Dear Chair Aderholt, Chair Baldwin, Ranking Member DeLauro, and Ranking Member Capito,

As Friends of NCHS, we write to thank you for the subcommittee’s support for the National Center for Health Statistics in recent years. Through its data collection and analysis, NCHS provides enormous value to researchers and policymakers at all levels of government. To that end, the undersigned organizations respectfully request an appropriation of $220 million for NCHS in Fiscal Year (FY) 2025. This increased funding will strengthen the agency’s ability to provide unbiased, timely health data to policymakers and reinforce the Center’s role as the world’s gold-standard producer of health statistics.

The enclosed Friends of NCHS FY25 priorities document details specific areas in which additional investment will help NCHS enhance its work. The U.S. emerged from the COVID-19 pandemic with a renewed understanding that timely, frequent, and granular data on America’s health and health care are essential to guide the public policy decisions that protect and improve our nation’s health. With additional funding, NCHS will be able to modernize and diversify its data collection efforts and more quickly provide meaningful information to policymakers, public health officials, providers, patients, and scientists who rely on NCHS data. NCHS could also better support the work of coroners and medical examiners whose death certificates are fundamental to the NCHS Vital Statistics System, as explained in this document, Saving Lives through Better Understanding of Deaths.

The Friends of NCHS greatly appreciates the House and Senate Subcommittees’ long-standing support of NCHS and we look forward to continuing to work with you. Again, we respectfully
request an appropriation of $220 million for NCHS in FY 2025. Thank you for supporting this essential agency and its role in monitoring the health of our nation. If you have questions or wish to discuss this issue, please reach out to Steve Pierson, Director of Science Policy at the American Statistical Association and Chair of the Friends of NCHS at spierson@amstat.org.

Academic Pediatric Association
Academy of Nutrition and Dietetics
AcademyHealth
Advocates for Better Children’s Diets
American Academy of Pediatrics
American Anthropological Association
American Association for Dental, Oral, and Craniofacial Research
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association on Health and Disability
American College of Clinical Pharmacy
American College of Obstetricians and Gynecologists
American Educational Research Association
American Heart Association
American Pediatric Society
American Physical Therapy Association
American Psychological Association Services
American Public Health Association
American Society for Clinical Pathology
American Society for Nutrition
American Society for Reproductive Medicine
American Society on Aging
American Sociological Association
American Statistical Association
Association for Diagnostics and Laboratory Medicine
Association for Professionals in Infection Control and Epidemiology
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Population Centers
Association of Public Data Users
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
Consortium of Forensic Science Organizations
Consortium of Social Science Associations
Council of Professional Associations on Federal Statistics
Federation of Associations in Behavioral and Brain Sciences
Foundation for Sarcoidosis Research (FSR)
Healthy Teen Network
ICPSR, the data consortium
International Association of Coroners and Medical Examiners (IACME)
Lakeshore Foundation
March of Dimes
Naphsis
National Association of Medical Examiners
National Association of Pediatric Nurse Practitioners
National Family Planning & Reproductive Health Association
National League for Nursing
National Safety Council
Pediatric Policy Council
Population Association of America
Power to Decide
Prevent Blindness
RTI International
Safe States Alliance
Society for Maternal-Fetal Medicine
Society for Pediatric Research
Society for Women's Health Research
Well-Being and Equity (WE) in the World Institute
Worldwide Hospice Palliative Care Alliance
USA
Invest in the future of US health statistics: The case for funding the National Center for Health Statistics (NCHS) at $220 million in FY25

NCHS’ Two Overarching Drivers for Innovation and Investment

1. Data-user demand for
   a. More real-time data to inform core indicators of health and healthcare and be prepared for the next public health crisis;
   b. More granular data on key population subgroups including those defined by age, gender, race and ethnicity, socioeconomic status, disability, and geographic area;
   c. Data on health and healthcare equity especially in regard to the immediate and long-term consequences of the COVID pandemic; and
   d. Expanded information on social determinants of health and healthcare, including economic stability, healthcare quality/access, education, community context, and physical environment.

