

United States Senate

WASHINGTON, DC 20510

March 5, 2025

Stephanie Carlton
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Acting Administrator Carlton,

We write regarding ongoing efforts to fire employees across the Centers for Medicare & Medicaid Services (CMS) in response to the Executive Order, *Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative*, which circumvents Congressional authority. According to reports, firings have taken place across the agency, in partnership with Elon Musk's Department of Government Efficiency (DOGE) and are expected to continue in the coming weeks. We are concerned that these firings will have a direct and negative impact on the health care of millions of Americans. We understand that CMS has been directed to make additional staffing reductions. Before any further reductions take place, Congress needs a full understanding of the actions that have been taken to date.

As you know, more than 160 million Americans rely on CMS to efficiently administer health care programs they rely on every day, including Medicare, Medicaid, the Affordable Care Act Marketplace, and the Children's Health Insurance Program (CHIP). Doctors and hospitals depend on the work of CMS to ensure they are paid on time. Seniors and their families rely on CMS to ensure that hospitals, nursing homes, and other health care facilities receive timely inspections for safety issues. Patients and the health care industry rely on CMS to ensure that innovative therapies receive coverage. States rely on CMS to promptly review proposed changes to Medicaid programs, including strengthened access to behavioral health care, maternal care, and school-based care. CMS staff provide direct services to beneficiaries, consumers, and other health care providers who depend on the agency for their health and wellbeing and economic livelihood. Cuts to this already understaffed agency will undermine the ability of CMS to effectively serve taxpayers and carry out its statutory obligations established by legislation passed by Congress.

Unfortunately, despite a public commitment from Elon Musk and DOGE leadership to be fully transparent, the ongoing efforts to dismantle agencies have been anything but. Given the wide-ranging impact that the work of CMS has on Americans' access to health care, it is critical that

the American people have accurate information about the staffing cuts at CMS and the agency's current capacity to carry out its important work. As such, we are requesting responses to the following questions by close of business on March 10, 2025.

1. What is the total number of full-time employees (FTEs) that have been fired or laid off or who have resigned across CMS since January 20, 2025?
 - a. Did CMS review individual performance plans, including Performance Management Appraisal Program evaluations, prior to firing or laying off an FTE?

2. How many Center for Medicare FTEs have been fired or laid off since January 20, 2025?
 - a. How many of these FTEs were working on quality improvement programs?
 - b. How many of these FTEs were working on Medicare eligibility and enrollment activities?
 - c. How many of these FTEs were working on Medicare audit and compliance activities?
 - d. How many of these FTEs were working on payment policies and annual rulemaking involving insurers, physicians, inpatient and outpatient hospitals, nursing homes, dialysis facilities, and other essential health care providers?
 - e. How many of these FTEs were working on compliance with the Hospital Price Transparency rule?
 - f. How many of these FTEs were working on payment and regulation policies related to the Medicare Advantage and Part D programs?
 - g. How many of these FTEs were working on the Medicare Drug Price Negotiation Program?
 - h. How many of these FTEs supported Medicare beneficiary education, outreach, or casework?
 - i. How many of these FTEs provided account management services to and oversight of Medicare Advantage plans?
 - j. Did CMS conduct an analysis to determine how these staff reductions will impact quality of care? If so, please share this analysis.
 - k. Did CMS conduct an analysis to determine how these staff reductions will impact the ability of Medicare beneficiaries to receive clear information about their coverage and make timely enrollment decisions? If so, please share this analysis.
 - l. Did CMS conduct an analysis to determine how these staff reductions will impact the ability of CMS to conduct audit and compliance activities that monitor programs for waste, fraud and abuse? If so, please share this analysis.
 - m. Did CMS conduct an analysis to determine whether these staff reductions will increase premiums or cost-sharing for Medicare beneficiaries? If so, please share this analysis.

