODERNIZING INFRASTRUCTURE AND OPERATIONS

HHS must operate as efficiently as possible to be responsible stewards of taxpayer dollars. We are continuing to streamline the Department's functions and modernize its infrastructure to ensure resources are used in the most effective manner possible. Through the use of artificial intelligence and shared services, we have already achieved great results and are continuing to work to modernize the many aging and outdated systems in the Department.

America invests hundreds of billions of dollars each year in Medicare and Medicaid, yet these programs depend on decades-old technology ill-equipped to meet the Administration's patient-first, accountable care goals. CMS Program Management is taking bold steps to modernize the nation's digital health ecosystem with a focus on empowering Medicare beneficiaries through greater access to innovative health technologies. The budget funds \$3.7 billion through CMS. The discretionary component of this funding includes the investment to begin modernization of the Medicare claims processing systems. Medicare relies on aging, fragmented technology that is costly to maintain, difficult to adapt, and increasingly difficult to secure. The FY 2027 budget will provide funding to support initial-stage architecture for a commercial off-the-shelf platform that would combine the four legacy systems into a single, modern system.

CMS also plans to address critical infrastructure gaps that limit progress toward a digital health technology ecosystem. In FY 2027, CMS expects to make progress toward standardized identity verification processes, modernized provider directory systems, and interoperable data exchange between CMS and external health technology solutions. To protect vulnerable beneficiaries, the budget proposes \$487 million for state survey and certification. These resources are critical for provider oversight to ensure nursing homes and hospices in every state meet or exceed Medicare's safety and quality of care standards. We believe it is important to prioritize limited resources toward those areas that pose an increased risk to individuals' health and safety.

The budget also includes \$424 million to support infrastructure costs and improve the condition of buildings at FDA-owned locations. The FDA relies on optimally functioning facilities to foster scientific innovation, improve healthcare, expand access to medical products, and advance public health. FDA will also continue to expand the inspection of facilities by leveraging state inspection resources to complement FDA inspections.

Similarly, the success of NIH requires safe, modern research facilities that support mission-critical biomedical research. The NIH's specialized laboratories and research infrastructure must be maintained to prevent disruptions, protect staff and participants, and avoid higher long-term costs. NIH has continued to demonstrate how modernized, data-driven, and human-relevant science can translate into improved health outcomes. The Administration is investing \$350 million to maintain and modernize these facilities in a cost-effective manner, reducing emergency repairs, improving operational efficiency, and ensuring NIH can continue advancing gold standard scientific research for the American people.

While healthcare standards and technologies have advanced, many IHS facilities remain outdated, driving higher maintenance costs, operational inefficiencies, and deferred care. The FY 2027 budget invests \$742 million to modernize IHS facilities as a cost-effective strategy to reduce long-term operating costs, lower maintenance backlogs, and improve space utilization. These investments support modern care delivery and more efficient staffing models to enable

IHS to better meet its statutory obligations to Tribal communities. By working together with Tribal leaders, providers, and families, we are restoring trust and driving the mission to Make America Healthy Again in Indian Country.

We are modernizing the Department's technology foundation to deliver faster, smarter, and more effective services to the American people. We were the first federal agency to deploy ChatGPT at scale across the enterprise, equipping our workforce with advanced AI tools that are already improving efficiency, accelerating analysis, and reducing administrative burden. We continue to prioritize rapid adoption of emerging capabilities while at the same time modernizing existing systems and processes. For example, we have successfully replaced a decades-old COBOL-based payroll system with a secure, cloud-based platform that automated processes that once took hours into minutes. The modernized payroll system delivers a scalable, interoperable solution that positions us to align with OPM's broader human resource modernization efforts. We have also dramatically improved collaboration across the Department by integrating email and identity systems for the first time. This enables seamless communication and stronger enterprise-wide security. We are now standardizing and strengthening cybersecurity tools and operations across the Department, which will enable a more unified, consistent security posture that improves threat detection, response, and protection of sensitive data in an increasingly complex threat environment. Finally, we are laser-focused on transforming how technology is managed and delivered across the enterprise. To drive this transformation, we are elevating the Office of the Chief Information Officer (OCIO) to a standalone division. This will empower OCIO to drive centralized strategy, strengthen governance, and break down long-standing data silos, driving innovation, increasing accountability, and delivering measurable results for the Department and the people it serves.

The President's FY 2027 budget for HHS recognizes the importance of focusing government spending on programs that work and reforming our nation's healthcare programs for a fast-changing world. This Budget recognizes that securing America's future requires sound fiscal management and responsible decisions about our priorities. If we are serious about fulfilling HHS's mission of enhancing and protecting the well-being of all Americans, we must embrace the bold innovation and direction championed by the President's Budget to Make America Healthy Again.

But these historic reforms will only Make America Healthy Again if they are made permanent. And they cannot be made permanent without your help. In his State of the Union address, President Trump asked Congress to codify this Administration's efforts to lower healthcare costs for Americans. So, I implore you now:

- Pass President Trump's Great Healthcare Plan to:
 - **Lower Drug Prices.**
 - Codify the President's Most Favored Nation drug price negotiations, so that Americans continue to have access to prescription drugs at the same low prices other countries pay.
 - Make more verified safe pharmaceutical drugs available for over-the-counter purchase. This will lower healthcare costs and increase consumer choice by strengthening price transparency, increasing

competition, and reducing the need for costly and timeconsuming doctor's visits.

- **Lower Insurance Premiums.**
 - Stop sending big insurance companies billions in extra taxpayer-funded subsidy payments and instead send that money directly to eligible Americans to allow them to buy the health insurance of their choice.
 - Fund a cost-sharing reduction program for healthcare plans which would save taxpayers at least \$36 billion and reduce the most common Obamacare plan premiums by over 10%.
 - End kickbacks from pharmacy benefit managers to the large brokerage middlemen that deceptively raise the cost of health insurance.
- **Hold Big Insurance Companies Accountable.**
 - Require health insurance companies to publish rate and coverage comparisons upfront on their websites in plain English—not industry jargon—so consumers can make better insurance purchasing decisions.
 - Require health insurance companies to publish the percentage of their revenues that are paid out to claims versus overhead costs and profits on their websites
 - Require health insurers to publish the percentage of insurance claims they reject and average wait times for routine care on their websites.
- **Maximize Price Transparency.**
 - Require any healthcare provider or insurer who accepts Medicare or Medicaid to publicly and prominently post their pricing and fees to avoid surprise medical bills.

Additionally, HHS is asking Congress to support additional efforts to:

- **Protect children from irreversible harm.** Prohibiting Medicaid federal funding for sex-rejecting procedures performed on minors and barring hospitals that accept Medicare or Medicaid from performing these procedures on minors.
- **End deceptive advertising practices.** Close in statute the “adequate provision” loophole that allowed drug advertisers to lie to consumers.
- **Restore trust in our food supply.** Go beyond what FDA can do to address the GRAS loophole.
- **Hold bad actors accountable.** Build on Administration for Children and Families (ACF) and CMS’ new fraud-fighting initiatives to make sure that non-citizens and scammers do not take advantage of the American people’s generosity and trust under a future Administration.

Without these changes, we will have lost a generational opportunity to make healthcare more affordable, restore trust in our institutions, end the chronic disease crisis, and punish the bad actors who profited from the poisoning, sickening, and exploitation of our most vulnerable.

This is an opportunity the American people cannot afford to miss. So, don't let it pass. Join us.
Together, we can leave a lasting impact on public health and truly Make America Healthy Again.