

Center for Health Security

Response to the US Congress Request for Information (RFI) to reform and strengthen the Centers for Disease Control and Prevention (CDC), as submitted by the Johns Hopkins Center for Health Security

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Introduction

The Johns Hopkins Center for Health Security developed this document in response to Representative Mariannette Miller-Meeks' [Request for Information](#) (RFI) on how Congress can help to reform and strengthen the Centers for Disease Control and Prevention (CDC). The Johns Hopkins Center for Health Security believes that an adequately funded, appropriately authorized, and nimble CDC with a target mission is crucial to ensuring the public's health and maintaining community resilience.

Our recommendations draw heavily from our "Building the CDC the Country Needs," a report written under the auspices of The Center for Strategic and International Studies (CSIS) Commission Working Group on the CDC (linked [here](#)), which the Director of our Center co-authored with 38 signatories including experts on the CDC's state and local partners, pandemic preparedness, and policymaking.

Drawing from this report and the Center for Health Security's expertise, to improve the CDC we recommend that Congress:

- Establish a high-level executive branch-congressional-CDC dialogue on the CDC's future, implementing immediate reforms and consolidating long-term plans.
- Support the CDC's rapid engagement with key stakeholders in the guidance development process during an infectious disease crisis.
- Encourage the CDC to use rapid modes of communicating critical information with stakeholder communities during a crisis.
- Support the CDC as it changes its career incentive system into one that rewards operational excellence, experience, and speed in addition to scientific excellence.
- Provide budget flexibility and the capacity to move funding to crisis response operations in response to infectious disease crises that emerge.
- Provide new data authorities and contracting, administrative, and budget flexibilities to improve the speed and quality of data collection, sharing, and reporting.
- Ensure clarity around the CDC's roles and responsibilities in relation to other agencies with a crisis response element such as the Department of Defense (DOD), Federal Emergency Management Agency (FEMA), Department of Health and Human Services (HHS)/Administration for Strategic Preparedness and Response (ASPR), and US Agency for International Development (USAID).

RFI Response

The below comments reflect the Johns Hopkins Center for Health Security's RFI response to Representative Miller-Meeks. RFI headings without comments are not included.

Leadership Structure and “Moving Forward” Reorganization

Please provide information and recommendations on any additional reforms to CDC leadership or its governance structure that would ensure CDC carries out its mission and mandate with appropriate congressional oversight.

Congress should establish a high-level executive branch-congressional–CDC dialogue on the CDC’s future, implementing immediate reforms and consolidating long-term plans.

The Johns Hopkins Center for Health Security believes that a high-level executive-congressional dialogue should be initiated on the CDC’s future, implementing reforms and consolidating long-term plans. While the CDC is undertaking “Moving Forward” in an attempt to better protect the health of Americans, the majority of power to make large-scale changes to the CDC lies with the White House, HHS, and Congress. It is that executive-congressional axis that will be crucial if the CDC is ever to be reformed in a manner that promotes bipartisanship, accountability, and oversight.

The high-level executive-congressional dialogue should include the White House, the Secretary of HHS, the CDC Director, and appropriate senior figures from both parties in both the Senate and House. The executive-congressional dialogue should also plan for the long term. Key considerations for such dialogue, as stated in our [report](#), include:

1. The types of changes that were most useful in other agencies’ resets.
2. The type of external advisory group that will be the most valuable.
3. Options for streamlining the CDC’s budget, authorities, and accountabilities.
4. The level of CDC executive presence that is needed in Washington, DC.
5. How to develop a coalition of champions for the CDC that includes the private sector, the public sector, academia, and NGOs.

Good Guidance Practices

Please offer recommendations to improve the process for consideration, development, publishing, and updating guidance to ensure a more transparent, comprehensive, inclusive, and scientifically sound framework. Please include suggestions to ensure guidance is more easily accessible and comprehensible for intended audiences, including constituents, how best to communicate the science and evidence on which the guidance is based, as well as the legally binding nature, if any, of guidance. If applicable, please identify any specific examples of how CDC guidance was used as justification for actions at the state and local level.

Congress should support the CDC’s rapid engagement with key stakeholders in the guidance development process during an infectious disease crisis.

The Johns Hopkins Center for Health Security believes that Congress should support the CDC in its efforts to make 3 key changes to its guidance development process. Key changes stated in our [report](#) include:

1. **Establishing a transparent and brisk process for sharing draft guidance during emergencies in close cooperation with representatives of state and local public health agencies, the major public health partners with whom it closely works, and other elements of the federal government.** During a crisis, the CDC's guidance development process needs to move quickly to advise the public on steps they can take to protect against disease risks. Input from stakeholders should not delay or derail rapid consultation and release of appropriate guidance.
2. **Committing to a strategy of intensified outreach to state and local partners to create ongoing and continuous 2-way communications.** Critical partners in health departments nationwide should not be surprised by changes in guidance.
3. **Ensuring that guidance is understandable by the public and simple enough to follow.** The CDC should also be as clear as possible that guidance is based on the best available information, that more information is likely to become available, and that there is an unavoidable need for guidance to adapt and self-correct as more evidence and data are gathered in a crisis.

