

March 25, 2019

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

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

Dear Chair DeLauro and Ranking Member Cole,

As you develop appropriations legislation for fiscal year (FY) 2020, the 80 undersigned organizations representing patients and consumers, public health professionals, health information technology (IT) developers, health care providers, and scientists urge you to appropriate \$1 billion over 10 years—\$100 million in FY 2020—to the Centers for Disease Control and Prevention (CDC) for a new initiative that will transform the public health surveillance enterprise and save lives. Specifically, this funding would allow CDC, state, local, tribal, and territorial health departments to move from sluggish, manual, paper-based data collection to seamless, automated IT systems and 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.

“Public health surveillance” is the interactive system of government public health agencies at the federal, state, local, tribal, and territorial levels working with health care providers and the public at-large to detect, report, respond to, and prevent illness and death. Every day—often unbeknownst to most Americans—public health surveillance is saving lives by detecting and facilitating the response to health threats including *E. coli* contaminated lettuce, measles, antibiotic resistance, lead poisoning, influenza, health care associated infections, opioid overdoses, Zika, and many more.

Unfortunately, the nation’s public health data systems are antiquated, rely on obsolete surveillance methods, and are in dire need of security upgrades. Sluggish, manual processes—paper records, spreadsheets, faxes, and phone calls— are still in widespread use. Lack of interoperability, reporting consistency, and data standards leads to errors in quality, timeliness, and communication. In addition, public health professionals are faced with rapid advances in data science and evolving cybersecurity threats, and many do not yet have the necessary 21<sup>st</sup> century skills to understand and securely integrate health data.

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

1. 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, and labs, then sends this 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.

2. **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.
3. **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), flu 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.
4. **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.
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 electronic reporting of laboratory results from private and public labs to disease detectives and investigators in state, local, tribal, and territorial public health departments.

To varying degrees, these systems lack the proper electronic automation, data security infrastructure, interoperability, and integration. Investment in these systems will facilitate accelerated, secure, and seamless detection to improve prevention and response efforts.

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.

The development of 21<sup>st</sup> century data systems and the public health workforce needed to operate and maintain these systems have been woefully underfunded to date. A robust, sustained commitment to transform today's public health surveillance will ultimately improve Americans' health. If you have questions, please contact Emily Holubowich at [eholubowich@dc-crd.com](mailto:eholubowich@dc-crd.com).

Sincerely,

Academy of Nutrition and Dietetics  
AcademyHealth  
Advocates for Better Children's Diets  
American Association on Health and Disability  
American Brain Coalition  
American College of Obstetricians and Gynecologists

American Medical Informatics Association (AMIA)  
American Medical Women's Association  
American Organization of Nurse Executives  
American Public Health Association  
American Society for Reproductive Medicine  
American Society of Tropical Medicine & Hygiene  
America's Blood Centers  
APIC – Association for Professionals in Infection Control and Epidemiology  
Association for Prevention Teaching and Research  
Association of Clinicians for the Underserved  
Association of Maternal & Child Health Programs  
Association of Public Data Users  
Association of Public Health Laboratories  
Association of Schools and Programs of Public Health  
Association of State and Territorial Health Officials  
Association of University Centers on Disabilities  
Caring Ambassadors Program, Inc.  
Center for Science in the Public Interest  
College of Healthcare Information Management Executives  
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)  
Consortium of Social Science Associations  
Council of State and Territorial Epidemiologists  
Edifecs, Inc.  
EHR Association  
Epilepsy Foundation  
Florida Environmental Health Association  
Friends of NCBDDD  
Friends of the National Center for Health Statistics  
Green & Healthy Homes Initiative  
Healthcare Information and Management Systems Society (HIMSS)  
Hep B United  
Hepatitis B Foundation  
Hepatitis Education Project  
HLN Consulting, LLC  
Infectious Diseases Society of America  
Intermountain Healthcare  
International Society for Disease Surveillance  
Inter-university Consortium for Political and Social Research  
ISF, Inc.  
Lakeshore Foundation  
Liver Health Connection  
March of Dimes  
MQ Foundation  
NAPHSIS - National Association for Public Health Statistics and Information Systems  
National Association of County and City Health Officials

National Association of School Nurses  
National Association of State Emergency Medical Services Officials  
National Birth Defects Prevention Network  
National Blood Clot Alliance  
National Coalition of STD Directors  
National Environmental Health Association  
National Healthy Start Association  
National Multiple Sclerosis Society  
National Network of Public Health Institutes  
National Safety Council  
National Viral Hepatitis Roundtable  
NTT DATA Services Federal  
Philadelphia Department of Public Health  
Prevent Blindness  
Public Health Institute  
Research!America  
Ruvos  
SAP  
SAP Public Services  
SAS Institute  
Spina Bifida Association  
Teratology Society  
Testability, Inc.  
The Academy for Radiology & Biomedical Imaging Research  
The Immunization Partnership  
The Joint Commission  
The Michael J. Fox Foundation for Parkinson's Research  
The Society for Healthcare Epidemiology of America  
Trisomy 18 Foundation  
Trust for America's Health  
United Spinal Association  
Washington State Department of Health