Congress of the United States

Washington, DC 20515

September 3, 2026

The Honorable Peter A. Feldman
Acting Chairman
U.S. Consumer Product Safety Commission
4330 East-West Highway
Bethesda, MD 20814

Dear Acting Chairman Feldman,

According to deeply troubling reports, the U.S. Consumer Product Safety Commission is pressuring some of the nation's largest hospital systems to hand over to it and its contractor the detailed, personally identifiable medical records of every patient who visits their emergency departments. The Commission is asserting a sweeping new power to vacuum up deeply personal health information from millions of Americans, information that patients reasonably expect will be used for their care, not for secretive federal data mining. We have significant concerns about the necessity and legality of this initiative, the adequacy of its privacy protections, and the purposes to which this trove of sensitive data may ultimately be put. The Commission must immediately suspend further efforts to implement this sweeping data collection initiative.

Recent reporting reveals that the Commission is directing hospitals to provide the agency, through a private contractor (KONZA Health), emergency department records—including patient names, birthdates, addresses, and diagnoses—as part of its effort to modernize the National Electronic Injury Surveillance System (NEISS).[1] For decades, emergency departments across the country have voluntarily participated in NEISS to report injuries involving consumer products, such as kitchen appliances and toys, to help identify products with a pattern of injuring consumers. Now, the Commission appears to be "modernizing" the NEISS—an initiative branded as NEISS-Remodel, or NEISS-R—to justify an unprecedented collection of identifiable patient data, untethered from the Commission's statutory mission and authority, and ripe for misuse.

The scope and identifiability of the data the Commission is pressing hospitals to provide far exceed the information necessary for consumer protection. NEISS has functioned for decades using data stripped of patients' identifying details. The NEISS coding manual instructs hospitals not to transmit information "such as names, birthdates, or addresses" when reporting injuries, and notes that follow-up investigations—instances where identifiable information would be necessary—comprise less than one percent of NEISS cases.[2] There is no plausible justification

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[1] Amanda Seitz *et al.*, *Trump Administration Demands Hospitals Share Emergency Room Records*, KFF Health News (July 27, 2026), https://kffhealthnews.org/health-industry/cpsc-consumer-product-safety-commission-trump-er-injury-data-grab-neiss-konza.

[2] U.S. Consumer Prod. Safety Comm'n, *NEISS Coding Manual* at 36 (2025), https://www.cpsc.gov/s3fs-public/JANUARY-2025-NEISS-CPSC-only-Coding-Manual-Rev-1_0.pdf?VersionId=rkB.llQjEUI9dv6vTYeDUug1Zj_6swbh.

for requiring the name, birthdate, and home address of every emergency department patient, collected proactively and in bulk, when NEISS has operated for decades without this information.

The Commission is clearly unmoored from its mission and exceeding its jurisdiction over consumer products. The Commission's NEISS guidelines specify that hospitals should not report emergency department visits associated with medical devices or medicines, or injuries that do not involve consumer products.[3] Yet the Commission is requesting data associated with all emergency department visits involving 10,000 conditions, including injuries unrelated to consumer products, such as reactions to childhood vaccines and even contact with stingrays.[4] The agency charged with regulating lawnmowers and coffeemakers has no credible reason for requesting identifiable records of injuries with no association to consumer products. The Trump administration's broader pattern of amassing Americans' sensitive data and repurposing it to advance political priorities, from immigration enforcement to vaccine misinformation, casts serious doubt that the Commission intends to use these records exclusively for product safety.

Earlier this year, the Commission communicated to targeted hospitals that they would be required to participate in the NEISS-R initiative and to transmit identifiable patient data to KONZA Health. To secure compliance, the Commission relied on a dubious interpretation of federal law to coerce hospitals into transmitting this sensitive information. A July 2026 slide deck that KONZA Health presented to hospitals stated that "Hospitals are required to participate."[5] Both the slide deck and the Commission's own website justified that claim by asserting that the Commission is recognized as a public health authority under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and a hospital's refusal to share data could violate the information blocking provisions of the 21st Century Cures Act.[6] Those provisions were designed to prevent interference with the lawful access, exchange, and use of electronic health information—while preserving patient privacy and data security—not to conscript hospitals into transmitting the complete, identifiable records of every emergency patient to a federal agency and its private vendor on pain of federal penalty. Notably, under the 21st Century Cures Act's implementing regulations, hospitals and other healthcare organizations can face penalties upwards of $1 million per instance if the Department of Health and Human Services (HHS) Office of Inspector General (OIG) finds that they are in violation of information blocking.[7]

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[3] *Id*. at 5.
[4] Seitz *et al.*, *supra* note 1.
[5] Kan. Health Info. Network, Inc. (dba KONZA Health), *Project Overview – Background on NEISS-R* at 4 (PowerPoint presentation, July 31, 2026).
[6] *See id.*; *see also* U.S. Consumer Prod. Safety Comm'n, *NEISS – National Electronic Injury Surveillance System* (captured May 21, 2026), https://web.archive.org/web/20260521045143/https://www.cpsc.gov/Join-NEISS/What-is-NEISS.
[7] CMPs for Information Blocking, 42 C.F.R. 1003 Subpart N.