Morbidity and Mortality Weekly Reports Development

Are MMWRs an appropriate tool for communicating timely, scientific updates during a public health emergency?

No, MMWRs are not an appropriate tool for communicating timely, scientific updates during a public health emergency, unless they can be published the same day that new scientific updates occur, which is not the current practice.

As mentioned in our [report](#), the Johns Hopkins Center for Health Security believes that the CDC's practice of waiting for evidence that is more certain or waiting for data to be published first in the *MMWR* conflicts with the need to move rapidly in the face of uncertainty. During an emergency, the stakeholder community needs rapid access to the latest information. Congress should strongly encourage the CDC to use rapid modes of communicating critical information with stakeholder communities during a crisis.

Workforce Reform

This response answers 2 questions:

1. *Please describe how CDC's current workforce could be better utilized in the field to rapidly respond to public health emergencies and combat the current health care shortages.*
2. *As part of the "Moving Forward" changes, Dr. Walensky announced a desire to develop a more response-ready staff, trained and ready to respond in the event of a public health emergency. What elements do you think are key to ensuring success of such an initiative?*

1. Congress should support the CDC as it changes its career incentive system into one that rewards operational excellence, experience, and speed in addition to scientific excellence.

The Johns Hopkins Center for Health Security believes that the CDC's career incentive system should be updated to reward operational excellence, experience, and speed. As mentioned in our [report](#), the CDC's current career incentive system is too reliant on accomplishments that are reflective of academic and university systems, such as publication. However, the CDC is developing a new career incentive system that rewards operational excellence in outbreak response. The new system leans away from exclusively relying on academic accomplishments as metrics of career success, and **Congress should acknowledge and support the adoption of this new career incentive system and, if necessary, provide the CDC with necessary authorities or funding.** As the new system is implemented, rewards and pathways to promotion that rely on academic excellence should not be abandoned. Rather, the 2 pathways should exist simultaneously.

Congress should also direct the CDC to alter its process for infectious disease emergency deployments. Deployments should be expected and rewarded across the agency. This will help ensure that potential crisis leaders are adequately trained for their work, and the CDC will not have to rely on internal volunteers for its emergency response efforts. Additionally, **Congress should urge the CDC to invest in national security and public health cross-training for pandemic decision-makers.** Cross-trained leaders are highly effective in interagency decision-making efforts. This effort could be accomplished through the development of a larger Washington, DC staff presence, a dedicated cross-trained employee recruitment effort, and personnel exchanges with agencies focused on national security.

Congress should support the CDC in developing a global network of fully funded epidemic response leaders that are stationed in small teams around the world. This cadre of response leaders would strengthen the CDC's epidemic response efforts and ensure seamless collaboration with foreign partner nations. The CDC should also support the network of epidemic response leaders through regular drilling events and frequent engagement with regional partners.

2. Congress should provide budget flexibility and the capacity to move funding to crisis response operations in response to infectious disease crises that emerge.

The Johns Hopkins Center for Health Security believes that the CDC lacks the funds to support critical capacities to field a modern workforce at all levels. Budget flexibility and capacity should be ensured so that the CDC can effectively respond to an infectious disease crisis.

As mentioned in our [report](#), **2 potential paths for addressing the issue of budget flexibility are: (1) committing enough funds to cover the early phases of the CDC's emergency response efforts, such as by expanding the Infectious Diseases Rapid Response Reserve Fund; and (2) granting the CDC authority to redirect 3–5% of funds from other accounts that can only be used to respond to a crisis.** Congress should require the CDC to provide a clear accounting of which funds were redirected and what they were used for. The new CDC Cross-Cutting Public Health Infrastructure budget line should also be sufficiently funded so that state and local public health entities can build core disease-fighting capacities across disciplines with disease-agnostic funding.

As discussed in our [report](#), to ensure budget capacity, **Congress should develop a new annual funding mechanism for programs that are essential to public health defense, such as a Health Defense Operations budget designation which would exempt congressionally designated health security programs from the annual Budget Act § 302(a) spending allocation limits.** This new mechanism would allow a transition away from emergency supplementals to a more sustainable and predictable form of public health preparedness. The new mechanism could do away with the cycle of crisis and neglect that is too common in the field of public health. As part of this budget transition, Congress should request a Professional Judgment Budget without the need for OMB engagement or approval, as the NIH does for several programs, which would allow the CDC to clearly spell out what it forecasts, in the opinion of its scientific experts, as true requirements for pandemic preparedness and response (PPR).

Data and Surveillance

Please describe how CDC can improve their use of current data standards and authorities to collect reliable data to inform federal, state, and local public health decisions, decrease unnecessary redundancies and reporting burdens on partners, and reduce the number of stand-alone systems.

Provide new data authorities and contracting, administrative, and budget flexibilities to improve the speed and quality of data collection, sharing, and reporting.

