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October 20, 2023

The Honorable Bill Cassidy, MD
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Ranking Member Cassidy:

On behalf of the Association of American Medical Colleges (AAMC), I write in response to your September 26 request for information (RFI) regarding the Centers for Disease Control and Prevention (CDC). The AAMC appreciates your willingness to engage stakeholders on ways to improve our nation's public health infrastructure.

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened participation in the AAMC by U.S. and international academic health centers.

Academic medical centers take seriously their role, through their missions, in promoting public health, engaging in emergency preparedness, and mounting effective responses to threats. They conduct cutting-edge medical research to improve health, deliver lifesaving patient care, and have years of experience in mobilizing resources during times of crisis, often leading regional responses in collaboration with their state and local departments of health, regional emergency management systems, and all other major players in emergency response. This unique proficiency helped to drive the nation's response to past crises – from natural and other disasters to public health emergencies and disease outbreaks such as measles, Ebola, and H1N1 – and has been a key asset in combatting COVID-19. In addition to helping in times of contagion and crisis, this commitment also is essential in promoting better quality of life and improved health among all individuals in the U.S. in the face of increasing burden of chronic diseases and in mitigating disparities among different populations nationwide.

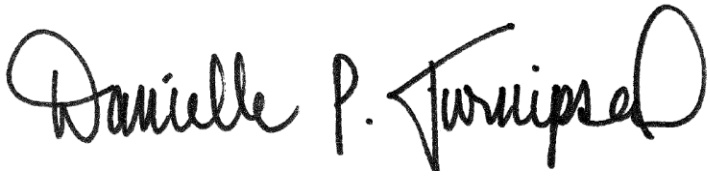
Accordingly, the strength of the public health enterprise goes hand in hand with the success of the health care community in preventing and responding to both novel and daily threats. Hospitals, physicians, and other health care providers make distinct contributions to public health and preparedness, and given their missions, academic medical centers in particular offer unique and valuable expertise. As you know, these contributions augment, and can neither be substituted by, nor substitute for, the irreplaceable role that public health officials across the country and other community partners play in advancing population health. We strongly support the CDC and have welcomed our long history of collaboration with the agency, as well as opportunities to strengthen linkages between the academic medicine and public health communities.

Regrettably, decades of underfunding at the local, state, and national levels have substantially undermined the nation's public health infrastructure, a trend that must be reversed permanently. To date, the federal funding strategy for public health primarily has favored a crisis-response approach over robust, sustained investment, and fiscal challenges at the state and local level have further compounded the pressures on health departments nationwide. Under-resourced state and local health departments have been forced to manage a growing list of threats without commensurate support. Consequently, foundational public health capabilities have been strained at almost every level, as looming and ongoing threats far outpace available resources. This pattern only serves to undercut future opportunities to strengthen the agencies' efforts.

Importantly, while structural changes may result in greater efficiencies in some areas, we reiterate that such efficiencies will be unattainable without sufficient, reliable resources. We strongly urge Congress to make it a priority to reverse the chronic underfunding that has taken its toll on the nation's preparedness framework, to support the scientific expertise at the CDC, and to invest in the reliable and resilient public health foundation needed to keep our nation safe and healthy. The broad-based nature of public health challenges necessitates broad-based investment; arbitrary limitations on such investments only weaken the nation's overall health.

We have attached to this letter our feedback in response to the themes outlined through questions in your CDC modernization RFI. Our responses draw in part from a more extensive set of recommendations the AAMC prepared in June 2021 on COVID-19 "lessons learned" and from a September 2021 report of the AAMC Research and Action Institute. We look forward to working with you throughout this process, and we hope to continue to be a resource to you and your staff. If you have any further questions, please contact my colleague Tannaz Rasouli, Senior Director of Public Policy & Strategic Outreach (trasouli@aamc.org) or me.

Sincerely,



Danielle Turnipseed, JD, MHSA, MPP
AAMC Chief Public Policy Officer

CC: David J. Skorton, MD
AAMC President and CEO

AAMC FEEDBACK ON THE CDC MODERNIZATION RFI
Submitted to Senate HELP Ranking Member Cassidy
October 20, 2023

Fostering Innovation and Collaboration

To augment the public health expertise within CDC and the public health community, officials at the federal, state, and local levels formally should engage academic medical center leaders to inform their decision-making as appropriate. With their clinical, research, education, and community missions, medical schools and teaching hospitals offer unparalleled expertise that is critical in addressing multiple dimensions of a pandemic or other public health emergency.

