The Federal Government Should Lead a Strong and Capable National Public Health System

Recommendations from the Commonwealth Fund Commission on a National Public Health System

The Commonwealth Fund

Recommendation #1:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should develop and coordinate strategies to address core areas of public health infrastructure: data, workforce, laboratories, and procurement.		
HHS should develop a comprehensive approach to public health data, joining traditional and novel data sources.		end of 2022
Congress should grant HHS and its agencies the authority to establish and enforce standards and implementation specifications for data collection, interoperability, and exchange with and among state and local health authorities and private health care entities.*	√	end of 2022
Congress should provide necessary funding to support a modern public health IT system.	√	end of 2024
As part of its work on public health data, HHS should tap the expertise of the CDC, the Office of the National Coordinator for Health Information Technology, the Centers for Medicare and Medicaid Services, other agencies, and the private sector. Consistent with the recommendations of a recent Government Accountability Office report, HHS should develop clear and transparent metrics and timelines for creating a modern public health data infrastructure.		end of 2022
For all programs supported by the department, HHS should require the collection of data on race, ethnicity, and geography, including from states, localities, tribes, and territories.*	√	end of 2024

** Requirement tied to appropriations.*

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	HHS should oversee the development of a comprehensive workforce strategy consisting of investments in the state, local, tribal, and territorial public health workforce and several fundamental workforce initiatives.		end of 2024
	HHS should expand and modernize its workforce programs to make it possible to detail more federal staff to state, local, tribal, and territorial agencies. This effort should include the Epidemic Intelligence Service and the U.S. Public Health Service Commissioned Corps. Its dual goals should be to expand the workforce and expertise available to health departments while improving the development, coordination, and implementation of federal programs as these staff rotate back to their HHS agencies. HHS should promote diversity in this effort, alongside training on effective community engagement strategies. A companion program should bring state, local, tribal, and territorial personnel to the federal government.†	√	end of 2024
	HHS should support efforts, such as community health worker programs, that broaden the roles and career paths for local community members who are eager to contribute to health improvement. These efforts should include collaboration with Department of Labor training programs.	√	end of 2024
	HHS should establish a national continuing education and training system for public health, in coordination with schools and programs of public health and together with state, local, tribal, and territorial health partners. To promote multisector collaboration, this system should also address education of personnel in agencies outside the traditional boundaries of public health such as education, housing, and criminal justice. Over time, health departments could use this system to credential individuals for particular roles.	√	end of 2024
	HHS should lead the establishment of a modern public health laboratory system, outlining key roles for CDC, FDA, CMS, other agencies, private laboratories, and, critically, state public health laboratories.*	√	end of 2024

*† Administrative action required. * Requirement tied to appropriations.*

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	This laboratory modernization program should define the minimum capabilities for public health laboratories; a framework for collaboration and coordination with academic and private laboratories; and a set of expectations about data sharing, linkage to clinical data, and collaboration across the system.*	√	end of 2024
	Congress should provide HHS, through the FDA, with the authority to regulate novel technologies for home testing.**		end of 2022
	HHS should develop a genomic pathogen database that is accessible to state and local public health laboratories and relevant to emerging respiratory diseases as well as responsive to other challenges such as food safety.	√	end of 2024
	To improve procurement, HHS should make it easier to purchase key supplies across the federal government, states, localities, tribes, and territories. It should also take steps to prevent competition for scarce resources among these entities, which has previously led to maldistribution and higher prices.		end of 2024
	HHS should create a federal procurement schedule that permits health departments (if they so choose) to procure personal protective equipment and other high-quality products at lower cost when needed.		end of 2024
	Congress should authorize HHS to establish a reliable process for identifying and distributing equipment that is vital to meeting public health threats.**	√	end of 2022

** Requirement tied to appropriations. ** Statutory change.*

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Recommendation #2:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should designate a leader for the national public health system.		
Congress should create a new position, such as an undersecretary for public health, to elevate this function and more closely mirror the structure of other large federal departments. However, given the urgency of developing a national public health system, HHS should, under existing statutory authority, reconfigure and support the position of Assistant Secretary for Health to serve in this role. (For clarity, this report refers to the Assistant Secretary as the leader of the national public health system.)**		end of 2022
The Assistant Secretary's role should be to oversee and coordinate issues that deeply involve the national public health system. It should not be operational or extend to all the work of HHS's agencies.		end of 2022
The Assistant Secretary's role should be visible and accountable, providing timely explanations of ongoing work and measurement of progress. Key projects should be clearly defined and articulated and should have timelines for completion and reporting (within and outside HHS).		end of 2022
To maintain trust in public health agencies that serve the nation, the Assistant Secretary should focus on efforts that advance public health. To achieve this goal, policies should be established that prevent inappropriate interference, as recently recommended by the GAO and discussed further in Section D of this report.		end of 2022

