

Congress of the United States
House of Representatives
Washington, DC 20515–2004

April 28, 2021

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, HHS, and Education
House Committee on Appropriations
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, and Education
House Committee on Appropriations
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

As you draft your Fiscal Year (FY) 2022 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations bill, we urge you to appropriate \$200 million for the National Center for Health Statistics (NCHS). This amount reflects an increase to NCHS's base budget of \$25 million from its FY2021 appropriation, restoring it to its FY 2010 inflation adjusted level.

This level will help NCHS provide data that will not only inform US efforts through the duration of the COVID-19 pandemic but will improve the availability and quality of data so that the US is better prepared to deal with future epidemics and pandemics as well as declared national emergencies caused by hurricanes, floods and fires. We believe the relatively modest investment is justified by the fact that more timely, detailed, and relevant data can help save lives, jobs, and public and private sector costs.

The COVID-19 pandemic highlighted the troubling limitations of the nation's statistical system. While NCHS was successful in providing critical information to monitor the impacts of the pandemic, the need for major investments to modernize core data collections was glaringly apparent. Investments are needed to improve the timeliness, scope, quality and usability of data on vital events, health care access and utilization, and on population health. Investments are also needed to improve on the dissemination of the information collected to meet the needs of a wide range of users including those who need timely information to take effective action at the state and local level. Deficiencies in obtaining information on health care utilization both for COVID and non-COVID related care along with how the pandemic affected other aspects of population health confounded the response. Investing in the agency now will allow NCHS to use its expertise to become a nimble twenty-first century statistical agency and reaffirm NCHS's status as the world's gold-standard producer of health statistics.

Hosted within the Centers for Disease Control and Prevention (CDC), NCHS produces information on such topics as chronic disease prevalence, health disparities, teen pregnancy, infant mortality, disproportionate maternal mortality among African American women, emergency room use, causes of death, and rates of insurance through a set of efficient, multipurpose data collection systems. The datasets which produce this information are used across the Federal government and

play an essential part in making up the nation's statistical and public health infrastructure. For example, NCHS health data is critical for helping officials better understand and confront some of our most pressing health concerns, including the opioid crisis and the spread of infectious diseases like COVID-19. Some common stakeholders that utilize this data include the Census Bureau to develop population estimates and projections; the U.S. Department of Agriculture to develop nutrition policies that guide multibillion dollar federal food assistance programs; state and local governments and public health officials; federal policymakers; and health services researchers.

Over the past decade, as our country has experienced the devastating opioid epidemic and now the COVID-19 pandemic, NCHS' budget was losing ground to inflation. It has lost \$23 million in purchasing power (in FY2010 dollars, \$27 million in FY2021 dollars.) The relatively flat-funding has also occurred as federal statistical agencies also face the challenge and increasing cost of declining survey response rates. Flat funding has also hampered the agency from taking advantage of the emerging opportunities presented by increased use of administrative records and non-federal data sources, more powerful processing tools, and research advances. The NCHS needs an increase to help retool its capabilities to meet its potential while continuing to maintain its high-quality and in-demand products.

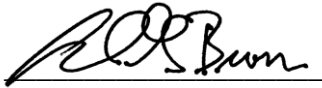
An increase to NCHS's appropriation would give the agency the funding it needs to do the following:

- **Collect the information needed to monitor health and health care and make it available when it is needed.** NCHS will build on its existing strong data collection systems by adopting new data collection methodologies and targeting new data sources including electronic health records that will expand the range of information available along with more timely data release. It will also support the modernization of states' vital registration systems, including electronic death registration and medical examiner case management systems.
- **Better understand the health our nation, including health disparities, to inform policies to improve our health and ameliorate these disparities.** By significantly expanding the NCHS Data Linkage Program of NCHS across HHS and other government data holdings, NCHS could amplify considerably the understanding provided by its data. NCHS has over the years shown the benefit in linking survey and vital registration data with CMS, SSA and HUD data holdings but has lacked the requisite support to take full advantage of these resources. By crosslinking among such data sets, as well as to economic, transportation, food, and education data sets, not only could we better understand our nation's health but delve into the many other factors affecting our health.
- **Expand data on underserved communities:** In response to the Executive Order on Advancing Racial Equity and Support for Underserved Communities, NCHS will expand the collection, analysis, and dissemination of information on underserved communities. NCHS data systems already allow for data to be disaggregated by race, ethnicity, gender, disability, income, veteran status, and other key demographic variables but sample sizes limit the ability to show data with the needed granularity on these characteristics as well as on the combination of characteristics needed to define the most marginalized groups. In addition to an expansion in data collection to address disparities and dissemination modalities will also be expanded to make the information more accessible to policy makers as well as other users.

- **Make data more easily accessible for policy formation, program monitoring, and research.** NCHS will restructure its data access platform so that information can be found easily and presented in a way that will address pressing questions about the range of health and health care concerns and in a form that can be easily used by decision makers at all levels of government in times of emergencies.

Thank you again for your attention to our request. With your support, NCHS will continue to shape our understanding of Americans' health with objective, relevant, accurate, and timely information.

Sincerely,



Anthony G. Brown
Member of Congress



Kathy Castor
Member of Congress

Member of Congress

/S/

Donald S. Beyer Jr.
Member of Congress

/S/

André Carson
Member of Congress

/S/

Peter DeFazio
Member of Congress

/S/

Ron Kind
Member of Congress

/S/

Lucy McBath
Member of Congress

/S/

Scott Peters
Member of Congress

/S/

Albio Sires
Member of Congress

/S/

Nydia M. Velázquez
Member of Congress