December 23, 2025

Stacy Murphy
Deputy Chief Operations Officer / Security Officer
Office of Science and Technology Policy
Submitted via www.regulations.gov

Subject: Response to Notice of Request for Information; Accelerating the American Scientific Enterprise (Docket ID: OSTP-TECH-2025-0100)

Dear Ms. Murphy:

On behalf of Trust for America's Health (TFAH), thank you for the opportunity to respond to the Office of Science and Technology Policy (OSTP) Request for Information on accelerating the American scientific enterprise. TFAH is a nonprofit, nonpartisan public health policy, research, and advocacy organization dedicated to promoting optimal health for every person and community and making the prevention of illness and injury a national priority. To these ends, TFAH urges OSTP to support a comprehensive, cross-cutting public health endeavor aligned with the RFI's core themes: strengthening the foundations of the U.S. scientific enterprise; ensuring sustained, coordinated, and equitable investment; accelerating translation and deployment of innovation; and building a resilient workforce and governance structure.

Public Health Infrastructure as the Foundation of Scientific Leadership

The American scientific enterprise cannot thrive without robust, stable, and resourced public health infrastructure. Public health systems—including research, surveillance, laboratories, and data collection—are the indispensable foundation upon which health-related scientific and technological breakthroughs are built and validated. Unfortunately, chronic underfunding of public health left the nation prior to the COVID-19 pandemic, understaffed by approximately 80,000 state and local public health workers, struggling with outdated data systems and hamstrung by insufficient laboratory capacity.[1] Even after the pandemic, these deficiencies persist across many states and communities, limiting our ability to respond to outbreaks, natural disasters, and chronic disease prevention. As documented in our *Public Health Infrastructure in Crisis* report, budgetary and workforce cuts across the U.S. Department of Health and Human Services this past year have destabilized this foundation by eliminating thousands of positions, closing specialized laboratories, and terminating over $12 billion in grants that modernized data systems and maintained the foundational capacity to prevent, prepare for, and respond to health crises.[2]

[1] McKillop M, Lieberman D, Farberman R. Public Health Infrastructure in Crisis. Trust for America's Health. September 2025. https://www.tfah.org/report-details/funding-report-2025/
[2] McKillop M, Lieberman D, Farberman R. Public Health Infrastructure in Crisis. Trust for America's Health. September 2025. https://www.tfah.org/report-details/funding-report-2025/

Public health data and surveillance is foundational to scientific innovation in the United States. Data systems and public health laboratories give researchers vision into emerging health threats and trends, identify populations at risk for illness, and conduct surveillance when new medical treatments or therapies are introduced. The Data: Elemental to Health campaign estimates that at least $7.84 billion is needed over the next five years to strengthen public health data collection and reporting at the state and local levels.[3]

We urge OSTP to recognize that scientific leadership requires sustained investment in core public health capabilities. TFAH recommends that OSTP prioritize investments in public health infrastructure as a cross-agency scientific priority by:

- Supporting interoperable, secure, and standardized data systems across federal, state, local, tribal, territorial, and private sector partners;
- Reducing administrative burden on researchers and practitioners through automation and harmonization of reporting requirements;
- Supporting funding and infrastructure for modernized disease and injury detection, tracking,- and forecasting capabilities across the country through programs such as the Centers for Disease Control and Prevention's (CDC) Advanced Molecular Detection Program, Public Health Data Modernization, epidemiology and laboratory capacity, wastewater surveillance, and the Center for Forecasting and Outbreak Analytics; and
- Ensuring that data systems and national health surveys, which inform the work of scientific researchers, are supported and capture critical health information to inform population health trends, target interventions, and measure program impact.

Translating Health Research into Practice

In addition, we encourage OSTP to accelerate the translation of science-backed disease prevention research into practice. Biomedical research, public health, and healthcare work in tandem to develop, evaluate, and implement prevention strategies. For example, the National Diabetes Prevention Program (DPP) began in 1996 with a randomized clinical trial through the National Institutes of Health, which evaluated the effectiveness of lifestyle intervention compared to medication on reducing the risk of type 2 diabetes. Due to research that found these interventions were cost-saving or very cost-effective, Congress authorized CDC to establish the National DPP, awarding grants to enroll high-risk populations. In 2016, the Centers for Medicare and Medicaid Services finalized a rule to expand coverage of National DPP for Medicare beneficiaries.[4] OSTP should explore mechanisms to streamline the process of bringing evidence from initial research into medical and public health practice.

