

Need for a Coordinated GIS Program in the Obamacare Repeal & Replacement Bill

As Congress works to repeal and replace the "Patient Protection and Affordable Care Act (ACA)", also known as 'Obamacare', the House and Senate should include a provision to assure that geographic information system (GIS) technology links health and location data for the purpose of efficiently delivering healthcare services.

Geospatial technology provides a useful way to analyze and visualize spatial and temporal relationships among data. Researchers, public health professionals, policy makers, and others use GIS to better understand geographic relationships that affect health outcomes, public health risks, disease transmission, access to healthcare service delivery, and other public health concerns. GIS is being used with greater frequency to address neighborhood, local, state, National, and international public health issues. GIS improves understanding of a problem, what response is necessary, and how to prevent and mitigate future outcomes. One example of GIS utilization is the GIS for Breast Cancer Studies on Long Island ([LI GIS](#)). This unique research tool combines an extensive collection of data and other geospatial resources. The LI GIS is designed primarily to study potential relationships between environmental exposures and breast cancer in Nassau and Suffolk counties. However, its application can be extended to the study of other diseases in other localities across the Nation.

When Congress passed Obamacare, [Public Law 111-148](#) in 2010, it did not include a provision to assure the efficient use of GIS technology to link health and location data for delivering healthcare services despite the inclusion of [814 provisions](#) in the bill requiring or referencing geographic location. It is estimated that as much as 90% of government information has a geospatial component. Attempting to collect, store, utilize, apply and disseminate such data through stovepipes or silos in the Department of Health and Human Services (HHS) is neither efficient nor cost-effective. Notwithstanding all of these disparate needs for geospatial data, Congress failed to create a geospatial management office or geospatial information officer (GMO/GIO) in HHS to coordinate the collection, management, utilization, and sharing of the required geospatial data activities. Moreover, the legislation lacked a provision establishing a healthcare GIS at the department level.

Obamacare repeal and replace legislation provides an opportunity to bolster and enhance utilization of GIS by Federal agencies in HHS such as the Centers for Disease Control and Prevention (CDC), the National Center for Health Statistics (NCHS), the Public Health Service (PHS), the Centers for Medicare & Medicaid Services (CMS), the National Cancer Institute (NCI) and others. To help coordinate greater utilization of these data and technology by such agencies, a GMO is needed in HHS. Such an office should be modeled after the Department of Homeland Security's GMO ([6 U.S.C. 343](#)), or the GIO position that has been established in the Department of Agriculture, Department of the Interior, Department of the Army, Federal Communications Commission, and Environmental Protection Agency. The establishment of a GIO in each Cabinet department has been [recommended](#) by the National Geospatial Advisory Committee.

[MAPPS](#), the national association of private sector mapping and geospatial firms, believes such geospatial data sets provided by geospatial professionals would include:

- Matching the location data of healthcare providers, facilities and services with populations in need;
- Demographic data, including the age, race, sex, and income of the population;
- Health outcome data, including relative epidemiology incidence and health facilities data; and
- Environmental data, including land use and cover; transportation; water use and potential sources of water pollution; point and on-point pollution (including chemical releases into water, air, and soil); electric power lines; information on toxic chemicals and hazardous and municipal waste; and radiation.

ACTION REQUESTED:

In the 115th Congress, MAPPS respectfully urges the House and Senate to include a provision in the repeal and replace legislation to establish a GMO/GIO in HHS to coordinate the acquisition, management, and dissemination of geographic data to decision-makers in order to track incidents and report trends, while creating an innovative public-private partnership that recognizes the critical role that all stakeholders can and should play in providing best available healthcare data, including commercially available services and data products from the private sector. For more information, contact John Byrd, MAPPS Government Affairs Manager, at jbyrd@mapps.org or 703-787-6996.