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July 3, 2019

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Pallone and Ranking Member Walden:

On behalf of the Association of State and Territorial Health Officials (ASTHO), we are pleased to give comments on the Leading Infrastructure for Tomorrow's America Act (LIFT America Act) which would authorize funding for public health infrastructure. ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. territories, and Washington, D.C. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in state-based public health practice.

Thank you for including public health provisions in the LIFT America Act and the robust funding authorization level of \$3.5 billion. However, for the promise of this bill to become a reality, Congress must also raise the spending caps for non-defense discretionary spending for FY20 or else risk cutting funding from other critical public health programs. We strongly believe that investing in public health is a down payment for a healthier future.

Below, please find our detailed overview of the bill, indicating some provisions we support, areas for enhancement, and potential gaps in the existing draft. Please note that our comments on the legislation are primarily focused on the provisions that will impact state and territorial public health departments, which are in bold below.

Sec. 43001. Pilot Program to Improve Laboratory Infrastructure

ASTHO supports authorizing federal funding to support state and territorial public health laboratory operations and improvements. Due to the individual complexities of each state and territory laboratory system, we defer to our affiliate organization, the Association of Public Health Laboratories, to further refine the language in this section.

Sec. 45001. Public Health Data System Transformation

ASTHO is grateful that this section is included in this bill. Should this bill pass and funding be appropriated, CDC, state, local, tribal, and territorial health departments could move from sluggish, manual, paper-based data collection to seamless, automated IT systems with the ability to recruit and retain skilled data scientists to use them. More, better, faster data yielded by secure, interoperable, integrated systems will allow public health professionals and policymakers to make better decisions and get ahead of chronic, emerging, and urgent threats.

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However, the sole focus on electronic case reporting is too limiting for a system; we believe that the bill should also address improving data system functionality. Five core data systems in the U.S. public health surveillance enterprise require immediate modernization to protect the health security of all Americans: The National Notifiable Disease Surveillance System, electronic case reporting, syndromic surveillance, electronic vital records system, and laboratory information systems. Additionally, the public health workforce of today and tomorrow must acquire new skills to understand and securely integrate health data and bolster and maintain cybersecurity. Developing a new generation of skilled public health data scientists will require new curricula, professional development, post-graduate fellowships, and on-the-job training.

To that end, we would like to see the bill include the language from a discussion draft of the Senate bill entitled the Lower Healthcare Costs Act of 2019. Specifically, we recommend **striking from page 248 line 8 through page 250 line 2 and inserting the public health data system modernization authorization language from the Lower Healthcare Costs Act.**

As the process moves forward, ASTHO urges Congress to please consider the following:

- It is important to consider draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA), released on April 19, 2019, which outlines a common set of principles, terms, and conditions to support the development of a common agreement that would help enable nationwide electronic health information (EHI) exchange across disparate health information networks. TEFCA is designed to scale EHI exchange nationwide and help ensure that health information networks, healthcare providers, health plans, individuals, and many other stakeholders have secure access to their EHI when and where it is needed.
- It is also important to consider CDC's role in its partnership with states and that the bill does not preempt state and territorial health department modernization efforts.
- Finally, regarding funding states and territories for mandatory reporting, we recommend that this funding is not conditioned on a grant application but instead supports the effort so that states and territories are able to comply with mandatory reporting requirements.

Sec. 45002. Core Public Health Infrastructure for State, Local, and Tribal Health Departments

ASTHO is grateful that the bill acknowledges the importance of investing in public health's foundational capabilities and sets aside funds for this purpose. The gap in current investments in foundational capabilities is well-documented. In its white paper, "Developing a Financing System to Support Public Health Infrastructure," the Public Health Leadership Forum estimated a \$4.5 billion gap in funding. The paper also notes that a comprehensive public health system still serves only 51 percent of the U.S. population.

ASTHO defines public health infrastructure as the systems, competencies, frameworks, relationships, and resources that enable state public health agencies to perform their core functions and essential services. Infrastructure encompasses human, organizational, informational, legal, policy, and fiscal resources. Improving public health infrastructure consistently ranks among the top priorities for our members. Leveraging resources through quality improvement tools and techniques, such as self-

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evaluation through a set of standards and measures, improvement cycles like plan-do-study-act, data-driven performance management, and balanced scorecard approaches can contribute to improved health agency performance and, ultimately, improved health outcomes.

In addition to the comments above, ASTHO would like to ensure that the bill's language is inclusive of all states and U.S. territories, and recommends the following change:

- **On page 253, line 9, "state, local, and tribal health departments" should include territorial health departments. The new language should be "state, local, territorial, and tribal health departments."** We strongly recommend that, throughout the bill, any mention of "state, local, and tribal health departments," should also include **territorial** health departments.

We also wish to raise some concern with the competitive grant application process for the core public health infrastructure provision in the bill and its apparent linkages to determining core infrastructure needs. Based on the authorization in this bill, it is unclear how prioritization will be given to respective state, local, tribal (and, hopefully, territorial) health departments and how this will ensure equitable allocation of competitive funding to the entire public health system.

Additionally, ASTHO is concerned that the language in this bill is vague regarding public health accreditation. While ASTHO supports accreditation, we feel that language in statute must be carefully worded so that accreditation is kept as a voluntary program. ASTHO welcomes the opportunity to further discuss this section with the committee staff to ensure that state, territorial, and local health departments will benefit from this provision in the bill.

ASTHO appreciates the opportunity to provide our comments on this legislation and applauds Congress' acknowledgement of public health as vital to American infrastructure. For more information, please contact Carolyn McCoy, ASTHO's senior director of government affairs, at cmccoy@astho.org.

Sincerely,



Nathaniel Smith, MD, MPH
President-Elect, ASTHO
Secretary of the Department of Health
Arkansas Department of Health