To ensure that planning includes the needs of at-risk and historically marginalized communities, we also recommend promoting meaningful community engagement and outreach between health departments at all levels, stakeholders, and underserved communities when developing response plans to better mitigate language barriers, cultural disconnects, and lack of access to care. As part of our cooperative agreement with the CDC, Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats,[1] the AAMC has conducted extensive work on addressing and mitigating health misinformation and identified many lessons learned regarding the importance of community collaborations.

Additionally, while the federal and state governments should be working with the private sector on the manufacturing and development of key components of diagnostics, treatments, and vaccines, the public sector and academic institutions have unique perspectives and critical data on the effect of a disease on patients and communities. Partnerships between the government and the private sector that do not fully take advantage of the resources, expertise, and input from other sectors in the context of a public health emergency will undoubtedly result in decisions that fall short of being efficient and effective. Ensuring that clinical partners have a seat at the table similarly will augment critical public health expertise to inform decision-making and a coordinated response.

The COVID-19 pandemic illustrated the broad range of federal agencies that contribute to the nation's public health. Each of these agencies plays an important and appropriate role. Collaboration and coordination among CDC, CMS, ASPR and other HHS agencies is essential to facilitate the consistent dissemination of information, particularly in effectively coordinating the response to a pandemic or other public health emergency.

Making Data Work for Everyone

The COVID-19 pandemic illustrated clearly the limitations of outdated public health data systems at the national, state, and local levels, as well as within individual facilities and

[1] Federal Award Identification Number [FAIN]: NU50CK000586

institutions. Antiquated, incompatible, inconsistent, and incomplete systems impeded access – for public health and health care practitioners at all levels, government officials, and the public – to real-time information about the pandemic's progression and on-the-ground needs. While innovations at academic medical centers and other facilities to address challenges through dashboards and data visualizations undoubtedly represented a public service, they in no way are a substitute for a reliable public health data infrastructure supported by all levels of the government. In addition to forcing the use of imprecise proxies to inform decision-making about allocation of resources such as supplies and potential countermeasures, the shortcomings of our current patchwork of data capabilities also prevent meaningful progress in promoting an equitable approach because current data collection efforts lack key sociodemographic and other social measures.

Reliable funding to modernize and maintain data systems at public health departments must be a key component of the needed investments in core public health infrastructure, and similar investment is important to upgrade and maintain the digital architecture of health care facilities nationwide. In addition to the need to ensure sufficient and sustained resources, the following recommendations outline other important considerations in strengthening the nation's public health data infrastructure.

- The AAMC recommends that lawmakers provide reliable funding to modernize and maintain data systems at public health departments and upgrade and maintain the digital architecture of health care facilities nationwide.
- Lawmakers should prioritize targeted investments to support modernization of data systems at every level such that, at minimum, they are capable of consistent and interoperable collection and reporting of the key data elements with as much automation as possible.
- Congress should consider establishing a working group convened by the Government Accountability Office, the National Academies of Medicine, or another body to determine and define a manageable minimum set of key data elements that are essential for decisionmakers at the local, state, and federal levels to facilitate an effective and rapid response to any public health emergency. In addition to representatives from key federal agencies (specifically CDC, ONC, and CMS), state and local officials, and public health experts and public health data analysts, the working group should also include representatives of the health care community, electronic health system vendors, and patients and communities. The working group should also establish a process for reviewing the core data set regularly.
- The AAMC joins nearly 90 organizations in urging Congress to provide at least $340 million for the CDC's Data Modernization Initiative (DMI) in FY 2024. Funding for the DMI will support the CDC's Center for Forecasting and Outbreak Analytics and its critical work on improving pandemic preparedness and response through data, modeling, and analytics.
- Meaningful community engagement will be crucial in ensuring that the government is able to earn the public's trust – and, by extension, the valid data needed to mount an equitable response. With support from the CDC and the engagement of the AAMC Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE) — the AAMC's national collaborative of health equity scholars, practitioners, and community

partners — the AAMC Center for Health Justice gathered perspectives from a diverse set of 30 community members from across the United States to establish and issue 10 Principles of Trustworthiness. These principles are meant to guide health care, public health, and other organizations as they work to demonstrate they are worthy of trust and may be a useful framework as Congress considers opportunities to apply such an approach to data collection and preparedness efforts more broadly. Beyond accurately capturing sociodemographic data like race and ethnicity, the AAMC supports standardized, valid, inclusive data collection on the social needs and social determinants most likely to correlate with increased exposure, susceptibility, and severity of infectious diseases. Fortunately, those data points are known. The CDC released a Social Vulnerability Index (SVI) in 2011. The AAMC recommends building on this infrastructure to promote health equity.

