

January 28, 2021

The Honorable Patrick Leahy
Chairman
Committee on Appropriations
U.S. Senate

The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
U.S. Senate

The Honorable Rosa DeLauro
Chair
Committee on Appropriations
U.S. House of Representatives

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives

Dear Chairman Leahy, Vice Chairman Shelby, Chair DeLauro, and Ranking Member Granger:

Our organizations and members are on the front lines fighting COVID-19 and protecting the public's health. Unfortunately, we continue to do so without access to modern, interoperable public health data systems. As the pandemic surges we urge you to support the plan put forward by President Biden and provide supplemental funding of at least \$500 million for the Data Modernization Initiative (DMI) at the Centers for Disease Control and Prevention (CDC).

We are grateful to Congress for providing \$600 million to date for CDC's DMI. With that funding, Congress has acknowledged that CDC data systems modernization is an indispensable component of public health and pandemic response. We applaud President Biden for including an investment of \$700 million in public health data in his American Rescue plan. An additional supplemental investment in public health data infrastructure is immediately needed to provide the essential foundational investment to upgrade our public health data infrastructure. At a minimum, \$500 million of the investment in President Biden's plan must be specifically designated by Congress for the DMI at CDC.

Additionally, we appreciate that Congress included language to authorize activities to improve the public health data systems at the CDC in the Consolidated Appropriations Act for Fiscal Year 2021. This provision will ensure that critical investments in our nation's public health infrastructure go toward the most necessary updates. It is essential that funds be appropriated annually to CDC to meet the \$100 million authorization level this program needs to ensure its ongoing implementation and success. States and localities will not be able to adopt fully upgraded public health data systems with a one-time injection of federal funds.

The five core data systems (the pillars) of the U.S. public health surveillance enterprise that require modernization now to protect the health security of all Americans are:

1. **Electronic Vital Records System** is a national system of 57 vital records jurisdictions that provide secure electronic collection of birth and death data from hospitals, funeral homes, physicians, and medical examiners. It allows for timely and accurate reporting of birth outcomes and causes of death, which serve to monitor and respond to public health crises as they arise in communities, including reducing preventable deaths and infant and maternal mortality rates.
2. The **National Notifiable Disease Surveillance System (NNDSS)** collects vital individual case investigation data at state, local, tribal, and territorial public health agencies from hospitals,

physicians, laboratories, and other sources, then sends these data to CDC to create a national understanding of disease burden. This information is used to respond to public health outbreaks and is the first line of health security defense.

3. **Electronic case reporting (eCR)** is the automatic, seamless submission of disease reports directly from electronic health records at clinical care organizations to state, local, tribal, and territorial public health departments. eCR dramatically improves disease/condition reporting and reduces physician burden in fulfilling their legal responsibility to report, which leads to early implementation of public health interventions and limits further spread of infectious agents.
4. **Syndromic surveillance** provides near real-time data on every hospital emergency department visit for hourly detection and continuous monitoring of community health incidents such as the impact of natural disasters (including hurricanes), pandemics, and opioid overdoses. It gives public health professionals the ability to monitor the pulse of the community and identify health threats as they emerge.
5. **Laboratory Information Systems** are the backbone of how laboratory data is collected, managed, and shared to inform public health decision-making. The Laboratory Response Network (LRN) is comprised of specialized laboratories that can respond to biological/chemical threats and other public health emergencies with advanced testing capabilities. Electronic Laboratory Reporting (ELR) is the seamless reporting of results from private and public laboratories to disease detectives and investigators in state, local, tribal, and territorial public health departments.

The nation faces an unprecedented challenge in addressing the global COVID-19 pandemic and a responsibility to create an infrastructure that is capable of responding to future public health emergencies. Now, more than ever, it is critical for CDC to have a strong national public health surveillance system that detects and facilitates immediate response to and containment of emerging health threats.

COVID-19 has made it clear that our antiquated public health data systems are not up to the task. We need an integrated, high-speed, networked health system—from laboratories to health care facilities to public health authorities—with fast and reliable data in order to protect Americans from health threats. Modernization is not just network upgrades; it is a commitment to building a world-class data workforce and data systems that are ready for the next public health emergency. Significant investments must be made to build real-time, automated, electronic, enterprise public health data systems. As Congress negotiates a package to provide critical COVID-19 relief, please include \$500 million in funding for the DMI—American lives depend on it. If you have questions or need further information, please contact Meghan Riley at mriley@dc-crd.com.

Sincerely,

Association of Public Health Laboratories
Association of State and Territorial Health Officials
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