The Johns Hopkins Center for Health Security believes that the CDC needs improved speed and quality of data collecting and reporting during a crisis. Accordingly, as recommended in our [report](#), we recommend that Congress facilitate the establishment of a uniform, single, national, accurate, actionable public health data reporting policy that standardizes data sets and delivery mechanisms. To achieve this, Congress should:

- 1. Provide the CDC with the data sharing authorities needed to fulfill its public health mission through a uniform, single, national, accurate, actionable public health data reporting policy.** Under such a system, appropriate entities would report public health data to the CDC/HHS depending on their access to and control over the requested data. Then CDC/HHS could make the data available to state and local authorities simultaneously, removing the burden on states and localities to establish separate requirements and mechanisms, and relieving the burdens on data providers to comply with the variable and duplicative requirements of today's patchwork system. To develop the public health data reporting policy, **the Public Health Safety Act (PHSA) section 310B should be amended to: (1) require that the public health data collected by CDC/HHS as per the Secretary's requirement is made available to state and local authorities simultaneously, removing the burden on states and localities to establish separate requirements and mechanisms; (2) ensure that clinical laboratories are not penalized for the inability to report certain information that was not received from the ordering healthcare provider; and (3) preempt state, local, and tribal public health agencies from imposing additional or different data reporting requirements than those established by the Secretary.**

2. **Provide the CDC with greater flexibility with respect to Paperwork Reduction Act (PRA) requirements during a public health emergency.** Current requirements under the PRA require the CDC to seek public comment and obtain OMB's approval before information can be collected from the public. These requirements can slow down the CDC's ability to respond during an emergency. Greater flexibilities should be granted to the CDC, including the ability to pursue a waiver even before the official declaration of a public health emergency, when early indicators of a crisis are observed. In those instances, Congress should release the OMB from enforcing these restrictions.
3. **Direct the CDC to integrate currently siloed surveillance systems.** Integrating these surveillance systems would ensure rapid visibility and confirmation of novel pathogens, analysis of emerging threats, and the development of concrete, actionable scenarios and options for policymakers. This effort will require improvements in wastewater surveillance systems, further investments in genome sequencing, further investments in epidemiology, and data sharing between jurisdictions and across sectors such as public health, clinical care, and clinical laboratories. Congress should ensure that the CDC works to make data sharing and standardization easy for states through its Data Modernization Initiative.

A related recommendation for data sharing generally, and more so to other federal agencies, is that **Congress should require the CDC to provide relevant data to other relevant government agencies in the bioattribution community, such as the Federal Bureau of Investigation, on a regular basis, rather than only in the instances in which HHS determines that such relevant government agencies should be consulted, in order to aid in the US government's posture change regarding deliberate misuse of biological agents.**

CDC Authorization

Please outline any suggestions or recommendations to formally authorize the CDC and its mission, responsibilities, structure, and activities, including any specific programs that should be authorized, or continue to be authorized, or any that are duplicative of currently existing efforts.

1. Clarify the CDC's core mission.

As discussed in our [report](#), the Johns Hopkins Center for Health Security believes that the CDC's core mission should be clarified with regards to its roles and responsibilities in relation to other agencies and reaffirmed with regard to its state and local duties. The CDC plays a critical role in preventing disease threats and building health capacity in partner countries abroad. Additionally, the CDC plays a critical role in helping state and local public health partners build health capacity domestically. However, the CDC is not meant to fill all operational roles in a crisis, rather it is tasked with combining its assets with other agencies that have operational capacities, such as DOD, FEMA, HHS/ASPR, and USAID. **The roles and responsibilities must be clarified among these institutions. This could be accomplished through congressional action in the upcoming Pandemic and All-Hazards Preparedness Act (PAHPA).**

2. **Congress should provide new data authorities and contracting, administrative, and budgetary flexibilities to improve the speed and quality of data collection, sharing, and reporting.**

The Johns Hopkins Center for Health Security believes that the CDC lacks several essential authorities, capabilities, and mechanisms to ensure fast and nimble responses to all major health threats, including those of the magnitude and duration of COVID-19. The CDC must move quickly at the first sign of a dangerous outbreak—even before an emergency has been officially declared. The CDC is expected to report the latest information and trends to the public while simultaneously managing rapidly developing crises at home and abroad. However, as noted in our [report](#), the CDC encounters 5 choke points during these efforts that Congress can act to improve:

1. Data-sharing inflexibility. For every new disease, the CDC must develop individual data use agreements with each state and myriad private entities to facilitate data sharing. To improve this burdensome process during an emergency, **Congress should grant the CDC data-sharing authorities.**
2. Data collection bottlenecks. The CDC experiences challenges collecting new information from state and local entities because of the strictures of the Paperwork Reduction Act (PRA). To improve the CDC's intelligence posture, **Congress should loosen restrictions imposed on the CDC by the PRA during a crisis.**
3. Contracting inflexibility. The CDC does not have the flexible contracting capability that other agencies have, called Other Transaction Authority (OTA). To provide the CDC with a more nimble and flexible contracting process, **Congress should authorize the CDC to use OTAs.**
4. Budget inflexibility. As mentioned under the "Workforce Reform" heading, **Congress should ensure that the CDC has budget flexibility for crisis response.**
5. Budget capacity. To empower the CDC to fulfill the demanding and expansive roles it is expected to play, **Congress should ensure that the CDC has an adequate budget.**