

March 24, 2023

The Honorable Tammy Baldwin
Chair
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Robert Aderholt
Chair
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

Thank you for your support for our nation's public health workforce and data systems in recent years. As we address ongoing public health needs and prepare for the next public health threat, the undersigned organizations urge you to appropriate at least \$340 million for the Data Modernization Initiative (DMI) at the Centers for Disease Control and Prevention (CDC) in Fiscal Year (FY) 2024. Funding for DMI will also make possible the critical work of the CDC's newly established Center for Forecasting and Outbreak Analytics (CFA). An additional \$100 million appropriation for CFA in FY 2024 will help to fund the center to facilitate the use of data, modeling, and analytics to improve pandemic preparedness and response.

Public health data are essential for effective daily public health response and during public health emergencies. Despite this, many state, territorial, local and tribal (STLT) health departments lack modern data systems and the connectivity to fully receive and process data electronically and thus still receive data from health care providers by fax or phone or manually process reports in order to make information available for analysis and response. Core data streams are not connected to each other. All of these critical issues inhibit our ability to address public health threats in real time in every community and at a national level. STLT health departments rely on federal funding and do not have the resources to modernize their data systems without sustained annual investment. DMI is the single most important investment to ensure continued progress in modernizing our public health data infrastructure.

Congress has provided more than \$1 billion to date for DMI through annual and supplemental appropriations. While we are tremendously grateful for this commitment, which has primarily allowed CDC to upgrade its antiquated systems, it is a small fraction of the overall need especially at STLT where daily response to disease threats occurs (even in the absence of a pandemic). As emergency funding wanes, we need increased regular investments to complete connectivity and allow state and local public health systems to keep pace with evolving technology. Several years ago, the US invested about \$40 billion in upgrades to health information technology for hospitals and other health care settings—

bringing us long overdue electronic health records—yet none of those federal dollars went to public health leaving STLT health departments still largely disconnected from the health care system and chained to sluggish paper processes.

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 required case data on patients with conditions of public health importance 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 and more than 24.5 million reports have been sent electronically from healthcare to public health agencies, each representing a report that a provider does not have to enter manually.

Electronic laboratory reporting (ELR)—a second pillar of DMI—is established across the country, forming the backbone of case surveillance for many diseases and public health threats. Electronic laboratory reporting enables states, localities, territories, tribes, and the federal government to have timely information on laboratory results, often forming the first pieces of information to initiate case investigations and immediate response action at STLT health departments. Without ELR, public health would not be able to conduct timely control measures and know what is happening in virtually every jurisdiction. In many jurisdictions, this information is transmitted and ready for analysis in near real time.

These early successes are important, but more work must be done and more resources are needed especially at the STLT levels. 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 continuously trained and skilled. To continue to make incremental improvements, the DMI needs sustained annual appropriations of at least \$340 million per year. True transformation of our nation’s public health data infrastructure will require a longer-term federal investment of at least \$7.84 billion to STLT health departments over the next five years. With essential data from DMI, CFA will be able to deliver effective predictions. In addition to funding DMI, Congress should provide \$100 million in FY 2024 to CFA.

Thank you for your consideration of these important issues. If you have questions, please contact Meghan Riley at mriley@dc-crd.com.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American Association for Dental, Oral, and Craniofacial Research
American Association on Health and Disability
American Brain Coalition
American Clinical Laboratory Association
American College of Clinical Pharmacy
American College of Obstetricians and Gynecologists
American Health Information Management Association (AHIMA)
American Heart Association
American Lung Association

American Medical Association
American Psychological Association
American Public Health Association
American Society for Microbiology
American Society for Nutrition
American Society of Tropical Medicine and Hygiene
Anastasia Mosquito Control District
Association of Public Health Laboratories
Association for Professionals in Infection Control and Epidemiology
Association of American Medical Colleges
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Association of State Public Health Nutritionists
Association of the Clinicians for the Underserved (ACU))
Big Cities Health Coalition
Caring Ambassadors Program
Center for Infectious Disease Research and Policy, University of Minnesota
Civitas Networks for Health
Community Solutions
Connected Health Initiative
Consortium for State and Regional Interoperability (CSRI)
Council of Professional Associations on Federal Statistics
Council of State and Territorial Epidemiologists
CURE Epilepsy
Data Foundation
Delta Mosquito and Vector Control District
Dravet Syndrome Foundation
Dup15q Alliance
eHealth Exchange
Entomological Society of America
Epilepsy Foundation
Healthcare Information and Management Systems Society (HIMSS)
Helix Inc
HIMSS Electronic Health Record Association
HIV Medicine Association
HLN Consulting, LLC
Infectious Diseases Society of America
Inter-university Consortium for Political and Social Research
Johns Hopkins Center for Health Security
Kahuina Consulting, LLC
Lakeshore Foundation
Lennox-Gastaut Syndrome (LGS) Foundation
Mosquito and Vector Control Association of California
NASTAD
National Association for Public Health Statistics and Information Systems
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of State Emergency Medical Services Officials

National Association of Vector-Borne Disease Control Officials
National Birth Equity Collaborative
National Environmental Health Association
National League for Nursing
National MS Society
National Network of Public Health Institutes
National Safety Council
New York State Public Health Association
North Carolina Mosquito and Vector Control Association
Northeast Mosquito Control Association
Northeast Regional Center for Excellence in Vector-Borne Diseases
Prevent Blindness
Rare Epilepsy Network (REN)
Resolve to Save Lives
Ruvos
Safe States Alliance
SAP America
Seattle Indian Health Board
Society for Healthcare Epidemiology of America
Society for Maternal-Fetal Medicine
Society for Vector Ecology
Spina Bifida Association
The Gerontological Society of America
The Michael J. Fox Foundation for Parkinson's Research
The Task Force for Global Health
Trinity Health
Trust for America's Health
TSC Alliance
US Biologic, Inc.
We Must Count Coalition
WomenHeart