



July 10, 2023

The Honorable Bernard Sanders, Chairman  
Senate HELP Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy, MD, Ranking Member  
Senate HELP Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Robert P. Casey, Jr.  
393 Russell Senate Office Building  
Washington, DC 20510

The Honorable Mitt Romney  
354 Russell Senate Office Building  
Washington, DC 20510

*Submitted electronically to PAHPA2023Comments@help.senate.gov*

Dear Chairman Sanders, Ranking Member Cassidy, Senator Casey, and Senator Romney,

The Health Innovation Alliance (HIA) appreciates the opportunity to comment on your draft text to reauthorize the Pandemic All Hazards Preparedness Act (PAHPA). HIA is a diverse coalition of patient advocates, healthcare providers, consumer organizations, employers, technology companies, and payers who support the commonsense use of data and technology to improve health outcomes and lower costs. We have been actively engaged with your offices, offices in the House of Representatives, and the administration regarding public health data modernization and improvement, and we will continue working until our public health system functions well.

We believe your draft needs explicit language requiring partnership and collaboration with the private sector to modernize public health infrastructure and technology. We have provided brief comments on your draft below and attached our comments to your March RFI to provide more context.

*Pilot program for public health data availability*

HIA believes that data should be shared back to the providers on the ground responding to public health threats. Your draft includes language to “facilitate bidirectional communication,” but this language focuses on information between bureaucrats at the state and federal levels. HIA urges you to include language that will facilitate public health data being shared with caregivers on the front lines of public health situations. Too many policies in Washington require reporting up to government and forget that information needs to flow back down as well. By incorporating bidirectional data exchange between public health authorities and providers, plans, and others working in the private sector, we can ensure that useful information is in the hands of those who need it most – not stuck in a database in Atlanta or Washington.

We urge transparency and engagement with the private sector through at least quarterly meetings. ASPR and the CDC should hear directly from industry on capabilities in development and in use in the private sector that could be adopted or modeled by government. This would be helpful specifically in situations where the Secretary is tasked with developing guidance on broad public health reporting data elements like the pilot program described in Section 205. Regular meetings would allow government to learn what has worked and what has not directly from industry. These meetings also would establish goodwill in the industry and illuminate some of the more clandestine processes surrounding public health contracting.

Your draft should include language prohibiting CDC from duplicating successful work already occurring in the private sector. CDC and its state and local partners should be required to collaborate with the private sector to modernize public health data systems. These systems should not be built in-house by the government. They should be built, maintained, and operated by the private sector through grants, contracts, or cooperative agreements with trusted entities that have experience and expertise in public health information, interoperability, and privacy and security.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Brett Meeks', with a long, sweeping flourish extending to the right.

Brett Meeks  
Executive Director

ATTACHMENT: PAHPA Reauth RFI Health Innovation Alliance 3-13-23.pdf