

March 24, 2023

The Honorable Tammy Baldwin  
Chair  
Committee on Appropriations  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
U.S. Senate  
Washington, DC 20510

The Honorable Shelley Moore Capito  
Ranking Member  
Committee on Appropriations  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
U.S. Senate  
Washington, DC 20510

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

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

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

Thank you for your support for our nation's public health workforce and data systems in recent years. As we address ongoing public health needs and prepare for the next public health threat, the undersigned organizations urge you to appropriate at least \$340 million for the Data Modernization Initiative (DMI) at the Centers for Disease Control and Prevention (CDC) in Fiscal Year (FY) 2024. Funding for DMI will also make possible the critical work of the CDC's newly established Center for Forecasting and Outbreak Analytics (CFA). An additional \$100 million appropriation for CFA in FY 2024 will help to fund the center to facilitate the use of data, modeling, and analytics to improve pandemic preparedness and response.

Public health data are essential for effective daily public health response and during public health emergencies. Despite this, many state, territorial, local and tribal (STLT) health departments lack modern data systems and the connectivity to fully receive and process data electronically and thus still receive data from health care providers by fax or phone or manually process reports in order to make information available for analysis and response. Core data streams are not connected to each other. All of these critical issues inhibit our ability to address public health threats in real time in every community and at a national level. STLT health departments rely on federal funding and do not have the resources to modernize their data systems without sustained annual investment. DMI is the single most important investment to ensure continued progress in modernizing our public health data infrastructure.

Congress has provided more than \$1 billion to date for DMI through annual and supplemental appropriations. While we are tremendously grateful for this commitment, which has primarily allowed CDC to upgrade its antiquated systems, it is a small fraction of the overall need especially at STLT where daily response to disease threats occurs (even in the absence of a pandemic). As emergency funding wanes, we need increased regular investments to complete connectivity and allow state and local public health systems to keep pace with evolving technology. Several years ago, the US invested about \$40 billion in upgrades to health information technology for hospitals and other health care settings—

bringing us long overdue electronic health records—yet none of those federal dollars went to public health leaving STLT health departments still largely disconnected from the health care system and chained to sluggish paper processes.

Investments in DMI are already paying off. States are implementing and utilizing electronic case reporting (eCR)—one of the five pillars of DMI—a mechanism to report required case data on patients with conditions of public health importance automatically from electronic health record systems directly to public health departments. More than 20,200 health care facilities adopted eCR between January 2020 and October 2022, bringing the total number of facilities connected to over 20,400. In fact, all 50 states, DC, and Puerto Rico and 13 local jurisdictions have received initial electronic case reports and more than 24.5 million reports have been sent electronically from healthcare to public health agencies, each representing a report that a provider does not have to enter manually.

Electronic laboratory reporting (ELR)—a second pillar of DMI—is established across the country, forming the backbone of case surveillance for many diseases and public health threats. Electronic laboratory reporting enables states, localities, territories, tribes, and the federal government to have timely information on laboratory results, often forming the first pieces of information to initiate case investigations and immediate response action at STLT health departments. Without ELR, public health would not be able to conduct timely control measures and know what is happening in virtually every jurisdiction. In many jurisdictions, this information is transmitted and ready for analysis in near real time.

These early successes are important, but more work must be done and more resources are needed especially at the STLT levels. As we know well from other national IT investments, as technology evolves, our public health data systems will need updates and staff will need to be continuously trained and skilled. To continue to make incremental improvements, the DMI needs sustained annual appropriations of at least \$340 million per year. True transformation of our nation’s public health data infrastructure will require a longer-term federal investment of at least \$7.84 billion to STLT health departments over the next five years. With essential data from DMI, CFA will be able to deliver effective predictions. In addition to funding DMI, Congress should provide \$100 million in FY 2024 to CFA.

Thank you for your consideration of these important issues. If you have questions, please contact Meghan Riley at [mriley@dc-crd.com](mailto:mriley@dc-crd.com).

Sincerely,

American Academy of Family Physicians  
American Academy of Pediatrics  
American Association for Dental, Oral, and Craniofacial Research  
American Association on Health and Disability  
American Brain Coalition  
American Clinical Laboratory Association  
American College of Clinical Pharmacy  
American College of Obstetricians and Gynecologists  
American Health Information Management Association (AHIMA)  
American Heart Association  
American Lung Association

American Medical Association  
American Psychological Association  
American Public Health Association  
American Society for Microbiology  
American Society for Nutrition  
American Society of Tropical Medicine and Hygiene  
Anastasia Mosquito Control District  
Association of Public Health Laboratories  
Association for Professionals in Infection Control and Epidemiology  
Association of American Medical Colleges  
Association of Maternal & Child Health Programs  
Association of State and Territorial Health Officials  
Association of State Public Health Nutritionists  
Association of the Clinicians for the Underserved (ACU))  
Big Cities Health Coalition  
Caring Ambassadors Program  
Center for Infectious Disease Research and Policy, University of Minnesota  
Civitas Networks for Health  
Community Solutions  
Connected Health Initiative  
Consortium for State and Regional Interoperability (CSRI)  
Council of Professional Associations on Federal Statistics  
Council of State and Territorial Epidemiologists  
CURE Epilepsy  
Data Foundation  
Delta Mosquito and Vector Control District  
Dravet Syndrome Foundation  
Dup15q Alliance  
eHealth Exchange  
Entomological Society of America  
Epilepsy Foundation  
Healthcare Information and Management Systems Society (HIMSS)  
Helix Inc  
HIMSS Electronic Health Record Association  
HIV Medicine Association  
HLN Consulting, LLC  
Infectious Diseases Society of America  
Inter-university Consortium for Political and Social Research  
Johns Hopkins Center for Health Security  
Kahuina Consulting, LLC  
Lakeshore Foundation  
Lennox-Gastaut Syndrome (LGS) Foundation  
Mosquito and Vector Control Association of California  
NASTAD  
National Association for Public Health Statistics and Information Systems  
National Association of County and City Health Officials  
National Association of Pediatric Nurse Practitioners  
National Association of State Emergency Medical Services Officials

National Association of Vector-Borne Disease Control Officials  
National Birth Equity Collaborative  
National Environmental Health Association  
National League for Nursing  
National MS Society  
National Network of Public Health Institutes  
National Safety Council  
New York State Public Health Association  
North Carolina Mosquito and Vector Control Association  
Northeast Mosquito Control Association  
Northeast Regional Center for Excellence in Vector-Borne Diseases  
Prevent Blindness  
Rare Epilepsy Network (REN)  
Resolve to Save Lives  
Ruvos  
Safe States Alliance  
SAP America  
Seattle Indian Health Board  
Society for Healthcare Epidemiology of America  
Society for Maternal-Fetal Medicine  
Society for Vector Ecology  
Spina Bifida Association  
The Gerontological Society of America  
The Michael J. Fox Foundation for Parkinson's Research  
The Task Force for Global Health  
Trinity Health  
Trust for America's Health  
TSC Alliance  
US Biologic, Inc.  
We Must Count Coalition  
WomenHeart