



April 3, 2020

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) 2021, the 72 undersigned organizations representing patients and consumers, public health professionals, health information technology (IT) developers, health care providers, and scientists urge you to appropriate \$100 million in FY 2021 for Public Health Data/IT Systems Modernization within the Centers for Disease Control and Prevention (CDC). This represents a \$50 million increase over FY 2020, a \$70 million increase over the president's FY 2021 request and would be implemented alongside the \$500 million in emergency funding allocated as part of the recent COVID-19 stimulus package. 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.

The importance of public health surveillance—the interactive system of governmental public health agencies at the federal, state, local, tribal, and territorial levels working with health care providers and to detect, report, respond to, and prevent illness and death—has been highlighted in the ongoing COVID-19 epidemic. Unfortunately, there have been many challenges around the COVID-19 response due to the nation's public health data systems that are antiquated, rely on obsolete surveillance methods, and are in dire need of security upgrades. Lack of interoperability, electronic automation reporting consistency, and data standards leads to errors in quality, timeliness, and communication. Investments in public health data systems will facilitate accelerated, secure, and seamless detection to improve prevention and response efforts.

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. 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. The public health community was excited that the FY 2020 funding bill appropriated \$50 million in new funds to CDC. This initial funding will be used to:

- Support assessments of the state of public health workforce and data and health information systems to identify opportunities for modernization and reduce barriers to data sharing;
- Augment workforce development and capacity;
- Support specific enhancements in public health data and health information systems and processes that complement but do not duplicate existing efforts; and
- Facilitate the use of shared services across public health.

We encourage you to continue to prioritize public health data modernization at CDC and public health departments. Technology is rapidly evolving and public health must keep pace with technological advancements by continually upgrading data systems and ensure information is secure through the latest technology. Public health data systems have fallen behind over the past decade because crosscutting resources have not been available, and we must not allow this initial investment to become obsolete. We must build upon the improvements made and continue to provide adequate resources for public health to implement advanced technologies and train the next generation of data scientists. A robust, sustained commitment to transform today's public health surveillance will ultimately improve American's health.

If you have questions, please contact Erin Morton at [emorton@dc-crd.com](mailto:emorton@dc-crd.com).

Sincerely,

Academy for Radiology & Biomedical Imaging Research  
Academy of Nutrition and Dietetics  
Alpha-1 Foundation  
America's Blood Centers  
American Association on Health and Disability  
American Brain Coalition  
American College of Obstetricians and Gynecologists  
American College of Preventative Medicine  
American Heart Association  
American Medical Informatics Association  
American Mosquito Control Association  
American Organization of Nursing Leadership  
American Public Health Association  
American Society of Nephrology  
American Society of Tropical Medicine & Hygiene  
Association for Professionals in Infection Control and Epidemiology  
Association of Asian Pacific Community Health Organizations  
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  
Birth Defects Research and Prevention  
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.  
Consortium of Social Science Associations  
Council of State and Territorial Epidemiologists  
Epilepsy Foundation  
Green & Healthy Homes Initiative  
Healthcare Information and Management Systems Society  
Hep B United  
Hepatitis B Foundation  
Hepatitis Education Project  
HLN Consulting, LLC  
Infectious Diseases Society of America  
Institute of Health Informatics, University of Minnesota  
Intermountain Healthcare  
Inter-university Consortium for Political and Social Research  
ISF  
Lakeshore Foundation  
Leidos  
Liver Health Connection  
March of Dimes  
Michael J. Fox Foundation  
MQ Foundation  
NAPHSIS  
NASTAD  
National Association of County and City Health 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  
New York State Public Health Association  
Peggy Lillis Foundation  
Philadelphia Department of Public Health  
Prevent Blindness  
Ruvos  
SAP  
Spina Bifida Association  
The Immunization Partnership  
The Society for Healthcare Epidemiology of America  
The Task Force for Global Health  
Trust for America's Health  
Washington State Department of Health