

July 17, 2020

The Honorable Michael R. Pence
Vice President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

The Honorable Deborah Birx, M.D.
Coronavirus Task Force Coordinator
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Vice President Pence and Ambassador Birx,

I am writing to highlight my concerns regarding the recent guidance from the administration to shift public health and hospital admissions data reporting related to the coronavirus from our nation's public health agency, the Centers for Disease Control and Prevention (CDC), to the Department of Health and Human Services (HHS).

Modernizing our public health surveillance and data collection systems has been one of my long-time priorities. Last year, I helped introduce bipartisan legislation, the Saving Lives Through Better Data Act (S. 1793), to provide much-needed resources to state and local public health entities, to improve data collection, and to simplify reporting for healthcare providers. While the CARES Act provided a small amount of funding for the CDC to update data collection, I believe more can be done to improve our public health infrastructure. As indicated through news reports, the Coronavirus Task Force has identified the same challenges in our data collection system. I believe we must provide additional resources and strong, uniform guidance from the federal agency best-positioned and tasked with public health surveillance – the CDC.

During this unprecedented worldwide pandemic, the collection, coordination and communication of population health data is particularly critical. As state and local health agencies work to collect and analyze data and effectively communicate to the public a complete picture of the local coronavirus impact in a timely manner, I am concerned that changing the process at this point will not improve the prospects of addressing and tackling the coronavirus.

I have heard from hospital systems in Maine who will now face an undue administrative burden in their reporting efforts and find this new guidance confusing. Our providers in Maine have had to change the type of data reported and how it is packaged during a period of limited time and resources when they should be able to focus on patient care and safety. Moreover, diverting healthcare provider information from local and state public health departments requires duplication of efforts. Providers have also shared concerns about how this information may be interpreted and that skilled epidemiological experts are no longer part of the process. Sudden and abrupt process changes such as this indicate that a coordinated national public health response is not in place.

In addition to registering these concerns, I request you share with me your rationale for making this major change in surveillance and reporting and how my colleagues and I can assist in bringing our public health data systems at the CDC up to date.

Thank you for your attention to this important matter. Please contact my staff, Megan DesCamps (megan_descamps@king.senate.gov), with any further questions.

Sincerely,



Angus S. King, Jr.
United States Senator