



March 26, 2010

The Honorable Kathleen Sebelius, Secretary,  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Secretary Sebelius:

MAPPS ([www.mapps.org](http://www.mapps.org)) is a national association of leading private geospatial firms. Our Member Firms provide government and commercial clients highly accurate and current geospatial data through satellite and airborne remote sensing, surveying, photogrammetry, aerial photography, hydrography, charting, aerial and satellite image processing, GPS, and GIS data collection and conversion services. MAPPS also includes Associate Member Firms, which are companies that provide hardware, software, products and services to the geospatial profession. MAPPS provides its members opportunities for networking and developing business-to-business relationships, information sharing, education, public policy advocacy, market growth, and professional development and image enhancement.

The geospatial community is one of the fastest-growing job sectors in the U.S. economy. Our community of practice has been designated as one of the high job growth sectors of the economy by the Department of Labor ([www.doleta.gov/BRG/Indprof/Geospatial.cfm](http://www.doleta.gov/BRG/Indprof/Geospatial.cfm)).

**I am writing to urge the creation of a Geospatial Management Office (GMO) within the Department of Health and Human Services (HHS) to oversee the implementation of the 800+ location-based provisions within the recently enacted Health Care Reform legislation.**

As Congress worked to pass Health Care Reform legislation, the House and Senate did not include a provision to assure that GIS technology links health data to geography for the purpose of efficiently implementing the legislation and delivering health care services. There are 814 references to location or geographic data that require place-based information in the Health Care Reform legislation. Notwithstanding all of these disparate needs for geospatial data, Congress failed to create a GMO within the HHS to coordinate the collection, management, utilization, and sharing of the required geospatial data activities. Moreover, the legislation lacks a provision establishing a Health Care GIS at the Department level.

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The chart below highlights geospatial terminology referenced in the enacted legislation:

<b><i>GEOSPATIAL TERM</i></b>	<b>Health Care Bill <i>NUMBER OF USES</i></b>
AREA	383
GEOGRAPHIC	51
SIZE	67
PROPERTY	35
COUNTY	18
LOCATION	31
ENVIRONMENT	32
TRANSPORTATION	11
NATIONWIDE	42
STATEWIDE	27
INCIDENCE	7
INFORMATION TECHNOLOGY	26
RESIDENCE	6
ADDRESS	13
SPACE	1
SURVEILLANCE	15
PLACE	10
INFORMATION SYSTEM	8
RELOCATION	2
DISTANCE	3
REMOTE	4
ARCHITECTURAL	2
PROXIMITY	1
WORKPLACE	19
<b><i>TOTAL</i></b>	<b><i>814</i></b>

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, 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 (<http://li-gis.cancer.gov/>). The LI GIS is designed primarily to study potential relationships between environmental exposures and breast cancer in Nassau and Suffolk counties (Long Island), NY. However, its application can be extended to the study of other diseases in other localities across the Nation.

Health Care Reform legislation provided an opportunity to bolster and enhance utilization of GIS by HHS agencies such as the Centers for Disease Control (CDC), the National Center for Health Statistics (NCHS), the National Cancer Institute (NCI), Social Security Administration (SSA), Indian Health Service (IHS), Centers for Medicare and Medicaid Services (CMS), and others. Today, each of these agencies operates its GIS activities in stovepipes, resulting in waste, duplication, and inefficiency.

To help coordinate greater utilization by such agencies, a GMO is needed within HHS. Such an office should be modeled after the Department of Homeland Security's GMO, or the Geographic Information Officer 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 Geographic Information Officer in each Cabinet department has been recommended by the National Geospatial Advisory Committee ([www.fgdc.gov/ngac/meetings/october-2008/ngac-transition-recommendations-10-16-08.pdf](http://www.fgdc.gov/ngac/meetings/october-2008/ngac-transition-recommendations-10-16-08.pdf)).

MAPPS, the national association of private mapping and geospatial firms, believes such geospatial data sets provided by geospatial professionals would include:

- Matching the location data of health care 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.

It is estimated that as much as 90% of government information has a geospatial component. We would deeply appreciate an opportunity to work with you in creating a GMO within HHS to oversee the implementation of the 800+ location-based provisions in the recently enacted Health Care Reform legislation.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jeff Lovin', with a long horizontal flourish extending to the right.

Jeff Lovin, PS, CP  
President