



U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS
1139 LONGWORTH HOUSE OFFICE BUILDING
Washington, DC 20515

April 8, 2025

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

Re: Elimination of regional office oversight of vital federal health programs

Dear Secretary Kennedy:

On April 1, 2025, the Department of Health and Human Services (HHS) closed half—five out of 10—Regional offices (ROs), firing the thousands of expert workers employed at each. Effective immediately, offices in Boston (Region 1), New York City (Region 2), Chicago (Region 5), San Francisco (Region 9), and Seattle (Region 10), and the Office of General Counsel office in Dallas (Region 6) have closed. These offices provide vital health and human services functions to state, territory, and tribal partners across a total of 22 states (15 with Democratic governors), five territories, and three Compact of Free Association countries—supporting the health, safety, and well-being of 166 million Americans. The closings were so sudden that state and tribal officials are reaching out to Congress to ask who to call about ongoing work, and HHS has not provided us (or them) with answers. Haphazardly closing these offices will harm communities in both the notably Blue regions the offices serve, but it will also overtax the ROs in Red states, where caseloads will skyrocket; local expertise will be lacking; and health, safety, and anti-fraud inspections will require excessive travel.

Since 1974 when the Nixon Administration created the 10-region structure to facilitate efficiency and collaboration at a local level, ROs have partnered with state and local communities to ensure that nursing homes and child care centers are safe, local fraud is rooted out, federal law is followed, and state and local communities have a voice in federal policies.¹ Eliminating these functions in half of the country will harm health and safety of local communities and risks inappropriate use of taxpayer dollars by eroding oversight over programs like Medicare and Medicaid. Staff in these offices work on essential functions to improve quality and reduce waste, fraud, and abuse in federal health care programs and ensure human service programs support vulnerable children and families—the value these offices bring to all of our communities cannot be overstated. Simply put, they make our communities healthier and safer for us all.

¹ <https://www.gao.gov/assets/fpcd-77-39.pdf#page=34>

For example, survey and certification staff in regional offices work with states to ensure that nursing homes and hospitals follow health and safety rules that protect patients. ROs include staff from the Office of Inspector General (OIG) and other fraud prevention experts who collaborate with local law enforcement, administrative contractors, and others to root out fraud in our health programs. States use regional offices in partnership with Medicaid State Plan Amendments, working with state and local governments to reflect state differences in health needs. The ROs handle complaints and case work related to improving the ways federal health programs work for everyone. These offices also review Medicare Advantage plans to ensure the plans meet the rules and the needs of the local areas. And they handle bankruptcies where funding is owed to the federal government.

The decision to eliminate ROs entirely threatens the health and well-being of communities across the country and runs counter to HHS's mission of ensuring our vital federal health programs meet the needs of *everyone*. We fear the loss of this local institutional knowledge and expertise will make patients, providers, states, local communities, and many others far worse off, and therefore, we request you respond to the following by April 21, 2025:

1. Please provide a full comparative analysis of the metrics and rationale used to guide the closure determinations across the five ROs, including all documentation from the Department.
2. Please provide a detailed description of the changes and reductions in services that will result in each of the 10 HHS regions as a result of these closures.
3. Please provide copies of any notifications to staff, states, territories, health providers, or other entities overseen by the regional offices informing them of the office closures and outlining procedures for them to communicate with the agency in the future.
4. Please detail how many RO employees were terminated as a result of the regional office closures, as well as how many employees have already left since January 20, 2025. In this report, please detail how many took the "Fork in the Road," how many retired, how many probationary employees were terminated (including an indication for those who were eventually reinstated), and how many were fired or reassigned, by region, based on the restructuring announced on March 27, 2025, and carried out on April 1, 2025.
5. Please detail which operating and staff divisions will be represented by the five remaining regional offices and how the local expertise from the current regional offices is going to be transferred to the other regions.
6. Please describe how current staff at the ROs that will remain open will be able to maintain the current workload and absorb that of additional states and territories in each of the new five regions? How will the new regions be determined?

7. Please detail how survey and certification for these regions will be affected by the closures and reassignments. How many employees worked on survey and certification in the regional offices as of January 20, 2025, and how many will continue to work on survey and certification with this restructuring?
8. Please detail the restructuring as it relates to the OIG. Was the OIG consulted for these restructuring? Was local law enforcement consulted? How many employees worked at the HHS OIG at these regional offices as of January 20, 2025, and how many will work at the five new regional offices. Please provide documentation from a full department analysis on the effects these reductions in force will have on rooting out local fraud, waste, and abuse in federal health programs.
9. Is HHS increasing the travel budget for regional offices to reflect the increased areas for which the staff will be responsible? Will the \$1 limit on credit cards remain such that travel to various states within these larger regions be made impossible?

Sincerely,



Richard E. Neal
Ranking Member, Committee
on Ways and Means



Lloyd Doggett
Member of Congress
Ranking Member,
Subcommittee on Health



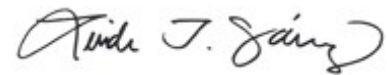
Danny K. Davis
Ranking Member,
Subcommittee on Worker and
Family Support



Mike Thompson
Member of Congress



John B. Larson
Member of Congress



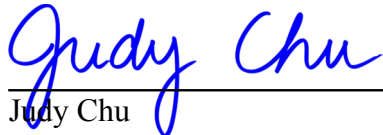
Linda T. Sánchez
Member of Congress



Terri A. Sewell
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Judy Chu
Member of Congress



Gwen S. Moore
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Brendan F. Boyle
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Donald S. Beyer Jr.
Member of Congress



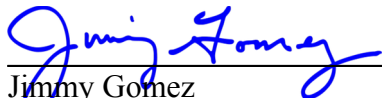
Dwight Evans
Member of Congress



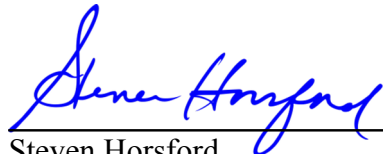
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Jimmy Panetta
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Jimmy Gomez
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Stacey E. Plaskett
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Thomas R. Suozzi
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