

Congress of the United States
Washington, D.C. 20515

December 16, 2025

The Honorable Gene L. Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Comptroller General Dodaro:

We write to request that the Government Accountability Office (GAO) undertake an evaluation of the public-health, economic, and equity impacts of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices' (ACIP) recent vote to eliminate the universal recommendation that all newborns receive the hepatitis B vaccine at birth.

For more than three decades, the universal birth-dose has been one of the most effective public-health interventions in the United States. Since its adoption in 1991, annual childhood hepatitis B infections have declined by more than 99 percent. The birth-dose ensures that infants are protected even when maternal screening fails or when families lack consistent access to prenatal care. The intervention is simple, safe, cost-effective, and lifesaving.

The vote to abandon this universal standard raises profound concerns about the health and safety of newborns nationwide. These concerns are especially acute for Asian American and Pacific Islander communities, who comprise only seven percent of the U.S. population yet account for approximately sixty percent of chronic hepatitis B cases. Because early-life infection is significantly more likely to become chronic and lead to cirrhosis or liver cancer, maintaining the birth-dose is essential for preventing disproportionate and preventable harm in these communities.

Given the significance of this policy change, we respectfully request that GAO evaluate several key issues. First, we request that GAO assess the projected public-health impacts of eliminating the universal birth-dose recommendation, including expected increases in infant and childhood hepatitis B infections, potential rises in maternal-to-infant transmission, and the long-term consequences for liver disease, liver cancer, and mortality. This should include analysis of impacts on communities already disproportionately affected by chronic hepatitis B, particularly Asian American, Native Hawaiian, and Pacific Islander populations.

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Second, we request that GAO examine the economic and health-system effects of the policy change. This includes evaluating downstream federal and state health-care costs associated with increased hepatitis B infections; anticipated strain on Medicaid, Medicare, and public-health agencies; and increased demand for antiviral treatment, specialist care, and cancer treatment. Importantly, GAO should also assess the impact on family out-of-pocket costs if insurers respond to a downgraded recommendation by reducing or eliminating coverage of the birth-dose vaccine, including any expected changes in cost-sharing for families who choose to continue vaccinating their newborns under the prior standard, and the implications for affordability and access in diverse communities.

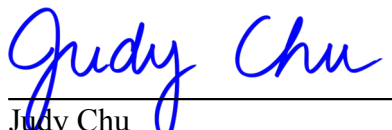
Third, we request that GAO evaluate the reliability and limitations of maternal hepatitis B testing, including documented rates of false-negative or missed diagnoses, gaps in prenatal care access, and whether reliance on maternal screening alone is sufficient to prevent new infections in newborns.

Finally, we request GAO to review ACIP's process and evidence base in reaching its vote, including the scientific analyses used, adherence to established CDC scientific-review standards, and consultation with pediatric and infectious-disease experts. As part of this review, we request that GAO also examine how the United States' hepatitis B birth-dose recommendations compare to the policies of peer developed countries, and what that comparative context suggests for infant health outcomes, international vaccination norms, and global best practices.


Given the magnitude of this policy shift and the risks it poses to public health, a thorough GAO review is essential to ensure transparency, safeguard scientific integrity, and inform Congress as CDC leadership considers whether to implement the ACIP recommendation.

We appreciate your attention to this request. Should you have any questions or need additional information, please contact Rep. Judy Chu's staff at 202-225-5464. We look forward to receiving your response.

Sincerely,



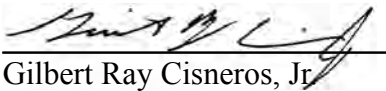
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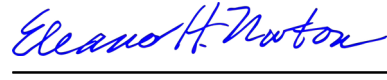
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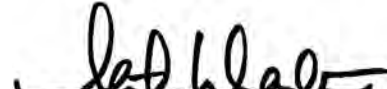
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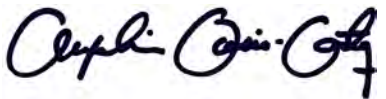
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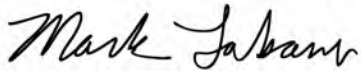


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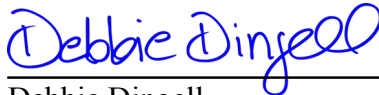


