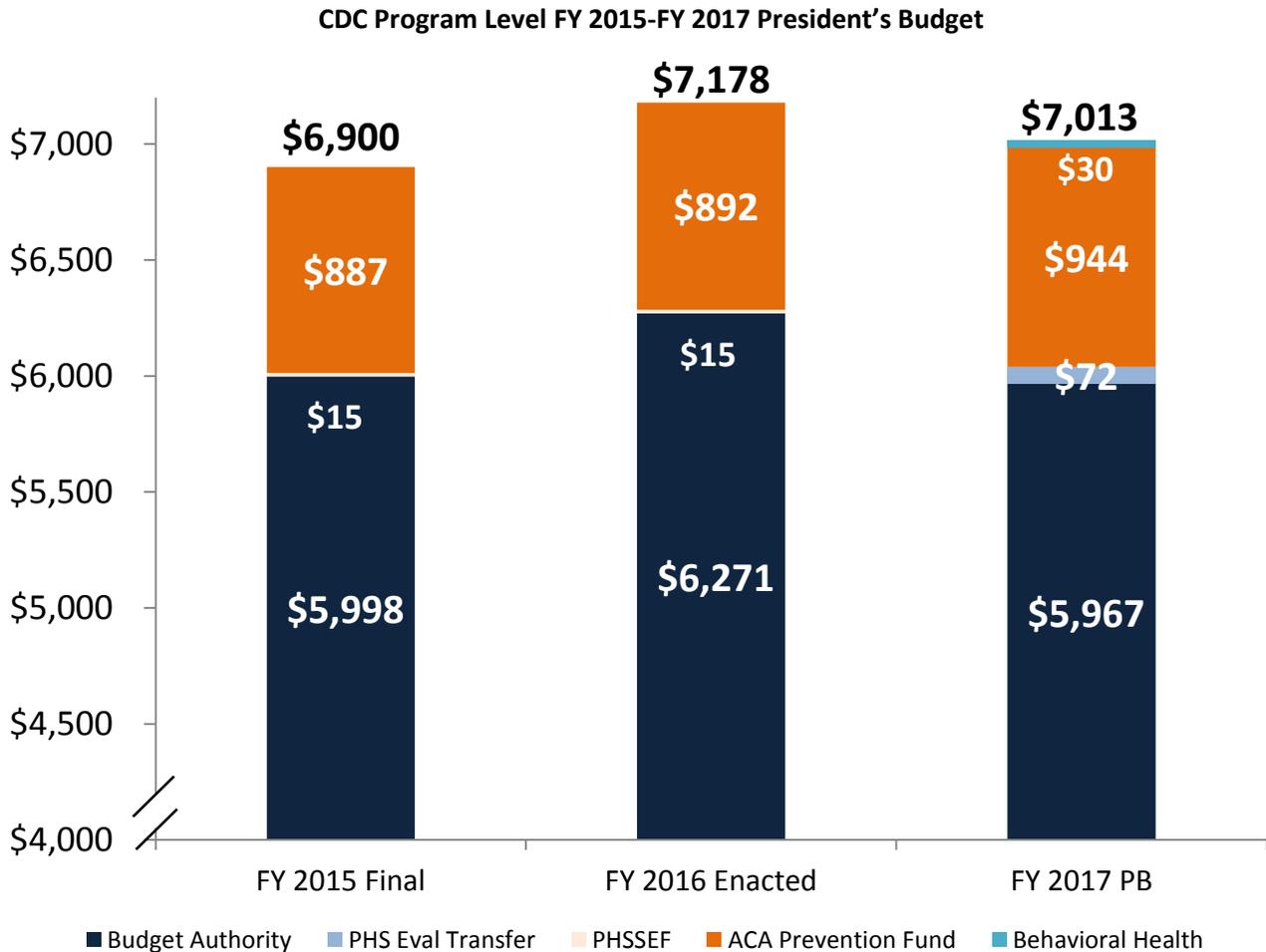


OVERVIEW OF THE BUDGET REQUEST

The fiscal year (FY) 2017 President’s Budget request for CDC and ATSDR includes a total funding level of \$11,868,182,000 in discretionary budget authority, mandatory funding, and the Affordable Care Act Prevention and Public Health Fund (PPHF). This is an overall increase of \$87,302,000 above the FY 2016 Enacted level. The FY 2017 CDC program level request of \$7,013,846,000 (excluding mandatory programs except the Prevention Fund and new Mental Health Initiative) is a decrease of \$164,199 compared to the FY 2016 Enacted level.

