February 4, 2022

The Honorable Patty Murray
Chair, Committee on Health, Education, Labor, and Pensions
United State Senate
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member, Committee on Health, Education, Labor, and Pensions
United State Senate
Washington, D.C. 2051

Dear Senators Murray and Burr:

We thank you for your leadership in seeking to strengthen our public health and health systems to ensure our country is prepared for future public health emergencies through the release of a discussion draft for the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act).

As a coalition dedicated to advancing health information exchange in California, Connecting for Better Health is pleased to see the inclusion of several provisions in the PREVENT Pandemics Act that will bolster data exchange for public health and human services organizations. These provisions will assist stakeholders in continuing to respond to the ongoing COVID-19 pandemic and help us build the data sharing infrastructure to ensure we are prepared for future emergencies.

We offer the following comments on sections 201, 211 and 213 of the discussion draft:

Section 201: We support section 201, which looks to authorize certain eligible entities to receive grants to support, among other activities, the use of technology to improve coordination with social services to address the social determinants of health. Improving coordination with social services organizations is key to several reform efforts underway, including California's transformation of its Medicaid program (Cal-AIM) which looks to provide enhanced care management for high-need populations that includes a focus on access to social services. As California is also pursuing a new Data Sharing Framework for health and human services this year, the time is ripe to provide this funding. California has been a leader in these efforts, most notably with the San Diego 2-1-1 community information exchange that has provided a platform for the coordination and sharing of information.

We recommend that the Committee include a requirement that any technology or related capacity building or technical assistance work require systems interoperability. Interoperability among systems will be necessary not just between those used by social services, but also by government agencies, health care providers and health plans. Some information systems used by social services organizations and local government agencies have limited capacity for

information exchange, and unlike most health care providers, social services providers do not have a certification process for their information or records systems that includes interoperability capabilities. Ensuring that these funds support systems interoperability will ensure that individuals' social services and health data can be shared with the providers that treat them.

Section 211: We support section 211, which seeks to modernize our public health surveillance systems both through the development of a strategy plan to develop lessons learned and next steps for our federal health agencies to be prepared for the next public health emergency. We also support other provisions that clarify the HHS Secretary and CDC Director's authorities to modernize and dispense grants to states for situational awareness systems. Developing this strategy plan will help to address problems such as laboratory test reporting, a key pain point during the pandemic where data sharing involved manual data entry and the use of outdated technology such as fax machines.

We recommend that the strategy plan outlined in the discussion draft require HHS to define a roadmap for systems interoperability for federal health agencies and state public health agencies for situational awareness systems and define how health information exchanges and networks can be utilized to support public health surveillance efforts. Similarly, we recommend that HHS and CDC grants authorized for situational awareness systems to states also require systems interoperability and partnerships with local health information exchanges where applicable in addition to health care providers and plans. Public health reporting during the COVID-19 pandemic has been hamstrung by systems that cannot share information with each other, preventing efficient and timely reporting of information to federal health authorities.[1]

Section 213: We support section 213 on public health data availability and access and its potential to better integrate public health into the larger health data sharing ecosystem. The requirement for the CDC Director to disseminate public health data standards within two years, particularly for electronic case reporting, syndromic surveillance, vital statistics, and reporting test orders, will help ensure that reporting to public health agencies is more efficient and seamless across the country. This objective aligns with that of the Public Health Data Systems Task Force's July 2021 Recommendations, which recommended that the Office of the National Coordinator for Health IT (ONC) to speed the adoption of data standards within the USCDI that can support public health reporting activities, and work with the CDC to ensure standards implementation and guidance.[2] In this capacity, ONC can serve as a strategic partner to CDC in this effort.

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[1] Erin Banco, Inside America's Covid reporting. Breakdown, POLITICO, August 15, 2021, https://www.politico.com/news/2021/08/15/inside-americas-covid-data-gap-502565.

[2] ONC Public Health Data Systems Task Force 2021, Report to the Health Information Technology Advisory Committee, July 2021, https://www.healthit.gov/sites/default/files/facas/2021-07-14_PHDS_TF_2021_Recommendations_Report_0.pdf.

Additionally, the authorization to develop a program on best practices to improve the quality and completeness of demographic data collection for public health is a worthy cause. The ONC's U.S. Core Data for Interoperability (USCDI) includes standards for certified electronic health record technology vendors to collect demographic information, which can be leveraged in this effort to ensure that public health and health care providers collect demographic information in the same way.[3] The proposed third version of the USCDI expands demographic information to support health equity efforts.

To support the effort to modernize public health data systems, we recommend that the discussion draft be updated to require that CDC Data Modernization Initiative funds to states and other entities be used for interoperable information technology systems and to strengthen partnerships with health information exchanges to assist with these efforts. These systems funded with Data Modernization Initiative funds should have electronic data sharing capabilities that utilize the standards to be promulgated by the CDC and other commonly accepted data standards, where applicable. Doing so will not only ensure that data gets shared more seamlessly, but also reinforces the effort to develop public health data standards.

While we support the discussion draft's requirement for CDC and ASPR to update memoranda of understanding and data use agreements, we recommend that the discussion draft explicitly include health information exchanges and networks on the list of external entities that includes state health departments, electronic health records vendors, laboratories, and hospitals. Health information exchanges and networks are supporting efforts to expand public health data sharing in states such as Maryland and Arizona where they have played a critical role in proactive public health data sharing and reporting during the pandemic. They are also supporting local health departments in states like California where health information exchanges have supported the sharing of immunization data with health plans and providers to target outreach to the unvaccinated. We would also recommend that CDC and ASPR contemplate how other federal efforts like TEFCA have the potential to be leveraged to serve as a data sharing network for the query of information for public health purposes.

Additional funding: Lastly, we recommend the Committee include funding authorization for ONC cooperative agreements with non-profit health information exchanges with the specific purpose of advancing data sharing among health care and public health entities. Financial support for this work would help to advance sections 211 and 213 of the discussion draft by ensuring that state and regional health information exchanges can support the aggregation and sharing of standardized health data for public health purposes.

We appreciate the opportunity to provide feedback to the Committee on this discussion draft of the PREVENT Pandemics Act. Now, more than ever, we must invest in our critical health care infrastructure to enhance our response to the current COVID-19 pandemic and ensure we are

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[3] ONC, United States Core Data for Interoperability, https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v2.

prepared for the next public health emergency. We look forward to providing more input on further iterations of this important legislation.

Sincerely,

Timi Leslie
Connecting for Better Health
President, BluePath Health