

Data: Elemental to Health



November 21, 2022

The Honorable Patty Murray
Chair

Subcommittee on Labor, Health and Human Services,
Education and Related Agencies
Committee on Appropriations
U.S. Senate

The Honorable Roy Blunt
Ranking Member

Subcommittee on Labor, Health and Human Services,
Education and Related Agencies
Committee on Appropriations
U.S. Senate

The Honorable Rosa DeLauro
Chair

Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
U.S. House of Representatives

The Honorable Tom Cole
Ranking Member

Subcommittee on Labor, Health and Human Services,
Education and Related Agencies
Committee on Appropriations
U.S. House of Representatives

Dear Chair Murray, Ranking Member Blunt, Chair DeLauro, and Ranking Member Cole:

Thank you for your ongoing leadership and support for our nation's public health infrastructure and workforce, particularly public health data modernization. As you work to finalize Fiscal Year (FY) 2023 appropriations, our organizations ask that you provide increased investment of at least \$250 million in CDC's public health Data Modernization Initiative (DMI). Sustained annual resources for state, local, and territorial health departments through DMI is the single most important investment to ensure continued progress in modernizing our public health data infrastructure.

CDC's DMI is a commitment to building the world-class data workforce and data systems that meet the nation's vigorous ongoing need for information to protect and promote health and are ready for the next public health emergency. We remain grateful to Congress for providing more than \$1 billion to date for CDC's DMI through annual and primarily supplemental appropriations. Most of these funds were supplemental resources provided during the COVID-19 pandemic. These investments have been essential. However, the need for investment in modern public health data systems that keep pace with evolving technology is far greater and will require a sustained federal investment of more than \$7.84 billion over the next five years. As initial supplemental dollars reach their end, we need robust, sustained annual funding to allow public health systems, particularly at state and local health departments, to keep pace with evolving technology and be ready to respond to everyday needs and combat new emerging public health threats.

Investments in DMI are already paying off. States are implementing and utilizing electronic case reporting (eCR)—one of the five pillars of DMI—a mechanism to report health care case data automatically from electronic health record systems directly to public health departments. More than 20,200 health care facilities adopted eCR between January 2020 and October 2022, bringing the total number of facilities connected to over 20,400. In fact, all 50 states, DC, and Puerto Rico and 13 local jurisdictions have received initial electronic case reports for COVID-19 and more than 24.5 million COVID-19 reports have been sent

electronically from healthcare to public health agencies, each representing a report that a provider does not have to enter manually. eCR has led to more timely reporting as well as helped to close health equity gaps as critical data regarding race and ethnicity are far more complete than through other reporting mechanisms.

Electronic laboratory reporting (ELR)—a second pillar of DMI—is established across the country, forming the backbone of case surveillance for COVID-19. Electronic laboratory reporting enabled states, localities, territories, tribes, and the federal government to have timely information on laboratory results, forming the first pieces of information to initiate case investigations and immediate response action at the state, local, tribal, and territorial health departments. Without ELR, public health would not have been able to conduct control measures and know what was happening in virtually every jurisdiction. In many jurisdictions, this information is transmitted in near real time and ready for analysis. Even schools, nursing homes and universities developed the ability to report rapid tests electronically during the pandemic, replacing multiple faxes, phone calls and sharing of spreadsheets—all requiring a huge amount of manual labor.

These early successes are important, but more work must be done. We need additional investments at the state and local level to ensure that all five pillars of data modernization are built and sustained. As we know well from other national IT investments, as technology evolves, our public health data systems will need updates and staff will need to be trained. We cannot rely on past investments to build and maintain a world class public health data infrastructure. DMI is not just an emergency response mechanism; it is necessary for tracking daily public health threats including other respiratory viruses like influenza and RSV, food borne illnesses, and natural disasters. State and local public health departments represent the foundation of our nation’s public health system.

In April, more than 100 stakeholders from across the public health continuum came together through a [sign-on letter](#) requesting at least \$250 million for CDC’s DMI and \$50 million for the Center for Forecasting and Outbreak Analytics (CFA) in FY 2023. Congress and the President have recognized the need for increased funding for DMI. **As year-end negotiations advance, we respectfully request that you meet or exceed the House Appropriations Committee level of \$250 million for DMI in final FY 2023 funding legislation. This funding is essential to the ongoing success of DMI and our nation’s health security.**

Other countries have succeeded in implementing state-of-the art public health data systems. We know the U.S. can do better. We need public health systems that are agile and equipped to respond to daily and future public health threats. The way to achieve this is through long-term, sustained federal investments in public health infrastructure and data systems. To meet this need, we respectfully request that you provide at least \$250 million for CDC’s DMI in FY 2023 omnibus appropriations legislation. Thank you for your consideration of this critically important issue. If you have question or wish to discuss this further, please contact Erin Morton at emorton@dc-crd.com.

Sincerely,

Association of Public Health Laboratories
Association of State and Territorial Health Officials
Big Cities Health Coalition
Council of State and Territorial Epidemiologists
Healthcare Information and Management Systems Society
National Association of County and City Health Officials
National Association for Public Health Statistics and Information Systems