

U.S. House of Representatives
Washington, DC 20515

April 3, 2025

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

Dear Secretary Kennedy,

We appreciate your interest in making the Center for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as efficient as possible but are deeply concerned about the agency pulling back billions in funding sent to state and community health departments^{[1][2]}. Though the COVID-19 public health emergency is over, local state health departments are still working overtime to ensure communities across the nation can safely respond to public health threats of diverse nature.

The agency rescinding \$11.4 billion of authorized funding without any congressional action or input is extremely concerning. This funding includes support for state and local health department employees who work around vaccines which are paramount for defending our population from any disease. Especially with the outbreak of measles³ and avian flu⁴, our nation needs a robust public health system for effectively investigating and tracking disease outbreak and disseminating that data. With the cuts to the agency, we are worried that sufficient support will no longer be available leading to a breakdown in our public health infrastructure.

The CDC provides support for Healthcare-Associated Infection (HAI) and Antimicrobial Resistance (AR) Programs and the AR Laboratory Network (AR Lab Network) in 64 state, local, and territorial health departments, and they are facing drastic cuts due to the expiration of supplemental funding awarded in fiscal years 2022 and 2023. To maintain current work, CDC's Antimicrobial Resistance Initiative needs an estimated \$155 million boost in annual funding for health departments before fiscal year 2027. Thanks to these programs, multiple U.S. states worked together and quickly identified and responded countless outbreaks of several infections which may include tuberculosis (TB), Methicillin-resistant Staphylococcus aureus (MRSA), and even "superbugs" which have developed resistance to multiple antibiotics. If these funding cuts

¹ <https://www.nbcnews.com/health/health-news/cdc-pulling-back-11b-covid-funding-sent-health-departments-us-rcna198006>

² <https://www.nytimes.com/2025/03/26/health/trump-state-health-grants-cuts.html>

³ <https://www.washingtonpost.com/dc-md-va/2025/03/25/dc-measles-case/>

⁴ <https://www.foxnews.com/health/outbreak-deadly-bird-flu-strain-confirmed-first-time-8-years>

go through, due to the existing financial challenges, the AR Lab Network will no longer be able to support the expanded testing capacities built through supplemental funding and will revert to pre-pandemic testing capabilities. With a reversion to pre-supplemental funding levels, health departments will have limited ability to conduct outbreak investigations and AR containment interventions; these activities currently help limit the size and impacts of outbreaks and novel AR introductions; and health departments will lose regional response capacity, resulting in delayed or diminished support for rural facilities.

We are also concerned about the future of vaccines. Funds supporting vaccine implementation were expected to expire in 2027, and we are alarmed that they could now be cut two years short. These immunization programs are used to educate people in communities about vaccines and preventable diseases and support surveillance and lab capacity to track infectious diseases. Inadequate funding will severely limit outreach to vulnerable populations including rural communities and nursing homes for vaccines. In addition, this funding supports staff who work on multiple projects, and it is unclear which other programs may be affected until staff have left.

Beyond infectious diseases control and prevention, the CDC also provides critical support for the management of other chronic diseases. This includes people with asthma, allergies, diabetes, and heart disease. These patients are at greater risk for more serious infection or hospitalization from infectious diseases, and they rely on a strong public health infrastructure with employees to carry out critical public health interventions tailored to the needs of the local community. We fear clawing back this funding will impact the health of people living with chronic conditions across the nation.

Regarding SAMHSA, we are concerned about \$1 billion of grants that will be discontinued. Such cuts and restructuring will deteriorate our mental health infrastructure. We know that over 84.5 million American adults have a substance use or mental health condition⁵, and we cannot cut resources for these services. Last year alone, SAMHSA distributed over \$6.9 billion in grants to fight the opioid epidemic, end suicide deaths, and transform the lives of countless Americans facing substance use disorder and mental illness.

We have serious concerns that stripping away \$11.4 billion in critical funding will negatively impact our constituents. Please provide answers to the following questions within one month of receipt of this letter:

1. Does the Department certify that all the nearly \$11.4B funds being rescinded from CDC are non-obligated, expired by statute funds? If so, please specify under which statute they are expired.

