A comprehensive preparedness plan should include approaches to minimize the impact of supply shocks in future pandemics. ACP recommends that relevant agencies should be provided supply chain monitoring capabilities during PHEs to better detect shortages and redirect resources where needed.

We urge Congress to support policies that would facilitate collaboration between the federal government with state and local governments and hospitals to ensure that the SNS's capacity is sufficient to respond to future pandemics.

When looking at approaches to mitigate the potential harmful effects of future PHEs, it is essential to examine policies that would strengthen the country's public health infrastructure. In ACP's recently published policy paper, *Modernizing the United States' Public Health Infrastructure,* we provided recommendations for improving the country's public health data sharing capabilities. Assessment and surveillance are core components of public health infrastructure. Public health departments rely on data from physicians, hospitals, laboratories, and others to make informed decisions, measure the health of the community, detect emerging threats, and track how certain populations are affected by health disparities and social drivers of health. However, the current public health infrastructure lacks common data standards, interoperable systems to share information, and the capability to share data in real-time.

Efforts to allow information sharing among health care and public health entities should include strong patient privacy and confidentiality protections and establish clear, understandable, adaptable, and enforceable rules on how data will be used. ACP supports investments in traditional and emerging epidemiology technologies, such as wastewater surveillance, which was used during the COVID-19 pandemic to successfully track disease outbreaks and direct resources where they were most needed.

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Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) certification program. While we support these initiatives, we remain concerned about regulations that could increase physician burden and lead to higher health care costs.

Efforts to improve interoperability should focus on the breadth and depth of information involved in useful clinical management of patients as they transition

health informat on (PHI). These regulat ons promote the use of standards-based applicat on programming interfaces and outline informat on-blocking rules and enforcement policies. They