Last week, the Commission backtracked, asserting that "[the CPSC is] not putting a new mandate in place" and that NEISS "historically has been and will remain a voluntary program."[8] The Commission has since quietly removed the information blocking rationale from its public NEISS webpage, without any public correction or acknowledgment that the claim it spent months promoting was without basis. This reversal does not undo the coercion hospitals experienced, but rather raises the question of whether the Commission's purported legal justifications were ever more than post-hoc cover for an agenda that had little to do with its statutory authority.

Further, basic details about the NEISS-R initiative remain contradictory or unexplained. The proposed data-sharing contract that KONZA Health shared with hospitals states that identifiable records will be deleted 30 days after receipt.[9] Yet you recently stated in an interview that KONZA Health will retain some patient contact information for up to six months.[10] This unexplained contradiction is particularly concerning as the privacy risks for patients escalate after hospitals surrender patient records to the federal government. Once HIPAA-covered data leaves the control of a covered entity (such as a hospital), HIPAA privacy requirements generally do not follow the data. The aforementioned data-sharing contract from KONZA Health indicates that some of the data the Commission is requesting would no longer be subject to HIPAA protections once KONZA Health receives it.[11] The Commission is therefore calling for hospitals to send identifiable medical information into a system with alarmingly little clarity about the enforceable rules that govern its use, retention, sharing, or deletion. The result is a pipeline of sensitive patient records flowing from hospitals to the federal government and private contractors without clear rules on how patient records are retained, used, and shared. This is concerning considering that the Commission has a history of mishandling the personal information of roughly 30,000 Americans between 2017 and 2019.[12]

The Commission also appears to have bypassed basic requirements a federal agency must follow prior to undertaking such a large-scale data collection effort. Under the Paperwork Reduction Act of 1995 and its implementing regulations, when an agency seeks to collect information or data from ten or more entities (whether such collection is mandatory or voluntary), that agency must follow a regulatory clearance process that includes formal notice and comment procedures.[13] Despite approaching dozens of hospitals to participate in this expanded collection effort, the Commission never completed this required process—and even

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[8] Christian Robles, *Trump Administration Softens Demand for Hospitals to Share Emergency Room Medical Records*, Nextgov/FCW (Aug. 24, 2026), https://www.nextgov.com/policy/2026/08/trump-administration-softens-demand-hospitals-share-emergency-room-medical-records/415600.

[9] *See* Kan. Health Info. Network, Inc. (dba KONZA Health), *Public Health Data Services and Connection Agreement* at 6, https://www.documentcloud.org/documents/28513589-konza-contract.

[10] Robles, *supra* note 8.

[11] *See* KONZA Health, *supra* note 9, at 2.

[12] *See* U.S. Consumer Prod. Safety Comm'n, Office of Inspector Gen., *Report of Investigation Regarding the 2019 Clearinghouse Data Breach* (Sept. 25, 2020), https://www.oversight.gov/sites/default/files/documents/reports/2020-09/Clearinghouse%20Data%20Breach%2009252020%20Final.pdf.

[13] Controlling Paperwork Burdens on the Public, 5 C.F.R. 1320.

publicly acknowledged its failure to notify the public as "required by law."[14] An initiative of this scope and sensitivity, reaching into the medical records of millions of Americans, cannot be built in the shadows, exempt from public notice and comment.

The Commission is advancing this effort amid a broader pattern of the Trump administration seeking unprecedented access to Americans' private data. From the Office of Personnel Management demanding federal workers' health information[15] to the Department of Health and Human Services sharing Medicaid enrollee data with the Department of Homeland Security,[16] this administration has repeatedly sought to collect sensitive data from everyday Americans without a semblance of transparency. Against that backdrop, creating a federal repository of identifiable medical records—with no evidence of any limits on how that data may be used, shared, or repurposed—is deeply alarming. Such data collection could easily discourage people in need from seeking care at an emergency department or from being transparent with their medical providers out of fear of federal surveillance or inappropriate use of their information. Even if the Commission uses these records solely to advance consumer protection, creating a federal database of identifiable medical records gives an administration that has repeatedly sought access to Americans' sensitive data another powerful tool for surveillance and misuse.