*** Statutory change.*

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Within one year, the Office of the Assistant Secretary should be fully resourced and staffed to meet its new responsibilities. Until such time, HHS should detail staff with expertise in these issues and support their work across the department.		end of 2022
Congress should provide reserve funding for HHS that can be immediately available in case of a public health emergency, as well as mechanisms to reallocate existing funding for the duration of the crisis.	√	end of 2022
The HHS Secretary should rely on the Assistant Secretary to move resources consistent with available transfer authority to support critical public health projects, such as the urgent monitoring of emerging threats.		end of 2022
The Assistant Secretary should review and approve agency budget components that pertain to coordination of the core areas of data, workforce, laboratories, and procurement, as well as other cross-cutting priorities. Agencies should be held accountable for their execution, so that critical strategies are funded and implemented, and redundancy is minimized.		end of 2022
The Assistant Secretary should establish a national council with broad representation from state, local, tribal, and territorial health departments to coordinate with federal public health efforts.		end of 2022
The role of the Assistant Secretary should complement those of the Assistant Secretary for Preparedness and Response and the Surgeon General.		end of 2022
The Assistant Secretary should be an experienced public health leader. And whenever new people are considered, HHS should ask a respected scientific authority, such as the National Academies of Science, Engineering, and Medicine, to review and assess the qualifications of candidates.		end of 2022

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Recommendation #3:	FUNDING NEEDED? *$10M+*	TIME FRAME
The President should reconvene the National Prevention and Public Health Council to coordinate cross-governmental efforts to advance health and equity.†		
Collectively, the White House Policy Councils and OMB should support HHS by ensuring there is consistent, rather than episodic, federal coordination of a national public health system.		end of 2022
As part of this coordination effort, HHS should work with other federal departments and agencies to ensure there is sufficient public health expertise within those entities and coordination of key efforts.		end of 2024
In support of the National Prevention and Public Health Council's work, and to highlight the contributions of multiple federal agencies to public health, OMB should develop a "cross cut" that tabulates public health expenditures within the federal budget, including those corresponding to top public health priorities and core infrastructure areas.		end of 2024

Recommendation #4:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should be transparent and accountable in its leadership of a national public health system.		

† Administrative action required.

Congress Should Provide Stable Support Matched with Expectations for States, Localities, Tribes, and Territories to Protect the Health of Their Populations

The Commonwealth Fund

Recommendations from the Commonwealth Fund Commission on a National Public Health System

Recommendation #5:	FUNDING NEEDED? *$10M+*	TIME FRAME
Congress should provide an adequate and reliable source of federal public health funding to states, localities, tribes, and territories to support a modern public health infrastructure. This funding, estimated at an additional $4.5 billion annually beyond the IT investments discussed earlier, should be sufficient for every person to be protected by a public health system that delivers on the foundational public health capabilities. Existing funding should be raised to this level over a multiyear period as health departments build their capacity.		
Congress should provide this funding in a form that is guaranteed year to year and should be "mandatory" rather than, "discretionary."	√	end of 2024
HHS should require states to share a certain percentage of federal public health infrastructure funds with local health departments that are not directly funded by the federal government. This percentage should be commensurate with population size, adjusted for appropriate measures of social vulnerability and equity.*	√	end of 2024
The federal public health infrastructure funding should be distributed directly to local jurisdictions above a certain size (for example, 500,000 people) with expectations of coordination among state and local grantees.	√	end of 2024
A maintenance of effort should be required: Funding should not supplant current federal, state, or local investments in public health.	√	end of 2024

** Requirement tied to appropriations.*

Congress Should Provide Stable Support Matched with Expectations for States, Localities, Tribes, and Territories to Protect the Health of Their Populations

The Commonwealth Fund

Recommendations from the Commonwealth Fund Commission on a National Public Health System

Recommendation #6:	FUNDING NEEDED? *$10M+*	TIME FRAME
In exchange for increased congressional funding for public health infrastructure, states should meet revised accreditation standards and performance requirements demonstrating that foundational capabilities protect every resident.*		
The revised accreditation standards for states should ensure that every resident in the state is served by these foundational capabilities, regardless of the division of labor between the states and localities, and regardless of whether local health departments themselves are accredited.*	√	end of 2024
States should follow best practices regarding the size and scope of effective health departments in their jurisdictions to enhance efficiency and reduce duplication in the delivery of public health services.		end of 2024
States should coordinate public health capabilities and resources across jurisdictions within their borders and gather support from different sectors to achieve critical health goals.		end of 2024
The accreditation process should assess the legal authority of state and local health departments. Accreditation should be accompanied by a statement of whether states have necessary authority to protect the public during emergencies, as well as whether state health departments have the authority to remediate deficiencies when local health departments are unable to achieve accreditation.*	√	end of 2024
Through performance requirements that are associated with federal public health infrastructure funding (and other relevant grants), the federal government should also set specific expectations and measurable outcomes with regard to core elements of the national public health system.*	√	end of 2024

