March 27, 2026

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor-HHS-Education
U.S. Senate

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor-HHS-Education
U.S. Senate

The Honorable Robert Aderholt
Chair
Subcommittee on Labor-HHS-Education
U.S. House of Representatives

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor-HHS-Education
U.S. House of Representatives

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

Thank you for your continued commitment to modernize the nation's public health data systems. As Congress considers priorities for Fiscal Year (FY) 2027, the undersigned organizations encourage you to advance a Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill that supports the modernization and long-term sustainability of public health data infrastructure. We respectfully request $340 million for Public Health Data Modernization at the Centers for Disease Control and Prevention (CDC). Additionally, we ask for your support for $55 million for Response Ready Enterprise Data Integration (RREDI), and $100 million for the CDC's Center for Forecasting and Outbreak Analytics (CFA). Importantly, data modernization funding is critical to support state, Tribal, local, and territorial (STLT) health department operations to detect and respond to disease threats. Further, this funding also supports data exchange and the One CDC Data Platform (1CDP)—an enterprise system at CDC that receives data from jurisdictions and is accessible to health departments across the country.

Data systems are the foundation of a strong, responsive, and resilient public health system. Updating and integrating data infrastructure is a core function of public health. This includes combining technology and workforce development so public health leaders can act quickly and decisively when decisions matter most. Whether preventing overdoses, tracking disease trends, or responding to outbreaks, public health leaders depend on timely, accurate, and complete data. The need for modernized public health data systems extends beyond emergency response. Public health operates in an environment where speed and quality of information are equally important. This applies to chronic disease monitoring, maternal and child health, environmental exposures, and emerging infections alike. Without reliable, interoperable systems, agencies are forced to rely on fragmented, manual processes that slow responses and create gaps in critical information, leaving communities exposed.

CDC's data modernization efforts focus on five core pillars that together form the foundation of a modern public health infrastructure including electronic case reporting (eCR) the automatic submission of disease reports from electronic health records to STLT health departments; laboratory information systems that support all elements of the laboratory workflow, from sample receipt through the testing process and reporting of results including by providers to public health agencies via electronic laboratory reporting; syndromic surveillance, which includes the near real-time monitoring of hospital and urgent care visits, poison center calls, and emergency medical services; electronic vital records that enable the secure collection of birth and death data from hospitals, funeral homes, providers, and medical examiners; and finally, the National Notifiable Disease Surveillance System (NNDSS), which is housed at CDC and aggregates and analyzes deidentified data from reportable disease cases across all STLT jurisdictions. Sustained funding for these pillars is critical to ensure STLT health departments can

maintain upgraded systems, implement software and security updates, and provide ongoing workforce training.

Public health data systems cannot simply be built and left alone. Like all technology we use in our daily lives, public health systems require upgrades to support day-to-day operations. An example of this is the migration of data systems to the cloud. While many health departments relied on physical servers to house data, some are now moving data to cloud-based hosting. This requires an initial investment and an ongoing contract to support those services. In some cases, jurisdictions are considering delaying or cancelling cloud services because of the risk of unsustainable funding. We cannot risk this backslide.

Equally important is maintaining the CDC and STLT public health workforce of highly trained experts to keep these systems operational. The expertise of CDC staff helps STLT health departments address their unique challenges rather than duplicating such expertise across every jurisdiction. Likewise, the STLT public health workforce plays a specialized role in responding to public health threats on the ground and adapting to the needs of their local community. Without these professionals, agencies risk delayed responses, gaps in disease surveillance, and diminished capacity to protect communities. Sustaining CDC's infrastructure, its expert workforce, and the STLT public health workforce are essential to a resilient, effective national public health system.

Congress has already made a critical downpayment of more than $1 billion through annual and supplemental appropriations, helping to build the foundation for this work. Maintaining progress requires consistent support to prevent STLT health departments from reverting to outdated systems and losing the benefits of past investments. Supporting data modernization will create a more integrated, scalable, and secure system for detecting and responding to threats. Data modernization also enables the CDC's CFA to model and predict outbreaks, strengthening pandemic preparedness. Public Health Data Modernization, RREDI, and CFA are each essential to CDC's broader data strategy and require sufficient funding.

We are grateful for the subcommittee's bipartisan support of public health data modernization, which ensures people and communities have timely information about health threats. As you finalize the FY 2027 LHHS bill, we respectfully request $340 million for CDC data modernization, $55 million for RREDI, and $100 million for CFA. Thank you for your leadership and for considering this recommendation.

Sincerely,

AcademyHealth
American Academy of Pediatrics
American Association of Colleges of Pharmacy
American Association on Health and Disability
American Brain Coalition
American College of Obstetricians and Gynecologists
American Epilepsy Society
American Heart Association
American Mosquito Control Association
American Public Health Association
American Society for Nutrition
American Society of Tropical Medicine and Hygiene
American Statistical Association

Association for Diagnostics & Laboratory Medicine
Association for Professionals in Infection Control and Epidemiology (APIC)
Association of Maternal & Child Health Programs
Association of Ohio Health Commissioners
Association of Public Health Laboratories
Association of State and Territorial Health Officials
Big Cities Health Coalition
Christ Community Health Services
Civitas Networks for Health
Community Solutions
Connected Health Initiative (CHI)
Council of State and Territorial Epidemiologists
Data Foundation
Dravet Syndrome Foundation
eHealth Exchange
Entomological Society of America
Epilepsy Foundation of America
Foundation for Healthy Generations
Gerontological Society of America
Green & Healthy Homes Initiative
Health Gorilla
Healthcare Information and Management Systems Society
HLN Consulting, LLC
ICPSR (U of Michigan)
ICPSR, The Data Consortium
Infectious Diseases Society of America
Johns Hopkins Center for Health Security
Kahuina Consulting, LLC
Kansas Association of Local Health Departments
Lakeshore Foundation
Maryland Association of County Health Officers
Monica Weldon Consulting, LLC
NASTAD
National Association of County and City Health Officials
National Association for Public Health Statistics and Information Systems
National Coalition of STD Directors
National Environmental Health Association
National Health IT Collaborative for the Underserved (NHIT)
National Network of Public Health Institutes
Ness County Health Department
Nevada Chapter of HIMSS
New Jersey Association of County and City Health Officials (NJACCHO)
Ogle County Health Department
Oklahoma City-County Health Department
Oregon Coalition of Local Health Officials
Prevent Blindness
Public Health Informatics Institute
Ruvos

Safe States Alliance
Society for Healthcare Epidemiology of America
Society for Maternal-Fetal Medicine
Society for Public Health Education
Spina Bifida Association
Texas Association of City & County Health Officials
The Task Force for Global Health
Trinity Health
Trust for America's Health
TSC Alliance
Washington State Association of Local Health Officials
Washington State Public Health Association