Organization Name Association of Public Health Laboratories, Council of State and Territorial Epidemiologists, National Association for Public Health Statistics and Information Systems

Topic Area Data Modernization Initiative (DMI)

Name of Appropriations Bill Labor, Health and Human Services, Education and Related Agencies
Agency Center for Disease Control and Prevention

Program, Office or Center Public Health Scientific Services

<table>
<thead>
<tr>
<th>Program</th>
<th>FY21 Enacted</th>
<th>FY22 Enacted</th>
<th>FY23 President's Request</th>
<th>FY23 Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Data Modernization Initiative</td>
<td>50,000</td>
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<td>250,000</td>
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</tbody>
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**Funding recommendation:** Appropriate $250 million, a $200 million increase over the FY 2021 enacted level.

**Justification:** The CDC’s DMI is a commitment to building a world-class data workforce and data systems that are ready for the next public health emergency. Congress has provided nearly $1 billion to date for CDC’s DMI through annual and supplemental appropriations. Now, we need robust, sustained, annual funding to ensure we are investing in public health systems and infrastructure—including at state and local health departments—that will keep pace with evolving technology and stand ready to combat any emerging threat to public health.

The need to upgrade our nation’s public health surveillance systems was apparent long before the onset of the COVID-19 pandemic. Then, COVID-19 exposed deadly gaps in our nation’s public health data infrastructure. Sluggish, manual processes—paper records, spreadsheets, faxes and phone calls—have consequences, most notably, delayed detection and response to public health threats of all types: chronic, emerging, and urgent.

- 21st century data systems and the public health workforce needed to operate and maintain them have been woefully underfunded, leaving our nation unprepared to respond to COVID-19 and future pandemics.
- Sustained investment at CDC and health departments would transform public health surveillance into a state of the art, secure, rapid response system.

The nation faces an unprecedented challenge in addressing the global COVID-19 pandemic and a responsibility to create an infrastructure capable of responding to future public health emergencies. It is critical for CDC to have a strong national public health surveillance system that detects and facilitates immediate response to and containment of emerging health threats. The need is not unique to COVID-19 and will continue as our public health workforce responds to future outbreaks.
The investments made by Congress to date will not bear fruit without sustained annual funding for DMI. The partners of the Data: Elemental to Health Campaign have estimated that actual annual costs for DMI implementation at the state and local level are **$1.57 billion per year for at least five years**. **We are calling on Congress to invest at least $250 million in FY23 appropriations funding for DMI**—an important annual commitment towards the total funding needed through additional federal sources.

Funding for DMI will also make possible the critical work of the newly established Center for Forecasting and Outbreak Analytics (CFA) under CDC’s Office of the Director. A $50 million appropriation for CFA in FY 2023 for will help to fund the center to facilitate the use of data, modeling, and analytics to improve pandemic preparedness and response.

**Role of the state health agency:** Critical public health data originate in the community. Public health departments are responsible for the collection, reporting, analysis, and security of these data provided by health care providers via health records, vital records, and laboratory samples. These data are shared by health departments with CDC to provide national data on health. This flow of data from state health agencies to the federal government is important for several reasons including ensuring that data are de-identified so that no personal identifiable data is shared directly to the federal government. While it is important for data to be available at the federal level, case specific, identifiable data should be protected by state and local health departments.

**How funds are allocated or used:** Funds are awarded to state, territorial, local, and tribal health agencies through a competitive grant process to implement or upgrade to electronic, interoperable public health data systems. Improvements will be made to the National Notifiable Disease Surveillance System, electronic case reporting, syndromic surveillance, electronic vital records systems, and laboratory systems including Laboratory Information Management Systems and electronic laboratory reporting. Funds will also train the public health workforce to acquire new skills to understand and securely integrate health data.

**Public health impacts:** While progress has been made on electronic lab reporting and electronic case reporting in many jurisdictions, much public health data is still entered manually from paper-based data exchanges. COVID-19 has demonstrated how perilous it is to rely on antiquated public health data systems. A modernized, enterprise-wide public health surveillance system will support automated reporting from health care organizations to public health which will improve the quality and timeliness of data and reduce the burden on medical providers and health care facilities to manually report cases.

**Supporting organizations:** In addition to the organizations listed above, the Data: Elemental to Health Campaign includes the Big Cities Health Coalition, NACCHO, ASTHO, and HIMSS. More than 100 organizations in total support DMI.

**For more information:** [CDC’s Data Modernization Initiative; Driving Public Health in the Fast Lane](https://www.cste.org/page/DM2021)

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**See updates to this paper at** [https://www.cste.org/page/DM-2021](https://www.cste.org/page/DM-2021)

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