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Dear Dr. Gundlapalli,

Thank you, again, for taking the time to speak to the Steering Committee of the Health Innovation Alliance (HIA) in May. The Steering Committee Members and our HIA staff found the discussion informative and enjoyed learning more about CDC's current work and priorities. We appreciate your diligent efforts to end the COVID-19 pandemic and put the country on a course toward pandemic prevention in the future. Several of the priorities of HIA, including modernizing the public health infrastructure, have the same goal.

HIA is a diverse coalition of healthcare providers, patient advocates, consumer organizations, employers, insurers, technology companies, and payers who support the adoption and use of data and technology to improve health outcomes and lower costs. We recognize the tough task that CDC has been handed in its role leading the charge against the COVID-19 pandemic and believe that modern technology, used to its fullest potential, would allow for the creation of a state-of-the-art public health infrastructure that would be able to respond to this and future pandemics effectively and efficiently and ultimately help prevent infection and death.

Since the beginning of the public health emergency, Congress has appropriated well over \$600 million for the modernization of public health data systems. HIA urges you to work with ONC and other relevant departments to ensure this funding goes to support truly interoperable, modern capabilities to share necessary public health information that accomplishes the following:

- **Ensure data is flowing bidirectionally.** Reporting needs to go from providers, hospitals, labs, and local public health entities up to the CDC, but data and best practices also need to be able to be reported back to the front lines.
- **Dedicate resources to build on the foundation of what works.** Immunization Information Systems (IIS) are in every state and supply all the key data on number of vaccinations, who, how many, and where people have been vaccinated. These systems have proven successful but need to be modernized.
- **Include all relevant Standards Development Organizations.** Experts in developing consensus-based industry data standards that transact billions of pieces of healthcare data in real-time, it is vital all of these organizations be directly involved in this process.
- **Ensure consumer access to their own vaccination history data.** Unfortunately, today many people do not have access to their own vaccination histories or cannot gain access to this data. This vital information is particularly useful to those who may need to show vaccination to return to work, or send their kids to school or college.

How are public health officials able to make decisions on resources and personnel if the information they are receiving is outdated and incomplete? The unfortunate answer is, they cannot be expected to do so, and this is how our data infrastructure is failing. Given the pace at which “hot spots” can currently develop and the easily-transmissible nature of COVID-19 and several variants, speed and having access to thorough data are necessary components of a response effort.

Thankfully, Congress has provided the authority and, within the last year, additional resources for HHS and CDC to enact Section 319D of the Public Health Services Act which charges HHS with establishing “a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of, rapid response to, and management of, potentially catastrophic infectious disease outbreaks, novel emerging threats, and other public health emergencies that originate domestically or abroad.”¹ This language was included in law in December of 2006 and since then additional requirements have been added, the latest in 2019, directing CDC to modernize and update their systems to handle standardized data. Had such a system been established, our nation may have been able to better respond to the current COVID-19 public health emergency.

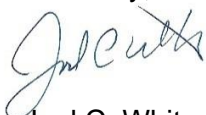
It is past time for our public health data, including immunization records, case reporting, vaccine supply and distribution, and critical supply information such as personal protective equipment, to be standardized and transmitted real-time, securely, and to all who need access. HIA believes that to achieve these goals, the CDC needs to implement upgrades that must:

- Be developed under an open, transparent, and inclusive process. The COVID-19 pandemic is a formidable enemy and we have every reason to suspect that any future pandemic will be as well. Developing a system able to track and trace test results, treatments, hospitalizations, vaccinations, and more with the privacy protocols and timing needed is a critical job. The process to choose entities to facilitate this work should be inclusive of all qualified applicants and be done transparently to ensure public confidence and input.
- Have the ability to work and communicate with all State, Tribal, Local, and Territorial (STLT) partners without waiting for state legislative action. With the imminent closing of many state legislative sessions, CDC will need to take an even larger leadership role and ensure that all STLT partners are allocated the resources and authorities needed to quickly act and respond when necessary.
- Be done with the greatest skill and highest expertise. These qualifications exist in the private sector with computer coders and information managers who possess the requisite experience to deliver a highly functional system more rapidly than if the CDC developed a data management system internally.

The system envisioned by the 2006 law is achievable and CDC now has the authority and the resources to successfully implement it, continue making progress against the COVID-19 pandemic, and prevent and respond to future public health emergencies successfully.

Again, we appreciate your dedication and efforts to improve America’s public health systems and look forward to working with you to enhance our data infrastructure to stem future public health emergencies.

Sincerely,



Joel C. White
Executive Director

¹ 42 U.S.C. 247-d4(c)(1).