COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

July 27, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

I write today to express my strong concerns with the decision by the Department of Health and Human Services (HHS) to abruptly change the reporting process of key COVID-19 data previously provided to the Centers for Disease Control and Prevention (CDC). Amidst the ongoing pandemic, broad access to accurate and robust public health data remains more important than ever.

On July 10, HHS issued new guidance regarding where hospitals should report data on COVID-19. The guidance referred to the reporting of vital information in fighting the pandemic, such as Intensive Care Unit capacity, number of hospitalized COVID-19 patients, whether there are COVID-19 patients waiting for patient beds, age data, use of COVID-19 treatments, staffing, and personal protective equipment (PPE) data, among others. While hospitals previously reported this voluntary information to the CDC's National Healthcare Safety Network (NHSN), the guidance directed that such data now be reported to a database administered by a private contractor, TeleTracking, as well as state websites and Electronic Health Record portals. The guidance instructed hospitals to change their reporting structures within five days, as of July 15, 2020. Furthermore, despite existing regulations that require weekly reporting by post-acute medical facilities like nursing homes to the NHSN, the guidance seemingly directs post-acute care facilities to report their daily capacity and utilization data elsewhere.[1]

This hospital-reported data provides critical information on the COVID-19 spread and medical community capacity issues that guide key state and local decisions like testing sites, school openings, and other public health and economic decisions. Creating an entirely new data platform called HHS Protect and shifting the reporting of such data away from the CDC towards a private contractor, which HHS did not publicize before it was reported in *The New York Times,*[2] raises important questions about the accessibility and accuracy of such data going forward.

As you know, hospitals have extensive experience in reporting to NHSN and are required under Medicare to report infection information to NHSN.[3] Since March, hospitals have been

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[1] 42 CFR 483.80(g)(2) as added by https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
[2] https://www.nytimes.com/2020/07/14/us/politics/trump-cdc-coronavirus.html
[3] https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf

reporting their COVID-19 data to the NHSN, and the data on hospital capacity has been regularly updated as a downloadable dataset on the CDC website.

At a time when prompt access to data about the spread of COVID-19 and hospital capacity remains paramount, I worry that this decision and its associated implementation may erode public confidence in the integrity of available public health data. Any sort of political manipulation or efforts to withhold data related to COVID-19 is completely unacceptable. Accordingly, I request answers to the following questions by August 3, 2020:

1. How did HHS determine that no more than five days notice was sufficient to change the reporting protocol?

2. Given the short period in time between the new guidance issued and change in reporting protocol, what type of trainings or outreach have HHS or TeleTracking conducted with hospitals to ensure there were no gaps in reporting and that no reporting data have been lost?

3. How will HHS validate the data submitted by hospitals to HHS Protect going forward? If HHS identifies issues related to the data, how will corrections be implemented?

4. With the new data collection, is HHS using data collection procedures as directed by the Paperwork Reduction Act?

5. How does information collected through these portals relate to the distribution of Remdesivir at hospitals by the Federal government?

6. NHSN is a database that existed prior to COVID-19 and will exist post-COVID-19, but HHS Protect is a new website. What is the long-term plan with the data collected and displayed through this portal following the pandemic?

7. Given uncertainty related to the new guidance and existing regulations for reporting by post-acute medical facilities, can you please clarify how post-acute medical facilities are to report information about COVID-19?

Thank you, in advance, for your prompt attention to this matter.

Sincerely,

Richard E. Neal
Chairman
Committee on Ways and Means