

ONE HUNDRED NINETEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

Majority (202) 225-3641
Minority (202) 225-2927

February 18, 2026

The Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20021

Dear Secretary Kennedy:

We write to request additional information regarding the decision by the Department of Health and Human Services (HHS) to abruptly terminate over 100 grants through the Centers for Disease Control and Prevention (CDC) solely in four Democratic-led states: California, Colorado, Illinois, and Minnesota. On February 10, 2026, HHS notified Congress about the termination of the funding to programs in the four states, giving as the sole reason for termination being “inconsistent with agency priorities.”¹ Your decision seriously threatens each of these states’ ability to respond to and prepare for public health emergencies, putting lives at risk.

The loss of this grant funding comes weeks after the agency suddenly and haphazardly paused, then immediately restored, roughly \$5 billion in public health funding across the United States.² The termination of these grants reeks of politically motivated retribution unrelated to the proposed content of the grants. Specifically, we are alarmed by the geographic concentration of recipients within only four states, the lack of any meaningful specifics about why these specific grants are inconsistent with agency priorities, and the fact that the only common theme is that all of the terminated grants were made to recipients in Democratic-led states. Furthermore, the blatant, ongoing efforts of HHS to carry out grant award and termination at the direction of political leadership, rather than with the input of career staff who have decades of public health experience and direct relationships with state and local health departments, represents a direct attack on America’s scientific, public health, and preparedness infrastructure.

¹ *Trump Administration to Cut \$600 Million in Health Funding From Four States*, The New York Times (Feb. 9, 2026).

² *US Health Department Pauses, then Resumes \$5 Billion State Health Grants*, Bloomberg (Jan. 24, 2026).

On February 11, these four affected states sued HHS on the basis that these cuts are illegal and unconstitutionally impose retroactive conditions on funding.³ Similar efforts by this Administration to restrict federal funds were temporarily blocked by a federal district court, which enjoined the Administration from cutting off billions in child care subsidies and other social service programs for low-income people in these same four states and New York.⁴

Beyond the overtly political and punitive nature of this action, we are deeply concerned that termination of awards in their final years wastes taxpayer dollars and puts the health of Americans at risk. In most public health infrastructure grants, the first years of funding are dedicated primarily to setting up the surveillance systems, recruiting trained staff, collecting data, and establishing the robust foundations for the public health activities. By canceling awards in their later stages, you are effectively robbing American taxpayers of the substantial benefits of these public health investments. It is a major threat to the health and well-being of all Americans because outbreaks and public health emergencies do not abide by state boundaries or election outcomes, and this Administration's belief that it can restrict the impact of its decisions only to its political adversaries is a dangerous fallacy.

Congress appropriated and the CDC awarded this funding to strengthen state and local public health infrastructure. HHS's notification email to Congress states that the terminated awards are "inconsistent with agency priorities," but a review of the CDC Priorities Statement demonstrates that this is false.⁵ For example:

- CDC identifies "**a commitment to modernizing public health infrastructure and enhancing [its] approach to health data**" as a priority.⁶ But CDC's latest funding cuts included grants supporting core preparedness efforts, including data modernization and strengthening the health care workforce. For example, a grant titled "Strengthening California Public Health Infrastructure, Workforce, and Data Systems," which supports infrastructure functions directly tied to infectious disease surveillance and outbreak response, was terminated along with a grant to fund the Minneapolis Public Health Infrastructure program, which aimed to expand the city's capacity to meet the public health needs in Minneapolis communities.⁷

³ Complaint for Declaratory and Injunctive Relief (Feb. 11, 2026), *State of Illinois; State of California; State of Colorado; and State of Minnesota v. U.S. Office of Management and Budget, U.S. Department of Health and Human Services, and U.S. Centers for Disease Control and Prevention*, N.D. Ill. (No. 26-cv-1566).

⁴ *Feds Can't Withhold Social Service Funds from 5 Democratic States amid Fraud Claims, Judge Rules*, The Associated Press (Feb. 6, 2026).

⁵ *Trump Pulls \$600M in Public Health Funds From Four States*, U.S. News & World Report (Feb. 11, 2026); Centers for Disease Control and Prevention, *CDC Priorities* (Sept. 17, 2025) (<https://www.cdc.gov/about/cdc/index.html>).

⁶ Centers for Disease Control and Prevention, *CDC Priorities* (Sept. 17, 2025) (<https://www.cdc.gov/about/cdc/index.html>).