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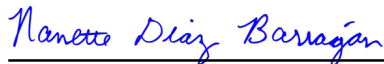
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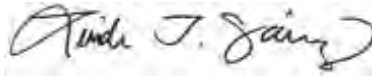
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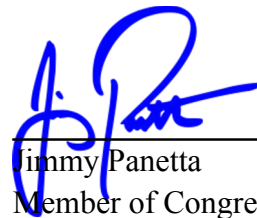
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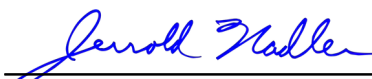
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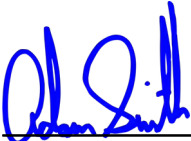
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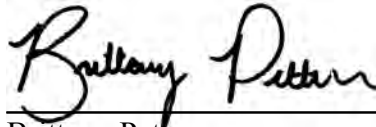
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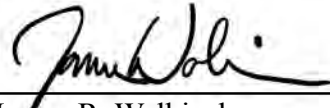
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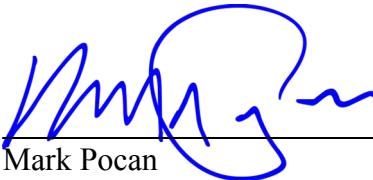
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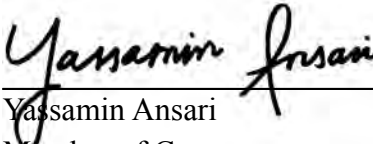
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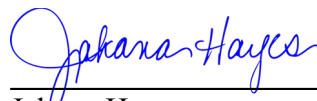
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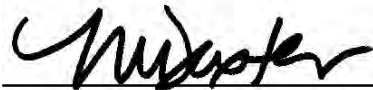
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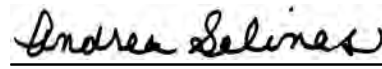
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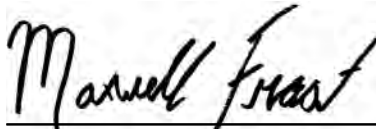
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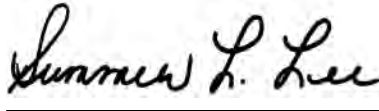
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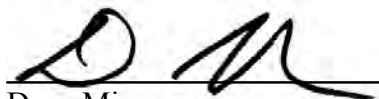
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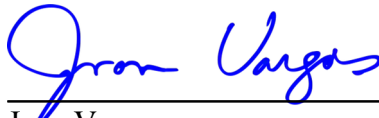
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Dave Min
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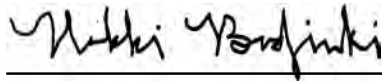


Juan Vargas
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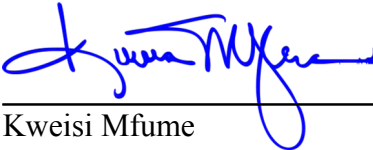
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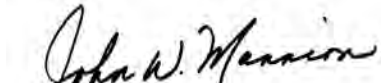
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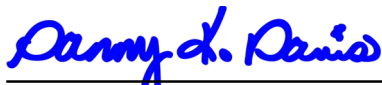
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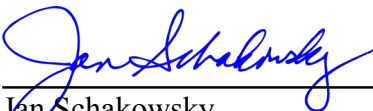
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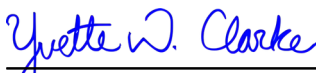
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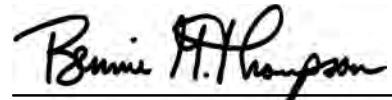
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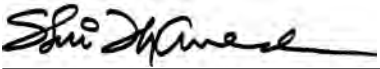
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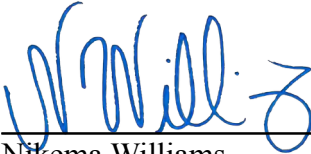
Jennifer L. McClellan
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George Whitesides
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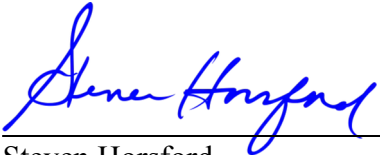
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Nikema Williams
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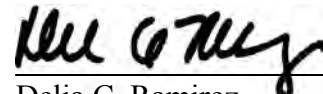
Veronica Escobar
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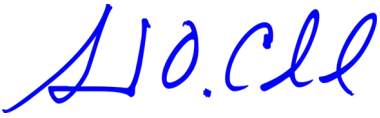
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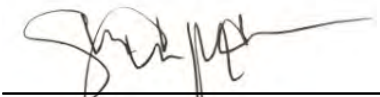
Salud Carbajal
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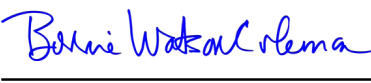
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