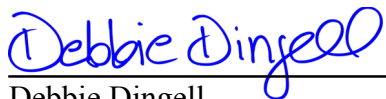
⁵ <https://www.nami.org/press-releases/nami-raises-concerns-about-administrations-proposed-hhs-overhaul/#:~:text=About%2084.5%20million%20adults%20have,died%20by%20suicide%20in%202023.>

2. Does the Department certify that the \$1B being rescinded from SAMHSA are non-obligated, expired by statute funds? If so, please specify under which statute they are expired.
3. Please provide a detailed list of the state, local, territorial, and tribal health departments that will be impacted, and how much funding they will lose and from which authorization or appropriation legislation the funding is being rescinded.
4. Has HHS determined how this funding cut will impact payroll or cause staff layoffs throughout local health departments? If so, how will HHS track this?
5. Please provide the agency's plan to maintain FY2024 appropriated activities for the following diseases in light of the announced reduction in funds:
 - a. COVID-19
 - b. Measles
 - c. H1N1
 - d. RSV
 - e. Whooping Cough
 - f. Tuberculosis
 - g. Avian Flu
 - h. Healthcare-Associated Infection (HAI)
 - i. Antimicrobial Resistance (AR) Programs

As Members of Congress, we have a duty to review and oversee how agencies are spending and managing their funds. Our nation was upended by the COVID-19 pandemic, and we are concerned that pulling back funds will risk undoing the progress we have made in keeping communities healthy and safe. We urge you to reverse this decision.

Thank you for your attention to this important matter.

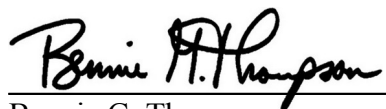
Sincerely,



Debbie Dingell
Member of Congress



Alexandria Ocasio-Cortez
Member of Congress



Bennie G. Thompson
Member of Congress



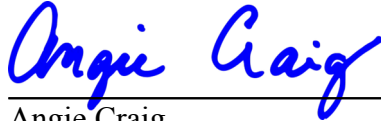
Paul Tonko
Member of Congress



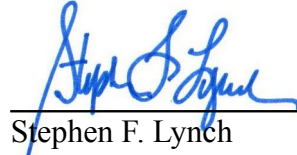
Henry C. "Hank" Johnson, Jr.
Member of Congress



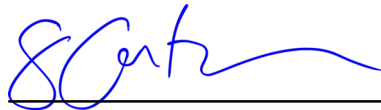
Eleanor Holmes Norton
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Angie Craig
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Stephen F. Lynch
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Sean Casten
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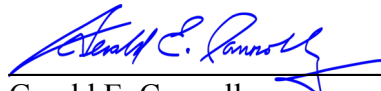
Dwight Evans
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Rashida Tlaib
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Gerald E. Connolly
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Terri A. Sewell
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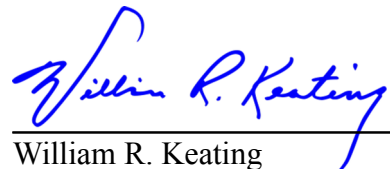
Nydia M. Velázquez
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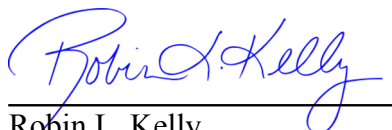
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Julia Brownley
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Jennifer L. McClellan
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Rick Larsen
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Doris Matsui
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Member of Congress



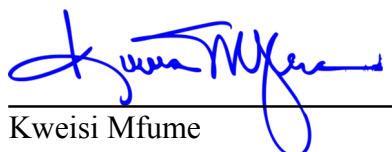
Pramila Jayapal
Member of Congress



Marilyn Strickland
Member of Congress



Robert J. Menendez
Member of Congress



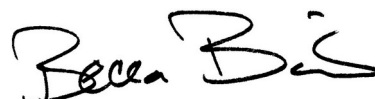
Kweisi Mfume
Member of Congress



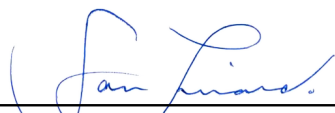
Greg Stanton
Member of Congress



Lauren Underwood
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Becca Balint
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Sam T. Liccardo
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George Latimer
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Jim Tokuda
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Dave Min
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