3. How many Center for Medicaid & CHIP Services FTEs have been fired or laid off since January 20, 2025?
 - a. How many of these FTEs were responsible for reviewing or approving waivers, such as Section 1115 demonstrations, and state plan amendments?
 - b. How many of these FTEs were responsible for reviewing, monitoring or evaluating state waivers or state plan amendments?
 - c. How many of these FTEs were responsible for activities related to the Children's Health Insurance Program (CHIP)?
 - d. How many of these FTEs were responsible for monitoring states eligibility and enrollment systems?
 - e. How many of these FTEs were responsible for overseeing financial management systems?
 - f. Did CMS conduct an analysis to determine whether these staff reductions will reduce the timeliness of communications with states? If so, please share this analysis.
 - g. Did CMS conduct an analysis to determine whether these staff reductions will increase review and approvals of state waiver applications? If so, please share this analysis.

4. How many Center for Clinical Standards & Quality FTEs have been fired or laid off since January 20, 2025?
 - a. How many of these FTEs were IT specialists responsible for collecting clinical quality data necessary to establish Medicare payment rates?
 - b. How many of these FTEs were responsible for quality measurement, monitoring or improvement within Medicare, Medicaid, and CHIP, or clinical laboratories?
 - c. How many of these FTEs were overseeing, conducting, or working on issues related to survey and certification activities in hospitals, nursing homes, home health agencies, hospices, end-stage renal disease (ESRD) facilities, laboratories, or other providers?
 - d. How many of these FTEs were working on issues related to organ procurement organizations?
 - e. How many of these FTEs were working on national coverage policy, including National Coverage Determinations and implementation of the Transitional Coverage for Emergency Technologies (TCET) Pathways?
 - f. Across the Center for Medicare, the Center for Clinical Standards & Quality, and other supporting Centers, how many of these FTEs were responsible for supporting Medicare Administrative Contractors (MACs)?
 - g. Did CMS conduct an analysis to determine how these staff reductions will impact the ability of CMS to ensure timely safety inspections of hospitals, nursing homes, and other Medicare- and Medicaid-certified providers? If so, please share this analysis.

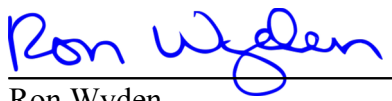
- h. Did CMS conduct an analysis to determine how these staff reductions will reduce coverage of innovative therapies for Medicare beneficiaries? If so, please share this analysis.
- 5. How many Center for Medicare & Medicaid Innovation (CMMI) FTEs have been fired or laid off since January 20, 2025?
 - a. How many of these FTEs were working on the Transforming Maternal Health (TMaH) Model?
 - b. How many of these FTEs were working on the Cell and Gene Therapy (CGT) Access Model?
 - c. How many of these FTEs were working on the Increasing Organ Transplant Access (IOTA) Model?
 - d. How many of these FTEs were working on the Kidney Care Choices (KCC) model?
 - e. How many of these FTEs were working on the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model?
 - f. How many of these FTEs were working on the Guiding an Improved Dementia Experience (GUIDE) Model?
 - g. How many of these FTEs were working on the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model?
 - h. How many of these FTEs were working on the Comprehensive Care for Joint Replacement Model?
 - i. How many of these FTEs were working on the Primary Care First Model?
 - j. How many of these FTEs were working on the Rural Community Hospital Demonstration or other rural strategy development?
 - k. Did CMS conduct an analysis to determine whether these staff reductions will lead to reduced payments for clinicians? If so, please share this analysis.
 - l. Did CMS conduct an analysis to determine whether these staff reductions will lead to disruptions in care for patients receiving care through CMMI models? If so, please share this analysis.
- 6. How many Center for Consumer Information & Insurance Oversight FTEs have been fired or laid off since January 20, 2025?
 - a. How many of these FTEs were working on ACA Open Enrollment activities?
 - b. How many of these FTEs were working on audit, review and compliance activities related to issuers, including premium reviews and medical loss ratio examinations?
 - c. How many of these FTEs were working on risk adjustment policies, procedures, and payments?
 - d. How many of these FTEs were working on No Surprises Act implementation activities?