2. NCHS challenges/threats
   a. Existing programs will become outdated in terms of topics covered, methodology, and technology due to a 21% loss of purchasing power since FY10. This has reduced the scope of NCHS data collections and made significant methodological and technology improvements impossible when they are most needed.
   b. Declining response rates require additional investment in data collection methods and new technologies that not only improve response but also allow for the determination and correction of non-response bias. Investments are needed to support research in a variety of areas to improve data quality, granularity, and timeliness.
   c. To capitalize on the Data Modernization Initiative (DMI) investments in NCHS’ vital statistics program, continued investment is necessary to expand reporting on maternal health, high risk births, and fetal deaths, improve cause of death ascertainment and expand NCHS’ support of DMI-funded state vital records systems modernization and other state data modernizations efforts.

THE CHALLENGE: NCHS must fulfill demand for new data products that are more real-time, higher frequency, and more granular while maintaining its current data products.

NCHS data have long been the gold standard for measuring health status and changes in health outcomes for the most vulnerable and identifying emerging health issues for the nation. To remain so and to meet evolving data needs, NCHS’ statistical systems need to be overhauled over the next several years. NCHS’ challenge is to continue to provide data products while the necessary wholesale changes take place. Without funds to innovate in a significant way, NCHS is left to innovate around the edges to try to maintain quality.
The Friends of NCHS recommend a minimum of $220 million in FY25. The $33 million increase over the FY24 level, which partially restores NCHS to its FY10 level when adjusted for inflation, could be used in the following ways:

1. **Expand the content, granularity, and timeliness of data products**: More granular and timely data products are needed including those that identify key social determinants of health and health disparities. With additional resources, NCHS could increase sample sizes in the agency’s signature surveys, including the National Health Interview Survey and Health and Nutrition Examination Survey, to produce stable subgroup estimates. Funding is also needed to support the new NCHS Rapid Surveys System, which will collect data on emerging public health topics, attitudes, and behaviors to meet decision makers’ need for time-sensitive data while maintaining data quality. New staff would also be necessary to develop and implement the range of data products that NCHS will be able to release on a more rapid basis. An increased investment of **$11 million** is requested for data collection, research, and staffing.

2. **Saving lives through better understanding of deaths**: Increased investment is required to support a fully modernized vital statistics system capable of tracking critical mortality trends, such as opioid overdoses, and maternal infant mortality. Production of timely mortality data depends on the thousands of medical examiners and coroners who report on unnatural and unexpected deaths. The recently created Coordinating Office of Medical Examiners and Coroners gives NCHS the opportunity to increase the quality of the information provided by these all-too-often under-resourced offices. An increased investment of **$7 million**, will support these offices, improve vital records sharing with jurisdictions and advance the timeliness of data through research, staffing and systems development. Read more here: Saving Lives through Better Understanding of Deaths: NCHS better supporting medical examiners and coroners.

3. **Electronic Health Records**: Data collections based on existing Electronic Health Records (EHRs) provide a great resource to better understand care provided by the US healthcare system at the national, state, and local level, but investments are needed to harness this resource through more real-time interpretability. An increased investment of **$11 million** is recommended to support EHR purchasing, staffing, research, and cloud migration.

4. **Expand data linkage and modeling**: The usefulness of data obtained through surveys and from administrative systems is substantially increased when linked, especially when examining the impact of social determinants of health. The growing need for information on the drivers of health differences across the U.S. population also call for more investment in modeling. Expansion of NCHS’ linkage program and Investment in modeling would support the use of predictive analytics and produce estimates of health differences at smaller geographic areas, thereby helping CDC and HHS to target resources more effectively and efficiently. An increased investment of **$4 million** is recommended to support research, staffing and privacy protection.

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<th>How the 4 components of the $220 million recommendation meet NCHS needs and challenges</th>
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