⁷ California Department of Public Health, *California Local Health Jurisdictions, Overview of Centers for Disease Control and Prevention (CDC) Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Award* (Feb. 14, 2023) (<https://www.cdph.ca.gov/Programs/RPHO/Pages/All-Local-Health->

- CDC’s stated commitment to “**rapid, evidence-based responses to crises**” is defeated by cuts that hamper emergency response.⁸ For example, a grant titled “Strengthening U.S. Public Health Infrastructure” was canceled. This grant funded 107 health departments and cutting it will immediately hinder the Chicago Department of Public Health’s response to an active Meningococcal outbreak involving 10 cases, most of which lacked typical symptoms of invasive meningococcal disease.⁹
- The Administration’s declared intent is restoring CDC’s “**core mission of protecting Americans from infectious and communicable diseases and investing in innovation to prevent, detect, and respond to such public health threats.**”¹⁰ Nothing in this policy objective would justify CDC’s recent cancellation of a Colorado grant to strengthen Sexually Transmitted Infection prevention and the ability to respond to outbreaks.

To understand how terminations of these grants will impact state-level public health infrastructure, preparedness, and response, as well as to assess HHS’s rationale for terminating the grants, we request documents related to this agency action and answers to a series of questions. Please respond to the following requests by March 4, 2026:

1. Please provide the Committee with all correspondence, memoranda, and other documents and communications relating to the termination of these grants.
2. Please provide the names and titles of all individuals at the White House and HHS serving in politically appointed positions who proposed, directed, participated in, or conducted the termination of the CDC grants in each affected state.
3. Please provide all documentation of the specific review and individualized findings recommending the termination of each of the affected grants funded through CDC.
4. Were CDC career staff involved in identifying these grants for termination? If not, why not? If decisions were made exclusively by political leadership, were career staff given the opportunity to voice objections to or otherwise comment on these terminations?

Jurisdiction-Letters-Notices/Strengthening-US-Public-Health-Infrastructure-Workforce-Data-Systems-Grant-Award_2-14-23.aspx).

⁸ See note 6.

⁹ Chicago Health Alert Network, *Cluster of Invasive Meningococcal Disease* (Jan. 22, 2026) (https://www.chicagohan.org/alert-detail/-/alert-details/46691785?_hanalrtdetailsweb_alertId=__ALERT_ID_PLACEHOLDER__&p_r_p_categoryId=undefined).

¹⁰ See note 6.

5. Prior to the termination notification provided to Congress, what description, if any, did HHS or CDC provide to each impacted grant recipient regarding HHS' findings that the purpose of the grant no longer fit within its mission?
6. What timeline for funded activity modifications, phase-out, or appeal was given to impacted grant recipients prior to rescinding their funding?
7. What formula or explanation is the Office of Management and Budget (OMB) or HHS utilizing to determine the amount of award to terminate? How was the termination communicated to award grantees and did it detail the total amount of rescinded funding for each grant and grantee?
8. What specific authority in existing federal statute is OMB and HHS using to justify the termination of congressionally appropriated funds?
9. Did HHS or OMB review CDC awards in only the four affected states, or were all awards funded under the affected grant programs reviewed and the determination was made that only the awards in these four states were "inconsistent with agency priorities?" For example, multiple awards under the "Sexually Transmitted Diseases Prevention and Control Grants" program were terminated, but grants funded under this program that were awarded to recipients in Alaska; Alabama; Washington, DC; Florida; Idaho; Kansas; Maine; Michigan; Missouri; Nevada; New Jersey; Pennsylvania; Puerto Rico; South Carolina; and Tennessee were not terminated.
 - a. Were awards in states other than California, Colorado, Illinois, and Minnesota reviewed and determined to align with agency priorities?
 - b. If only these four states' awards were reviewed, please provide an explanation and all materials detailing the rationale for identifying these four states as the target of grant terminations.
 - c. For each terminated grant, what alternative strategy, if any, does HHS intend to use to fund and address the underlying public health need otherwise addressed by the terminated grants?
10. How will all rescinded grant funds be redistributed, and will the redistribution of those funds be geographically limited?
11. Does HHS or CDC expect to terminate more state public health grants? If so, provide details of how the termination decisions will be made and communicated to Congress and grantees and what states will be affected.

The Honorable Robert F. Kennedy, Jr.

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If you have any questions about this request, please contact the Committee Democratic staff at (202) 225-2927.

Sincerely,



Frank Pallone, Jr.
Ranking Member



Diana DeGette
Ranking Member
Subcommittee on Health



Yvette D. Clarke
Ranking Member
Subcommittee on Oversight
and Investigations