- e. How many of these FTE provided account management services to and oversight of Marketplace plans?
 - f. Did CMS conduct an analysis to determine how these staff reductions will impact 2025 Open Enrollment activities, including on customer service wait times for individuals needing assistance? If so, please share this analysis.
 - g. Did CMS conduct an analysis to determine whether these staff reductions will impact ongoing program integrity efforts in the ACA Marketplace? If so, please share this analysis.
7. How many Center for Program Integrity FTEs have been fired or laid off since January 20, 2025?
- a. How many of these FTEs were working on provider enrollment activities?
 - b. How many of these FTEs were working on audit activities?
 - c. How many of these FTEs were working on fraud identified in hospice programs?
 - d. How many of these FTEs were working on activities related to limiting waste, fraud and abuse in the Medicare program?
 - e. How many of these FTEs were working on activities to support states in their work to limit waste, fraud and abuse in state programs?
 - f. How many of these FTEs were working on Marketplace agent and broker marketing and enrollment abuses?
 - g. Did CMS conduct an analysis to determine how these staff reductions will impact ongoing audits focused on identifying fraud, waste and abuse in CMS programs? If so, please share this analysis.
8. How many FTEs who worked in the HHS Office of the General Counsel (OGC) in support of CMS programs and policymaking have been fired or laid off since January 20, 2025?
9. How many Office of Program Operations & Local Engagement FTEs have been fired or laid off since January 20, 2025?
- a. Did CMS conduct an analysis to determine whether these staff reductions will reduce responsiveness to state and local officials? If so, please share this analysis.
10. How did CMS determine the number of FTEs and from which Centers and Offices to fire or lay off?
- a. Did CMS receive guidance from DOGE on the number of FTEs to fire or lay off?
 - b. Did CMS receive guidance from DOGE on which Centers and Offices should be the focus of efforts to fire or lay off FTEs?
 - c. Did CMS receive guidance from DOGE on the process to use to inform FTEs that they will be fired or laid off?

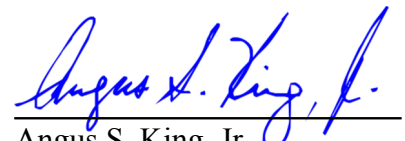
- d. Please provide any written guidance or instruction from DOGE describing how CMS should fire or lay off FTEs.
 - e. How many of these FTEs maintained and oversaw CMS information technology (IT) systems?
 - f. How many of these FTEs supported IT or cyber security efforts?
 - g. How many of these FTEs supported interoperability or administrative burden reduction?
 - h. How many of these FTEs supported agency data activities, including secure public and researcher access to program data?
 - i. How many of these FTE supported human capital systems?
 - j. How many of these FTE oversaw grants and contracts?
 - k. How many FTEs worked in the CMS Office of the Actuary (OACT)?
 - l. How many FTEs directly supported Medicare and Medicaid integration and/or policies involving dually eligible beneficiaries?
11. How many additional FTEs does CMS plan to fire or lay off?
- a. How is CMS planning to respond to the Executive Order’s direction to prepare for “large-scale reductions in force”?
 - b. Has CMS been directed by DOGE or other Trump Administration officials to achieve a target reduction in force? If so, what is that target and how was it determined?

In addition to a written response, we request a staff-level briefing with the “two senior Agency veterans”¹ CMS has referred to in recent statements as being responsible for leading its collaboration with DOGE to discuss staff reductions that have taken place to date as well as any plans for future staff reductions. Given the risks to Medicare, Medicaid, the ACA Marketplace, and CHIP and the stability of the nation’s health system, we urge you to suspend additional terminations and personnel action that could disrupt the stability of our nation’s health care system. Congress and the American people need clarity on how DOGE’s current and future efforts to cut the workforce at CMS are impacting their ability to access safe, quality health care.

Sincerely,



Ron Wyden
United States Senator



Angus S. King, Jr.
United States Senator

¹ <https://www.cms.gov/newsroom/press-releases/cms-statement-collaboration-doge>