September 22, 2020

The Honorable Lamar Alexander
Chairman
Senate HELP Committee
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Frank Pallone
Chairman
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Patty Murray
Ranking Member
Senate HELP Committee
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Greg Walden
Ranking Member
House Energy & Commerce Committee
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairmen Alexander and Pallone, and Ranking Members Murray and Walden,

We write to urge you to build on and clarify existing statute to modernize public health data collection, transmission, and reporting systems, through specific partnerships with expertise in the private sector, the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) to make necessary data available for public health officials, policy makers, and frontline providers to improve decision making, care delivery, and patient outcomes.

Problems related to public health data are well known. Gaps in data and its timeliness too often leave decision makers without needed information to make good decisions. For example, many test results are delivered to patients and public health officials a week or more after the test is administered. During that time, an infected person may have infected dozens or hundreds more. In addition, not all data is standardized, and its reporting is not electronic, computable, or interoperable. As a result, very little public health data is transmitted in a format that can be easily accessed and readily used.

Additionally, public health data reporting has been a burden on doctors, nurses, and pharmacists for too long. Manual completion of CDC case report forms can take up to 30 minutes, time a frontline provider should spend with patients. Public health case reports, lab results, immunization records, mortality data, and other critical pieces of information are too often entered by hand into time consuming reports and then faxed, emailed, or phoned into public health offices. These strained public health officials then take data and report it on to the CDC. The folly of our current system is that much of this data already exists and is collected through the normal course of treatment or payment, but we fail to extract it from existing data flows to aid our decision making.

We urge you to act quickly to modernize public health systems by establishing the network required under §319D of the Public Health Service Act. In establishing this network, you should leverage the existing health IT infrastructure being used in our country to facilitate the exchange and use of clinical and administrative data in health care to achieve effective and efficient public

health data systems. We recommend that Congress take action to ensure that we finally implement an effective, modern data collection system that:

- Establishes minimum core [public health] data elements and uses existing, health data and interoperability standards to ensure consistency of data collection and reporting across states, localities, and tribes.
- Leverages the enormous federal investment in health information technology by connecting public health systems with electronic health records (EHRs), health care claims systems, pharmacy systems, and others to use the data that is already flowing through the health care delivery eco-system to automate the collection and reporting of uniform data for public health purposes and reduce provider and public health entities' burdens related to the current manual-entry and redundant methods. This can be accomplished by partnering with private sector organizations with experience and expertise in health information management and data science to collect, report, and disseminate data from existing health care technology and information systems for use in public health under contract with the CDC.
- Ensures data flows back to providers to aid in care decisions and delivery, not just from providers to public health authorities, but also within existing clinical workflows.
- Requires de-identification of the appropriate data being shared with public health authorities consistent with the standards outlined in the regulations promulgated under the Health Information Portability and Accountability Act (HIPAA).
- Uses collected data to address and prevent public health disparities while ensuring such information is not used to discriminate against individuals.

By leveraging private-sector expertise and existing health information infrastructure, the federal government will more quickly achieve a connected public health data system infrastructure to respond to and prepare for public health threats and emergencies. Congress has asked for this network consistently since the Pandemic All Hazards and Preparedness Act was first passed in 2006. We urge you to act now to ensure implementation of systems that more effectively and efficiently respond to the COVID-19 public health emergency and all other public health emergencies going forward.

Sincerely,

American Society of Consultant Pharmacists
AHIMA
AMIA
athenahealth
Atrium Health
Capstone Health Alliance
CHIME
CoverMyMeds
EHR Data
Federation of American Hospitals
Health Innovation Alliance
Kuakini Health System

National Council for Prescription Drug Programs
NCHC
National Home Infusion Association
OCHIN
Premier, Inc.
STC Health
Texas Health Resources
United Spinal Association
West Virginia United