- We urge Congress to modernize public health data systems and policies directed at EHR vendors and improve public health interoperability through robust funding. Funding implementation science and research will help identify barriers to public health information exchange and interoperability across health care settings and the data investments needed for the health system to effectively use the data. Creating additional reporting requirements for providers takes away time spent with patients, adds administrative burden, and does not directly address interoperability.

Improving Upon What Works Well

While we have decades of practice navigating our federalist system of government's approach to public health in a disaster or limited public health emergency, a pandemic poses unique challenges that may be fueled by fragmentation in decision-making across the country. Leaving all decisions up to a state, when a pandemic does not change depending on state borders, is problematic. Individual jurisdictional plans that are critical in responding to a local emergency may be less useful in a scenario where resources are being taxed across the country and globally, leading to supply-chain strains and other challenges.

Both the federal government and states need to have roles during a pandemic, and these should be delineated ahead of time and confirmed at the beginning of the pandemic (as the roles could vary depending on the pandemic). We recommend providing clearer guidance on the role of states under a pandemic to ensure that the nation is taking steps to address and prevent a public health emergency.

Similarly, prior to the next pandemic threat, there needs to be a process in place to define how states and other entities will receive diagnostics, treatments, vaccines, and/or supplies, and what the federal government's expectations are for how states allocate and track use of these resources, with a focus on equitable and need-based distribution. Relying solely on a decentralized approach driven primarily by state governments leads to inconsistencies, confusion, and planning challenges for both states and health care providers.

Additionally, the AAMC believes that a reliable commitment to global health security and surveillance must also be a priority. As COVID-19 illustrated, in our increasingly interconnected

world, an outbreak anywhere is a threat everywhere, and our greatest opportunity for preventing a pandemic from affecting the U.S. is to defeat it at its origin. Such an ambition will require an ongoing investment in a global health security agenda.

Mechanisms to Modernize

The AAMC was pleased that Congress enacted many provisions from the PREVENT Pandemics Act in 2022. We also note that, as of this summer, the CDC is under new leadership. As a result, the CDC is implementing reforms to strengthen its operations. It would be premature to draw conclusions about the effectiveness of such changes before they have had an opportunity to take effect.

In addition to allowing existing policy changes to be implemented, the AAMC also recommends actions on the following pending proposals:

- Authorization for programs under the Pandemic All-Hazards and Preparedness Act (PAHPA) expired on September 30, 2023. The AAMC urges Congress to reauthorize these programs in a bipartisan manner and to provide robust funding levels for the programs.
- The AAMC urges Congress to pass the Public Health Infrastructure Saves Lives Act (S.1995), which enables health departments to address core infrastructure needs, from bolstering public health surveillance and lab capacity to implementing strategies that advance equity. It also would provide critical support to recover some of the lost capacity within state and local health departments and to stabilize investment over the long term.

The AAMC notes that through the course of the COVID-19 public health emergency, the CDC and HHS more broadly were limited in some ways in their ability to respond due to limited authorities related to contracting, construction and maintenance of facilities, and workforce. Understaffing is a challenge under normal circumstances, but in the midst of a public health emergency, limiting the ability of agencies to hire and compensate people for their expertise only heightens risk.

Additionally, ongoing investments in key public health, medical research, and health care preparedness programs are critical to prevent and respond to emerging threats. Too often, however, investments in these important priorities have been limited by impractical discretionary spending allocations that handcuff the ability of appropriators to invest sufficiently and do not reflect the bipartisan recognition of the importance of these programs. Lawmakers can consider exempting key HHS agencies and health programs from discretionary spending limits to ensure that appropriators have the necessary flexibility to invest in key priorities without risking underinvestment in other core elements of our public health infrastructure, potentially through creation of a new budget category.

It is also important to note that as critical as emergency supplemental funding is in addressing the unique, one-time needs associated with different crises, it is no substitute for sustained, robust investments over the long term. To the extent possible, lawmakers should prioritize mechanisms that allow for reliable, uninterrupted funding for such programs and agencies – including through

dedicated and protected line items for priority programs, no-year funding as appropriate, and mandatory appropriations – with the appropriate oversight from key Congressional committees.