

April 21, 2026

The Honorable Shelley Moore Capito  
Chair  
Subcommittee on Labor-HHS-Education  
U.S. Senate

The Honorable Tammy Baldwin  
Ranking Member  
Subcommittee on Labor-HHS-Education  
U.S. Senate

The Honorable Robert Aderholt  
Chair  
Subcommittee on Labor-HHS-Education  
U.S. House of Representatives

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor-HHS-Education  
U.S. House of Representatives

Dear Chair Capito, Ranking Member Baldwin, Chair Aderholt, and Ranking Member DeLauro:

Thank you for your continued commitment to modernize the nation's public health data systems. As Congress considers priorities for Fiscal Year (FY) 2027, the undersigned organizations encourage you to advance a Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill that supports the modernization and long-term sustainability of public health data infrastructure. We respectfully request \$340 million for Public Health Data Modernization at the Centers for Disease Control and Prevention (CDC). Additionally, we ask for your support for \$55 million for Response Ready Enterprise Data Integration (RREDI), and \$100 million for the CDC's Center for Forecasting and Outbreak Analytics (CFA). Importantly, data modernization funding is critical to support state, Tribal, local, and territorial (STLT) health department operations to detect and respond to disease threats. Further, this funding also supports data exchange and the One CDC Data Platform (1CDP)—an enterprise system at CDC that receives data from jurisdictions and is accessible to health departments across the country.

Data systems are the foundation of a strong, responsive, and resilient public health system. Updating and integrating data infrastructure is a core function of public health. This includes combining technology and workforce development so public health leaders can act quickly and decisively when decisions matter most. Whether preventing overdoses, tracking disease trends, or responding to outbreaks, public health leaders depend on timely, accurate, and complete data. The need for modernized public health data systems extends beyond emergency response. Public health operates in an environment where speed and quality of information are equally important. This applies to chronic disease monitoring, maternal and child health, environmental exposures, and emerging infections alike. Without reliable, interoperable systems, agencies are forced to rely on fragmented, manual processes that slow responses and create gaps in critical information, leaving communities exposed.

CDC's data modernization efforts focus on five core pillars that together form the foundation of a modern public health infrastructure including electronic case reporting (eCR) the automatic submission of disease reports from electronic health records to STLT health departments; laboratory information systems that support all elements of the laboratory workflow, from sample receipt through the testing process and reporting of results including by providers to public health agencies via electronic laboratory reporting; syndromic surveillance, which includes the near real-time monitoring of hospital and urgent care visits, poison center calls, and emergency medical services; electronic vital records that enable the secure collection of birth and death data from hospitals, funeral homes, providers, and medical examiners; and finally, the National Notifiable Disease Surveillance System (NNDSS), which is housed at CDC and aggregates and analyzes deidentified data from reportable disease cases across all STLT jurisdictions. Sustained funding for these pillars is critical to ensure STLT health departments can

maintain upgraded systems, implement software and security updates, and provide ongoing workforce training.

Public health data systems cannot simply be built and left alone. Like all technology we use in our daily lives, public health systems require upgrades to support day-to-day operations. An example of this is the migration of data systems to the cloud. While many health departments relied on physical servers to house data, some are now moving data to cloud-based hosting. This requires an initial investment and an ongoing contract to support those services. In some cases, jurisdictions are considering delaying or cancelling cloud services because of the risk of unsustainable funding. We cannot risk this backslide.

Equally important is maintaining the CDC and STLT public health workforce of highly trained experts to keep these systems operational. The expertise of CDC staff helps STLT health departments address their unique challenges rather than duplicating such expertise across every jurisdiction. Likewise, the STLT public health workforce plays a specialized role in responding to public health threats on the ground and adapting to the needs of their local community. Without these professionals, agencies risk delayed responses, gaps in disease surveillance, and diminished capacity to protect communities. Sustaining CDC's infrastructure, its expert workforce, and the STLT public health workforce are essential to a resilient, effective national public health system.

Congress has already made a critical downpayment of more than \$1 billion through annual and supplemental appropriations, helping to build the foundation for this work. Maintaining progress requires consistent support to prevent STLT health departments from reverting to outdated systems and losing the benefits of past investments. Supporting data modernization will create a more integrated, scalable, and secure system for detecting and responding to threats. Data modernization also enables the CDC's CFA to model and predict outbreaks, strengthening pandemic preparedness. Public Health Data Modernization, RREDI, and CFA are each essential to CDC's broader data strategy and require sufficient funding.

We are grateful for the subcommittee's bipartisan support of public health data modernization, which ensures people and communities have timely information about health threats. As you finalize the FY 2027 LHHS bill, we respectfully request \$340 million for CDC data modernization, \$55 million for RREDI, and \$100 million for CFA. Thank you for your leadership and for considering this recommendation.

Sincerely,

AcademyHealth  
American Academy of Pediatrics  
American Association of Colleges of Pharmacy  
American Association on Health and Disability  
American Brain Coalition  
American College of Obstetricians and Gynecologists  
American Epilepsy Society  
American Heart Association  
American Lung Association  
American Medical Association  
American Mosquito Control Association  
American Public Health Association  
American Society for Nutrition

American Society of Tropical Medicine and Hygiene  
American Statistical Association  
Association for Diagnostics & Laboratory Medicine  
Association for Professionals in Infection Control and Epidemiology (APIC)  
Association of Maternal & Child Health Programs  
Association of Ohio Health Commissioners  
Association of Public Health Laboratories  
Association of State and Territorial Health Officials  
Big Cities Health Coalition  
Christ Community Health Services  
Civitas Networks for Health  
Community Solutions  
Connected Health Initiative (CHI)  
Council of State and Territorial Epidemiologists  
Data Foundation  
Dravet Syndrome Foundation  
eHealth Exchange  
Entomological Society of America  
Epilepsy Foundation of America  
Foundation for Healthy Generations  
Gerontological Society of America  
Green & Healthy Homes Initiative  
Health Gorilla  
Healthcare Information and Management Systems Society  
HLN Consulting, LLC  
ICPSR (U of Michigan)  
ICPSR, The Data Consortium  
Infectious Diseases Society of America  
ISF, Inc.  
Johns Hopkins Center for Health Security  
Kahuina Consulting, LLC  
Kansas Association of Local Health Departments  
Lakeshore Foundation  
Maryland Association of County Health Officers  
Monica Weldon Consulting, LLC  
NASTAD  
National Association of County and City Health Officials  
National Association for Public Health Statistics and Information Systems  
National Coalition of STD Directors  
National Environmental Health Association  
National Health IT Collaborative for the Underserved (NHIT)  
National League for Nursing  
National Network of Public Health Institutes  
NESS COUNTY HEALTH DEPARTMENT  
Nevada Chapter of HIMSS  
New Jersey Association of County and City Health Officials (NJACCHO)  
Ogle County Health Department  
Oklahoma City-County Health Department

Oregon Coalition of Local Health Officials  
Prevent Blindness  
Public Health Foundation  
Public Health Informatics Institute  
Ruvos  
Safe States Alliance  
Society for Healthcare Epidemiology of America  
Society for Maternal-Fetal Medicine  
Society for Public Health Education  
Spina Bifida Association  
Texas Association of City & County Health Officials  
The Task Force for Global Health  
Trinity Health  
Trust for America's Health  
TSC Alliance  
Washington State Association of Local Health Officials  
Washington State Public Health Association

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