May 3, 2021

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader Schumer, Leader McConnell, Speaker Pelosi, and Leader McCarthy:

Trinity Health appreciates efforts in Congress to address our nation’s critical infrastructure and requests that public health infrastructure be included in the final legislation.

The COVID-19 pandemic has exposed the weaknesses in our nation’s public health infrastructure due to underfunding and lack of prioritization. Health systems have stepped up to address critical challenges including health equity, emergency preparedness, pandemic response and access to care. The COVID-19 relief funding and public health investments to date have been invaluable but are not enough to adequately repair broken infrastructure. Additional investments in public health and health system infrastructure are necessary to modernize the nation’s public health system, strengthen the health care workforce, and improve community health.

The 10 essential public health services, as defined by the Public Health National Center for Innovation, provide a framework to protect and promote the health of all Americans. The pandemic has laid bare the challenges with delivering these essential public health services, six of which are identified below. This letter addresses recommendations for infrastructure investment that will ensure public health and health systems are able to respond to the ongoing COVID-19 pandemic as well as the next public health emergency.

**Assess and Monitor Population Health**

Outdated public health data systems prevent interoperability and fail to produce data-driven strategies. Congress should support data infrastructure with policies that:

- Provide funding for robust interoperative data infrastructure across public health, health care providers and states, allowing for effective and timely communication to the federal government.
- Require and invest in interoperable vaccine registries.
- Require standardized, accurate and robust data collection that includes race/ethnicity, gender identity and sexual orientation, and reporting and sharing of data between health systems, other clinical providers, public health departments and government for disease prevention, detection and mitigation.
- Strengthen cybersecurity defenses through development of coordinated national defensive measures; expansion of the cybersecurity workforce; disruption of bad actors that target U.S. critical infrastructure; and utilization of a “whole of government” approach to increasing consequences for those who commit attacks.
Investigate, Diagnose and Address Health Hazards and Root Causes
The COVID-19 pandemic has exposed the shortcomings of syndromic surveillance and genomic sequencing – critical for early detection of outbreaks and monitoring of variants. We ask Congress to:

- Support investments in syndromic surveillance to detect, report and monitor diseases.
- Support investments to update clinical laboratory infrastructure so that labs have the capacity to both develop and process tests efficiently and accurately.

Communicate Effectively to Inform and Educate
Public health guidance has not always been consistently adhered to across federal, state and local governments. We encourage Congress to:

- Ensure adequacy of channels to distribute consistent, data-driven and culturally appropriate information to the public on health threats and emergencies.
- Affirm Centers for Disease Control and Prevention (CDC) guidance is the source of truth and consistently adhered to by state and local governments.

Strengthen, Support and Mobilize Partnerships
Health systems face challenges that have been exacerbated by COVID-19 including colleague burnout, increased expenses and reduced revenues. We ask Congress to support physical infrastructure investments at facilities and strengthen the health care workforce.

- Invest in health system physical infrastructure for facility upgrades and to reconfigure care delivery to make care more equitable and accessible.
- Increase the number of residency slots eligible for Medicare funding.
- Reauthorize the Title VIII Nursing Workforce Development programs.
- Provide funding for educational loan pay-downs and vouchers for clinicians and other front-line workers.
- Provide funding for research and demonstration programs related to clinician wellbeing.
- Establish grants for cultural and linguistic competency training in medical residency programs and in-service training for health care professionals.

Enable Equitable Access
The public health system has been unable to effectively address the racial inequities and uneven access to care exposed by COVID-19. We encourage Congress to:

- Provide stable opportunities for those who are uninsured to enroll in health insurance through marketplaces and Medicaid, including increasing the Medicaid Federal Medical Assistance Percentages (FMAP).
- Expand investments in social influencers of health including affordable housing and access to healthy and affordable food.
- Ensure equity in outreach and education related to health and wellness across populations and communities.
- Provide reimbursement for community health worker education and outreach to address social and health needs, and support community partners in public health activities (e.g. outreach, education, monitoring, contact tracing).
- Support increased access to behavioral health services.
- Maintain telehealth flexibilities after the public health emergency ends, including removing geographic and originating site restrictions.
- Expand access to broadband to all Americans with priority to those in medically underserved communities, including rural and tribal communities.

Build and Maintain Strong Organizational Infrastructure for Public Health
Planning and Strategy
The lack of planning, coordination and strategy across all levels of government curtailed the COVID-19 response from the beginning. Congress should invest in emergency preparedness infrastructure by including measures to:
• Provide sustained funding for core public health functions (assessment, policy development and assurance).
• Provide adequate funding for the Hospital Preparedness Program (HPP) and ensure funding ultimately reaches hospitals.
• Include health systems in planning efforts to ensure coordination of prevention, mitigation and surveillance efforts between health systems and public health departments and other stakeholders (e.g. community-based providers and services).
• Develop clear roles and responsibilities for government, health care and public health stakeholders both during and after emergencies that appreciate the importance of community health needs assessments.

**Testing, Contact Tracing and Vaccinations**
Chronically underfunded local public health departments are not equipped with adequate infrastructure to ensure access to community-based testing and vaccination sites or to manage time-intensive contact tracing efforts for vulnerable populations. We encourage Congress to:
• Prioritize funding for community collaborations that expand access to immunizations and testing for communicable diseases in communities of color, non-English speaking communities, the elderly and those who are poor and vulnerable.
• Incorporate a robust contact tracing strategy to prevent and mitigate the spread of communicable diseases.
• Create certainty and transparency in the vaccine supply chain.
• Provide support for ongoing vaccine research.

**Supply Chain Coordination**
From the lack of domestic manufacturing, to the competition for supplies and equipment, the COVID-19 pandemic highlighted inadequacies in the health care supply chain. Congress should secure the health care supply chain through policies that:
• Replenish and develop transparent Strategic National Stockpile policies that include information on the inventory, product specification, location, quality and accessibility of the stockpile.
• Develop a process to track the status of critical product shortages and require supply chain disclosure (location of raw materials, distribution channels) for medical product approvals.
• Establish a coordinated national supply chain through a public-private partnership that includes a "marketplace" for supplies with information on demand. This effort should be led by supply chain experts with government at the table.
• Provide additional tax incentives to expand domestic manufacturing of supplies.

We must ensure public health and health systems are fully equipped to respond to the ongoing COVID-19 pandemic and future public health emergencies while also protecting the safety and improving the health of communities. Trinity Health encourages Congress to invest in public health infrastructure and innovative health system partnerships in the emerging infrastructure package.

Please reach out to me or Tina Weatherwax Grant, JD, Vice President, Public Policy and Advocacy at granttw@trinity-health.org with questions. I look forward to the opportunity to further discuss these requests.

Sincerely,

Michael A. Slubowski, FACHE, FACMPE
President and Chief Executive Officer
Trinity Health