Dear Chairwoman Murray and Ranking Member Burr,

The Sequoia Project is pleased to submit comments to you regarding the PREVENT Pandemics Act discussion draft. We applaud your legislative efforts to respond to the COVID-19 crisis and to prepare our country for future public health emergencies. We also greatly appreciate your thoughtful approach to public health safety, pandemic preparedness, and especially the collection, sharing, and accessibility of public health data and the creation of public health data standards.

The Sequoia Project is a non-profit, 501(c)(3) public-private collaborative that advances interoperability of electronic health information for the public good. The Sequoia Project is honored to have been selected by the Office of the National Coordinator (ONC) to be the Recognized Coordinating Entity (RCE) responsible for implementing the nation-wide information sharing provisions contained in the 21st Century Cures Act. The Sequoia Project also supports the RSNA Image Share Validation Program and Interoperability Matters.

The Sequoia Project would like to be a resource to the Committee on important public health policy, especially as it relates to better sharing and interoperability of health data. Although this draft legislation addresses many important policy needs to better manage future health pandemics, The Sequoia Projects is pleased to offer the following comments and suggestions focused on several sections of Title II of the PREVENT Pandemics Act.

**Sec. 211. Modernizing biosurveillance capabilities and infectious disease data collection.**

The Sequoia Project supports the draft legislation’s emphasis on the quality of data collected for public health purposes and the timely sharing of data needed to understand and address public health challenges, particularly in times of crisis, including public health emergencies. As part of our mission, The Sequoia Project facilitates both a Data Usability/Quality Workgroup as well as an Emergency Preparedness Information Workgroup. Both workgroups fall under the Interoperability Matters program that intends to serve as a public forum on these issues. The Data Usability Workgroup includes public health data quality recommendations to be covered through an Implementation Guide. The
Emergency Preparedness Information Workgroup is made up of public health experts across the nation who have developed specific recommendations pertaining to the emergency response to the pandemic. These recommendations align closely with the legislation’s direction in terms of data modernization, access to data, and modernizing policies that allow or disallow access to data. **The Sequoia Project would be happy to share any deliverables from these workgroups that you might find helpful as you move forward in your efforts to modernize and elevate public health data collection.**

With respect to strategies to improve the electronic exchange of health information between State and local health departments and health care providers and facilities in Sec. 211(C), we suggest that the Committee encourages public health agencies to connect to health information networks expected to participate in the Trusted Exchange Framework and Common Agreement (TEFCA), developed by ONC, as directed by the 21st Century Cures Act. **Connecting public health to the nation-wide interoperable “network of networks” will ensure that public funds are used efficiently and avoid unnecessary duplication of effort in developing one-off exchange mechanisms. This approach would ensure that public health data transformation efforts are aligned with the standards and nation-wide exchange efforts outlined by 21st Century Cures.**

The efficient collection and use of data to address public health concerns requires more than technology. We recommend that PREVENT Pandemics Act address the need for a uniform set of federal reporting expectations for public health agencies. We have learned that confusing and “one-off” reporting requirements issued during a public health emergency create uncertainty and challenges for public health agencies who are stretched beyond capacity. **To better prepare public health for near real-time reporting during the next public health emergency, the director of CDC should work with other relevant federal agencies to convene local, state, territorial and tribal public health agencies to develop a consistent, standardized, and achievable set of federal reporting requirements. This collaborative effort should result in a national strategy that ensures data needs and information flows are predictable when the next public health emergency hits.** Finally, we must ensure that health care providers have clear guidance on what information can be shared with public health agencies during a declared public health emergency – either from OCR or from Congress.

**Sec. 213. Supporting public health data availability and access.**

We strongly support your inclusion and recognition of the need for public health data standards in Sec. 213 (B) to improve the exchange of public health data and reporting to public health data systems. As the RCE charged with implementing the TEFCA, we are responsible for establishing a universal floor of data interoperability across the country by creating simplified nationwide connectivity for health agencies, health care providers, health information networks, health plans, individuals, public, and others. **Public health is one of the six permitted purposes of exchange under TEFCA. We believe that TEFCA exchange will play a central role in improving the “access,
exchange and use of public health data” envisioned by this section and stand ready to assist with that work.

We also applaud your inclusion of language to minimize duplicative efforts in Sec. 213 (C) by consulting with the ONC to disseminate public health data standards. The CDC should be further encouraged to work with the ONC to ensure that any new data standards enhance and are in accordance with the standards set by the TEFCA, including, but not limited to, the use of data standards to report laboratory test results. Additionally, we support the PREVENT Pandemics Act language encouraging information sharing through data use agreements to facilitate access to appropriate data.

TEFCA will create the core infrastructure and foundation of policies, technical approaches, and legal agreements to support standards-based, nationwide data interoperability for many uses, including public health. As a network of networks, TEFCA facilitates connections across local and state health information networks. To ensure that all communities can benefit from standards-based exchange, federal funding or grants may also be needed to build upon the necessary local public health infrastructure to better share information, including the flow of information between public health and clinical health IT systems, while protecting privacy and ensuring security.

We are also encouraged by the funding included in Sec. 213(e) to support best practices in the collection of public health data and the use of designated data standards and implementation specifications to improve the quality and completeness of data - including demographic data - collected, accessed, or used for public health purposes. We support additional, and sustainable, funding for this type of capacity building. Providing sustainability funding for these IT improvements is critical to ensuring that public health has modern, secure, and accessible information systems. The nation needs sustained effort to ensure preparedness so that our public health infrastructure is ready when the next public health crisis happens.

The Sequoia Project appreciates the opportunity to provide you our feedback on this important draft legislation. You are to be commended for taking on this important effort related to public health safety and pandemic preparedness. The Sequoia Project stands ready to assist you in any way that we can. Please encourage your staff to reach out to me or to Lindsay Austin (202.253.7269, Lindsay.Austin@troutman.com), our government affairs representative, for any needed follow-up.

Most respectfully,

Mariann Yeager
CEO, The Sequoia Project