** Requirement tied to appropriations.*

Congress Should Provide Stable Support Matched with Expectations for States, Localities, Tribes, and Territories to Protect the Health of Their Populations

The Commonwealth Fund

Recommendations from the Commonwealth Fund Commission on a National Public Health System

Recommendation #7:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should use multiple funding mechanisms to support and incentivize states, localities, tribes, and territories to move toward, and ultimately achieve, this new and revised accreditation standard.		
HHS should give recipients of infrastructure funding three years to achieve accreditation under the revised standards. Following the transition period, which would include the provision of training and technical assistance to support health departments in achieving accreditation, HHS should condition additional public health infrastructure funding for health departments on accreditation, unless the funds are used under a supervised remediation plan designed to achieve accreditation. HHS should study approaches for remedying deficiencies in the instance that a health department does not adopt or successfully implement a remediation plan.	√	2025 and beyond
HHS should provide state, local, tribal, and territorial grantees that are accredited with greater flexibility in how they spend all categorical federal public health funds, across its agencies.		2025 and beyond
HHS should also provide special funding opportunities for accredited health departments, including through set-asides for innovative efforts within existing programmatic funding.	√	2025 and beyond
HHS should permit states, localities, tribes, and territories, as part of their accreditation process, to contract with third parties (such as academic institutions, public health institutes, or other nonprofits) to deliver some of the foundational capabilities. For example, health departments can use such contracts when a government agency cannot hire new staff quickly enough, or when a department wishes to contract with an academic institution for epidemiology capacity.		2025 and beyond

Congress Should Provide Stable Support Matched with Expectations for States, Localities, Tribes, and Territories to Protect the Health of Their Populations

Recommendations from the Commonwealth Fund Commission on a National Public Health System

	HHS should consider accreditation status in granting CMS waivers and plan amendments that relate to population health goals, including Section 1115 waivers.†		end of 2024
	HHS should offer increased federal medical assistance payment through Medicaid and the Children's Health Insurance Program (CHIP) for states that have accredited health departments. The additional funding should be used to coordinate these two health coverage programs with public health efforts to achieve population health goals. CMS should provide a path for Medicare to participate in these efforts.**	√	2025 and beyond

*† Administrative action required. ** Statutory change.*

The Health Care System Should Work Closely with Public Health Agencies in Normal Times and During Emergencies

Recommendations from the Commonwealth Fund Commission on a National Public Health System

The Commonwealth Fund

Recommendation #8:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should lead a comprehensive initiative to share health care data for public health purposes, with strong privacy protections, working through CMS and other agencies.		
HHS should share deidentified data for public health planning and assessment.		end of 2022
HHS should facilitate sharing of reportable public health data from electronic health record (EHR) systems to accredited health departments.		2025 and beyond
HHS should generate capacity for sharing identifiable health data between health care providers and state, local, tribal, and territorial health departments (with strong privacy protections) to accomplish public health goals with the support of local communities.	✓	end of 2024
HHS should prepare for sharing essential public health data during emergencies.		end of 2022

The Health Care System Should Work Closely with Public Health Agencies in Normal Times and During Emergencies

Recommendations from the Commonwealth Fund Commission on a National Public Health System

The Commonwealth Fund

Recommendation #9:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should promote the engagement of health care personnel in public health efforts.		
HHS should provide support for training, cross-training, and exchanges among public health departments and health care systems to build stronger relationships across entities and strengthen reserve corps for public health emergencies.	√	end of 2024
HHS should add flexibilities and incentives to current programs that support graduate education in medicine, nursing, and other health professions to increase education in public health.		end of 2024
HHS should create incentives to provide training and support to health workers who live in the most socially vulnerable communities so that they can conduct outreach and educate residents.		end of 2024
To the extent permitted by law, HHS should add requirements for managed care plans in Medicare Advantage, Medicaid, and the Children's Health Insurance Program (CHIP) to have core public health competencies at the leadership level, and to participate in the design and execution of community health needs assessments and follow-on actions.†		end of 2024
HHS should explore ways to use innovative payment mechanisms under value-based purchasing arrangements to encourage health care organizations to partner with their local public health agencies.	√	end of 2024

† Administrative action required.

