

July 22, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

Our members have been on the ground fighting the pandemic and working to protect the public's health since its onset. We are grateful to Congress for providing \$500 million in funding in the Coronavirus Aid, Relief, and Economic Security (CARES) Act for CDC's Data Modernization Initiative (DMI) in March. Four months later, as the pandemic surges, we renew our request for at least \$450 million in the next COVID-19 supplemental package for the DMI. This will fund the foundational request of \$1 billion for the DMI and will provide an essential and immediate injection of resources that must be built on yearly through robust annual funding. To properly route this critical investment, we also ask Congress to include robust language in the next COVID-19 supplemental in support of data modernization at CDC and local and state health departments. We are grateful that both chambers of Congress have acknowledged that authorizing and funding CDC data systems modernization is an indispensable component of public health and pandemic response. Language to authorize activities to improve the public health data systems at the CDC was included in H.R. 6800, the Heroes Act, and similar language was included in S. 1895, the Lower Health Care Costs Act, when it was introduced in the Senate last year.

The nation faces an unprecedented challenge to address 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 and containment of emerging health threats. The COVID-19 pandemic has exposed deadly gaps in our nation's public health data infrastructure. The United States currently relies on error-prone, sluggish and burdensome manual and paper-based data exchange methods such as faxing and phone calls to share critical public health data. Simply put, the virus is moving faster than the data. We are watching as our leaders struggle to make critical decisions without accurate data. We must bring our public health data system into the 21st Century to have accurate, instantaneous data at our fingertips rather than just out of reach. This funding will build on existing infrastructure to support a public health surveillance system that provides automatic, enterprise, interoperable data exchange in real-time, enabling a coordinated and timely response across the health care system. With these investments, we will give sophisticated data analytics tools to public health professionals and policymakers to make smarter and faster decisions that save lives during public health threats like COVID-19.

Below is a table that outlines the challenges COVID-19 has exposed in our current public health data infrastructure and what investment needs to be made to modernize data systems.

COVID-19 Data Challenge	Public Health Data Modernization Solution	Core Public Health Data System for Investment
Data on COVID-19 cases is collected and transmitted by pen and paper, spreadsheets, phone calls, and emails; data is often re-keyed to report critical details from states to the CDC; manual efforts are so time consuming data may not be reported for days despite it being stored in an electronic system	Automated electronic data systems that are interoperable and exchange between state and local health departments and CDC in real-time	National Notifiable Disease Surveillance System
Basic clinical data of COVID-19 patients (symptoms, pregnancy status, hospitalization, ICU status) stored in electronic health records cannot be seamlessly transmitted to public health departments	Real-time, secure, and automated reporting from electronic health records to public health departments; institute a national scale-up	Electronic case reporting
Patients presenting with respiratory illness in emergency departments are not flagged to public health as potential cases, clusters or outbreaks as 30% of emergency departments do not submit any data; urgent care data is almost entirely absent	Predictive analytics and artificial intelligence provide hourly detection and continuous monitoring for potential outbreaks	Syndromic surveillance
Deaths caused by COVID-19 are not linked to clinical data, medical examiner/coroner data systems, or case reporting systems	Interoperable and real-time reporting of death data from multiple sources	Electronic vital records systems
COVID-19 laboratory tests are ordered by phone and via paper requests; specimens are often sent to multiple reference labs and slow data delays test results, which must be shared by phone or on spreadsheets	Web portals for all health care providers to enter and track COVID-19 specimen submission to public health laboratories	Laboratory information management systems
COVID-19 test results sit in clinical laboratory information management systems, stagnating and are never sent to state and local public health departments to initiate case investigations and contact tracing	Automated test results reporting to public health epidemiologists or disease detectives as soon as they are available	Electronic laboratory reporting of test results from clinical care to public health and from CDC to state and local public health

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 the two chambers negotiate a final package, please include language authorizing and providing \$450 million in funding for the DMI in the next COVID-19 supplemental—American lives depend on it. We look forward to working with you as we continue to address this global pandemic. If you have questions or need further information, please contact Erin Morton at emorton@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

CC: Rosa DeLauro, Chair, House Labor, Health and Human Services, Education and Related Agencies
Tom Cole, Ranking, House Labor, Health and Human Services, Education and Related Agencies
Roy Blunt, Chairman, Senate Labor, Health and Human Services, Education and Related Agencies
Patty Murray, Ranking, Senate Labor, Health and Human Services, Education and Related Agencies
Lamar Alexander, Chairman, Senate Health Education Labor and Pensions
Frank Pallone, Chairman, House Energy and Commerce
Greg Walden, Ranking, House Energy and Commerce