March **, 2019

The Honorable Roy Blunt
Chairman
U.S. Senate
Appropriations Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies

The Honorable Patty Murray
Ranking Member
U.S. Senate
Appropriations Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies

Dear Chairman Blunt and Ranking Member Murray,
[Dear Chair DeLauro and Ranking Member Cole,]

As you develop appropriations legislation for fiscal year (FY) 2020, the *** 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 21st 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 21st 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.

Sincerely,