

Congress of the United States

Washington, DC 20515

April 28, 2016

The Honorable Rick Scott
Office of the Governor
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

Dear Governor Scott:

We are writing to better understand how the State of Florida's Department of Health (FDOH) records, reports, and revises data with respect to new cases of HIV infection. Reliable healthcare data provided by the states is key to ensuring that programs run by the Centers for Disease Control (CDC) and other federal agencies are effective, and that federal resources are appropriately distributed across the country. Over the last several decades and across the nation, significant progress has been made in the prevention, diagnosis, and treatment of HIV/AIDS. Tragically, Florida continues to lag behind much of the rest of the country with respect to its high rate of new HIV infections.

As you are aware, FDOH recently revised the number of reported HIV cases from 6,147 to 4,613 for the 2014 calendar year. This nearly 25% reduction in the number of new HIV infection cases appears to be substantially greater than previous years' revisions. When accounting for the 1,534 now-absent cases, FDOH officials initially implied that the removal of "duplications" accounted for the downward revision. However, FDOH later released a statement on March 26, 2016 claiming that "[c]ases are never erased – they are shifted to the appropriate year of diagnosis or to the state where the individual resides."

The large data revision combined with these vague and imprecise explanations has created uncertainty regarding the true status of new HIV infections in Florida, as well as questions regarding FDOH's competency and transparency. Statistical integrity has vital ramifications for Florida and our nation. The CDC, in particular, uses the data collected by each state to compile national statistics, and this data influences resource allocation and grant funding, as well as response actions.

Floridians deserve clarification on how FDOH records, reports, and revises public health data, especially with respect to new HIV infections in our state. We would appreciate your help in exploring this issue in more detail by releasing a thorough breakdown of the data from new HIV infection cases from 2012-2014. Specifically, we would be interested to know:

- What evidence is used to justify new HIV infection case revisions? Has the process by which FDOH analyzes its new HIV infection data changed in this period? If so, how?
- How many cases were shifted to other years of diagnosis in each reporting year? Of those, what was the original year of diagnosis reported and the final revised year of diagnosis for each case?
- How many cases were shifted to the responsibility of other states in each reporting year? Of those, what was the final revised state of residency for each case?

- Does FDOH have a sense of how many cases in other states would be included in Florida's new HIV infection rate each year under FDOH's review process? Are these cases included in each year's revised totals?

Accurate HIV infection rate data is crucial to the effective development and deployment of public health strategies to improve awareness of individuals' HIV status and linkage to care, to ensure an appropriate, data-driven distribution of federal resources, and to help Florida achieve the long-awaited goal of an AIDS-free generation in our lifetime. We hope that you will conduct a thorough examination of Florida's new HIV infection rate data, and make it publicly available, to ensure that this critical information has been accurately and transparently recorded, reported, and revised by FDOH.

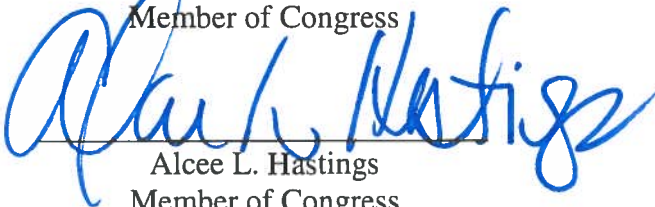
Sincerely,



Kathy Castor
Member of Congress



Ted Deutch
Member of Congress



Alcee L. Hastings
Member of Congress



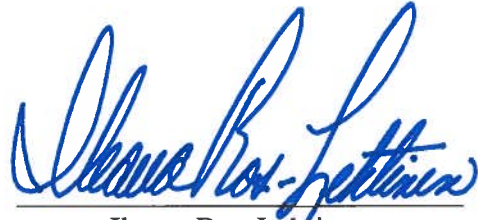
Patrick E. Murphy
Member of Congress



Lois Frankel
Member of Congress



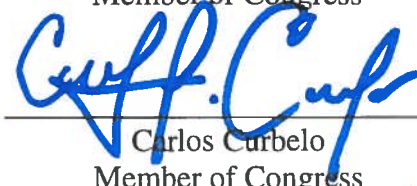
Frederica Wilson
Member of Congress



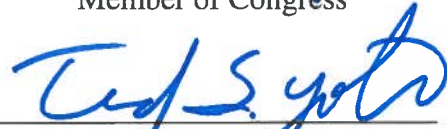
Ileana Ros-Lehtinen
Member of Congress



Mario Diaz-Balart
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Carlos Curbelo
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