Medical Countermeasures and Biodefense

As documented in our annual *Ready or Not* report, TFAH strongly supports accelerating the development, stockpiling, and distribution of medical countermeasures as one of the nation's

[3] Data: Elemental to Health cost estimate. In *Council of State and Territorial Epidemiologists*. www.cste.org/resource/resmgr/data_modernization/DMI_Costs_One_Pager_FINAL_3-.pdf
[4] Key National DPP Milestones. Centers for Disease Control and Prevention. May 15, 2024. https://www.cdc.gov/diabetes-prevention/programs/milestones.html

primary scientific goals to neutralize the risk of known and unknown health threats.[5] Key to this strategy, the medical countermeasures enterprise within the Administration for Strategic Preparedness and Response (ASPR) has accelerated the development of medical products, vaccines, and diagnostic tools to address future biological threats. Funding to ASPR also helps boost domestic manufacturing of active pharmaceutical ingredients to prevent supply-chain disruptions and reliance on foreign supply markets.[6]

ASPR's mission directly supports the translation of scientific discoveries from academia, national laboratories, and other research institutions into practical applications. To maintain U.S. science and technology leadership and strong national biodefense, TFAH recommends increased funding and support for the medical countermeasures enterprise from initial research through distribution and dispensing through the Strategic National Stockpile.

Funding Stability and Governance

The RFI emphasizes the importance of efficient, reliable systems to support scientific research and innovation. TFAH's *Public Health Infrastructure in Crisis* report demonstrates that funding instability—through delayed apportionments, impoundment, clawbacks, and short-term emergency appropriations—directly undermines scientific productivity and preparedness.[7] Regional innovation ecosystems that connect local businesses, universities, educational institutions, and the local workforce depend on stable funding. Disruptions and uncertainty hamper the formation and scaling of these innovation partnerships and, consequently, weaken the nation's ability to address both chronic and emerging diseases. Given this, TFAH recommends the following:

- Federal agencies should spend all appropriated funds promptly, as required by the Impoundment Control Act;
- Congress should establish permanent, mandatory, or multi-year funding streams to end the boom-and-bust cycle of public health and preparedness appropriations at the CDC and across HHS; and
- Congress and the administration should maintain and strengthen the structure and capabilities of federal health agencies and only make changes following a bipartisan and collaborative process.

Workforce and Collaboration

The scientific enterprise depends on people. Workforce reductions, hiring freezes, and uncertainty across HHS and other federal agencies have eroded institutional knowledge and reduced the federal government's ability to support public and private research and

[5] McKillop M, Farberman R, Lieberman D. Ready or Not 2025. Trust for America's Health. March 2025. https://www.tfah.org/report-details/ready-or-not-2025-protecting-the-publics-health-from-diseases-disasters-and-bioterrorism/

[6] McKillop M, Farberman R, Lieberman D. Ready or Not 2025. Trust for America's Health. March 2025. https://www.tfah.org/report-details/ready-or-not-2025-protecting-the-publics-health-from-diseases-disasters-and-bioterrorism/

[7] McKillop M, Lieberman D, Farberman R. Public Health Infrastructure in Crisis. Trust for America's Health. September 2025. https://www.tfah.org/report-details/funding-report-2025/

implementation nationwide. Government scientists, engineers, and skilled technical workers who lack job security cannot deeply collaborate, share their theoretical and applied expertise with other public and private experts, or better integrate training pathways that will lead to breakthrough research in such an uncertain environment. TFAH's *Ready or Not* report details how preparedness and resilience are directly linked to workforce capacity, mobility, stability, and well-being.[8]

TFAH recommends that OSTP prioritize:

- Rebuilding and sustaining the federal public health and research workforce, including scientists, epidemiologists, laboratorians, and data experts; and
- Expanding programs to recruit and train the next generation of public health and scientific leaders drawn from and working in rural, urban, and tribal underserved communities. Such programs include the Epidemic Intelligence Service, the Public Health Associate Program, public health loan repayment, and other fellowship and retention strategies.

Conclusion

OSTP plays a significant role in the development of scientific research and public health preparedness by advising the President, leading interagency efforts, and working with the private sector, state, and local governments on science and technology priorities. While America's scientific enterprise is vast and storied, attention must be sustained to maintain our scientific leadership. The short-and long-term success of America's health sectors relies on the Federal government's leadership and its coordination of public-private partnerships. Without a fully funded and staffed workforce and funding of public health infrastructure, these partnerships and America's dominance in these industries are placed at risk.

If you have any questions, please contact Dara Lieberman, Director of Government Relations, at dlieberman@tfah.org.

Sincerely,

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America's Health

[8] McKillop M, Farberman R, Lieberman D. Ready or Not 2025. Trust for America's Health. March 2025. https://www.tfah.org/report-details/ready-or-not-2025-protecting-the-publics-health-from-diseases-disasters-and-bioterrorism/