The Health Care System Should Work Closely with Public Health Agencies in Normal Times and During Emergencies

Recommendations from the Commonwealth Fund Commission on a National Public Health System

The Commonwealth Fund

Recommendation #10:	FUNDING NEEDED? *$10M+*	TIME FRAME
Health systems, hospitals, community health centers, and other federally supported health care organizations should be expected to contribute to public health activities in normal times and during emergencies.		
HHS should build on successful models of collaboration used during the pandemic and identify a consistent set of expectations for hospitals and health care systems to participate in state and local public health efforts.†		end of 2024
HHS should build on their critical contributions during the pandemic and establish capabilities and requirements for community health centers and certified community behavioral health clinics to participate in public health activities at the local level.		end of 2024
HHS should establish a Chief Public Health Officer position within CMS.		end of 2022
To the extent permitted by law, HHS should set requirements for Medicare, Medicaid, and CHIP managed care plans to support state and local public health efforts.†		end of 2024
HHS should work with the IRS to clarify requirements for community-benefit activities for nonprofit health care systems to maintain their tax-exempt status.†		end of 2024

† Administrative action required.

Public Health Agencies Should Work to Earn the Public's Trust

Recommendations from the Commonwealth Fund Commission on a National Public Health System

The Commonwealth Fund

Recommendation #11:	FUNDING NEEDED? *$10M+*	TIME FRAME
All levels of a national public health system should commit to effective, meaningful, and representative community engagement as a core feature.		
HHS should promote diversity and community representation on all federal health advisory committees, as well as policies for these committees to conduct extensive engagement to understand the perspectives of those who are most affected.		end of 2024
HHS should provide technical assistance to federal grant applicants from underserved communities under each Notice of Funding Opportunity. This will increase the diversity of the applicant pool and ensure that federal assistance reaches eligible organizations and communities in an equitable manner.		end of 2024
HHS should provide, as part of core federal public health infrastructure funds, dedicated funding to build and sustain the capacity of community-based organizations to address public health priorities, guide local data collection, and participate in decision-making.	√	end of 2024
HHS should strengthen the definition of "community partnership development" in public health accreditation to require collaboration with community organizations and opportunities for community involvement in decision-making.		end of 2024

Public Health Agencies Should Work to Earn the Public's Trust

Recommendations from the Commonwealth Fund Commission on a National Public Health System

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Recommendation #12:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should promote stronger multisector partnerships to address basic needs related to health.		
HHS should build into core federal public health infrastructure funds and other relevant grant programs specific program standards or expectations that grantees work across sectors, where appropriate.	√	end of 2024
The Office of Management and Budget (OMB) should create mechanisms across HHS grant programs and those of other federal agencies (such as the Departments of Agriculture and Transportation, and the Environmental Protection Agency) to coordinate grant funding that addresses the drivers of health.†		end of 2024

Recommendation #13:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should lead an effort to modernize public health communications and address misinformation and disinformation.		
HHS should advance strategic communications approaches that provide coordinated, consistent, accurate, timely, and easy-to-understand messaging about key public health issues across a range of platforms, including social media, to state, local, tribal, and territorial health officials, their community partners, and other trusted messengers. These approaches should follow well-established risk communications principles.		end of 2022
HHS should provide training and technical assistance for states, localities, tribes, territories, community-based organizations, and trusted messengers on developing effective communications and community-engagement strategies. These efforts should include effective methods to explain core scientific concepts and translate public health messages to a broader audience (such as the Public Health Reaching Across Sectors, or PHRASES, initiative).		end of 2022

† Administrative action required.

Recommendation #14:	FUNDING NEEDED? *$10M+*	TIME FRAME
HHS should lead in creating conditions for ethics and integrity in public health activities.		
HHS should establish an ethics framework for the national public health system that acknowledges past failures and lays a stronger foundation for training, engagement, and collaborative work.		end of 2022
HHS should charge an independent group, such as the National Academies of Sciences, Engineering, and Medicine, with developing a model law to provide protections for federal, state, local, tribal, and territorial public health leaders in case of inappropriate interference with core public health functions or other actions that demonstrate a lack of integrity in public health activities, and with providing recommendations to prevent such instances.		end of 2024
HHS should implement recent Government Accountability Office (GAO) recommendations regarding scientific integrity policies and procedures for the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), CDC, FDA, and NIH, including those related to political interference.		end of 2022
HHS should improve transparency and communication regarding data and other information that informs key policy decisions, including direct engagement with state, local, tribal, and territorial health departments. This could be part of the council process described in Section A and would include opportunities for advance understanding and exchange with public health leaders across the country.		end of 2024