To help us and the public better understand why the Commission is requiring emergency departments to provide it with sensitive patient health records, please provide written responses to the following questions no later than Friday, September 18, 2026:

1. What specific authority does the Commission rely on to require hospitals participating in the new NEISS-R initiative to disclose to KONZA Health the identifiable emergency department records of all patients, and how does that authority differ, if at all, from the authority underlying the legacy NEISS program? Provide any written legal analysis the Commission has prepared on this question.

2. Why is the Commission now calling for hospitals to provide patients' names, birthdates, and home addresses for NEISS-R when its own coding manual for the legacy NEISS program instructed them to exclude such information from routine reporting and requests that information only for the small number of cases requiring follow-up investigations?

3. Please provide the complete, current list of diagnostic codes KONZA Health is authorized to screen for under NEISS-R and explain why the Commission's data

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[14] Seitz *et al.*, *supra* note 1.

[15] *See* Amanda Seitz & Maia Rosenfeld, *Trump's personnel agency is asking for federal workers' medical records*, KFF Health News (Apr. 8, 2026), https://kffhealthnews.org/health-industry/trump-opm-federal-workers-medical-records-privacy.

[16] *See* Press Release, Senator Edward Markey, Senator Markey, Ranking Member Wyden, Colleagues Demand HHS, DHS Stop Sharing Medicaid Data with ICE (Aug. 18, 2026), https://www.markey.senate.gov/news/press-releases/senator-markey-ranking-member-wyden-colleagues-demand-hhs-dhs-stop-sharing-medicaid-data-with-ice.

collection is not restricted to records with diagnostic codes indicating involvement of a consumer product.

4. Does the Commission still contend that the information blocking regulations stemming from the 21st Century Cures Act compel hospitals to participate in this program? Provide the Commission's complete legal reasoning. If not, explain the basis for the original claim of mandatory participation, and when and why the Commission concluded that claim was incorrect. Did the Commission consult the HHS Office of the National Coordinator for Health Information Technology (ONC) and OIG before making that assertion to hospitals? If so, did ONC or OIG concur? If not, why not?

5. When did the Commission remove the information blocking rationale from its public NEISS webpage, and why was this change made without public notice? Did the Commission provide a correction notice or explanation to the hospitals that had already been told participation was required?

6. KONZA Health's data-sharing contract presented to hospitals states that identifiable data will be deleted 30 days after receipt,[17] but you recently stated that KONZA Health will in fact retain a "separate, smaller dataset" of patient contact information for up to six months.[18] Please reconcile this discrepancy and specify KONZA Health's actual data retention obligations.

7. Once identifiable data reaches the Commission and any contractors, what specific, enforceable privacy and security obligations govern its use, retention, further disclosure or transfer, and deletion?

8. What limits—statutory, regulatory, or contractual—prohibit the Commission from using, sharing, or repurposing this data for any objective other than consumer-product injury surveillance, including transferring the data to any other federal contractor or federal agency? Please identify the basis for any such limits. Has the Commission shared, or does it plan to share, any of this data with any other federal contractor or federal agency?

9. Provide a complete copy of the Commission's contract with, and security assessment of, any contractors involved in collecting or processing NEISS-R data.

10. Does the Commission contend that it is not required to complete a public notice-and-comment process under the Paperwork Reduction Act before collecting information from ten or more entities? If not, why has the agency not followed such requirements prior to approaching hospitals regarding the NEISS-R initiative? Does the Commission intend to suspend the program until it has done so?

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[17] *See* KONZA Health, *supra* note 9, at 2.
[18] Robles, *supra* note 8.

11. Provide a list of all hospitals the Commission or any contractors have approached to include in this expanded data collection effort and identify any other hospitals that the Commission or contractors plan to approach.

    a. How many of those hospitals have agreed to participate, and how many individual patient records have the Commission or any contractors received to date?

    b. Have any hospitals reevaluated their agreement to participate after the Commission rescinded its claims that participation in NEISS-R is compulsory?

    c. How many individual patient records does the Commission or any contractors expect to receive in a year based on the number of hospitals it has approached?

The Commission must immediately suspend the NEISS-R initiative. This unprecedented and sweeping effort to collect identifiable patient data is untethered from the Commission's statutory mission and authority, and is ripe for misuse by an administration that has repeatedly sought access to Americans' most personal information. Americans should be able to seek medical care without fear that their personal health information will be swept into a federal database and repurposed for political ends.

Sincerely,

Edward J. Markey
United States Senator

Richard Blumenthal
United States Senator

Jan Schakowsky
Member of Congress

Kevin Mullin
Member of Congress

Kirsten Gillibrand
United States Senator

Adam B. Schiff
United States Senator

Tammy Baldwin
United States Senator

Cory A. Booker
United States Senator

Ron Wyden
United States Senator
Ranking Member, Committee on Finance

Debbie Dingell
Member of Congress

Nanette Diaz Barragán
Member of Congress

Kelly Morrison
Member of Congress