The FY 2017 budget request builds on priorities set forth in CDC’s FY 2016 President’s Budget, proposing strategic new investments and identifying targeted reductions that will allow CDC to advance its core public health mission.

The funding amounts and programmatic approaches described below are changes compared to the FY 2016 Enacted level.



Initiatives

Combating Antibiotic-Resistant Bacteria (+\$40.0 million)

The FY 2017 budget request includes an increase of \$40.0 million to expand the nation's ability to detect, respond to, and prevent antibiotic resistant (AR) infections across healthcare settings and in the community in up to 50 states, 6 large cities, and Puerto Rico. CDC's FY 2017 funding request aligns with the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB) and implements the recommendations made by the President's Council of Advisers for Science and Technology. These critical investments will protect patients and communities by implementing interventions that reduce the emergence and spread of AR pathogens.

In FY 2017, in addition to sustaining AR capacities started in FY 2016, CDC and HHS will build on existing critical investments to launch a department-wide response to all threats identified in CDC's Antibiotic Resistance Threat Report. The requested CARB initiative funding will allow full implementation of the surveillance, prevention, and stewardship activities outlined in the CARB National Strategy to reach the goals and prevention targets. HAI/AR Prevention Programs from 25 States in 2016 to up to all 50 states, the 6 largest local health departments, and Puerto Rico. The funds requested in FY 2017 will also expand programs reducing inappropriate antibiotic use and preventing the spread of AR threats across all healthcare settings, including inpatient, outpatient, and long-term care settings. In addition, programs will help prevent the spread of other AR threats included in [CDC's AR Threat Report](#)¹ such as: multidrug-resistant Acinetobacter, fluconazole-resistant Candida, extended-spectrum β -lactamase (ESBL)-producing Enterbacteriaceae, and vancomycin-resistant Enterococcus.

In addition, the request will allow CDC to expand state public health laboratory capacity from 10 States in FY 2016 to all 50 states, 6 large cities, and Puerto Rico to rapidly screen enteric bacteria for resistance. This expansion will ensure the nation's ability to rapidly detect and investigate AR across the country and in more enteric pathogens, specifically Campylobacter and Shiga toxin-producing E. coli. CDC will also expand the Emerging Infections Program (EIP), both in the scope of AR activities in current sites and by potentially adding 1-2 additional EIP sites to the network.

Good Health and Wellness in Indian Country (+\$15.0 million)

American Indians and Alaska Natives (AI/ANs) bear a disproportionate burden of death, disease, disability, and injury compared to other racial and ethnic groups in the United States. Currently, CDC supports a five-year, \$14 million per year cooperative agreement that aims to prevent diabetes, heart disease and stroke, and associated risk factors through a holistic approach to population health and wellness with funding from several areas of the Chronic Disease Prevention and Health Promotion budget. In FY 2017, CDC requests \$15,000,000 in dedicated funding to expand its current investment. The expansion will build on the existing program by more comprehensively addressing the leading causes of death and their associated risk factors, and further incorporating the culturally driven wellness practices that build resilience and strengthen social and emotional well-being. This investment will allow CDC to more effectively address chronic diseases, as well as depression and mental health, suicide, substance use, and alcohol-related motor vehicle injuries.

Prescription Drug Overdose (+\$10.0 million)

The FY 2017 budget request includes an increase of \$10.0 million to fully expand its efforts to promote opioid prescribing guideline dissemination and uptake. These funds will be used to further support, pilot test, evaluate and adapt the comprehensive translation and dissemination of prescribing guidelines into succinct, usable formats accessible to providers across the country. CDC will also be able to fully develop, evaluate, and publicly disseminate clinical decision support tools derived from the opioid prescribing guidelines. Training modules—including online modules available for continuing medical education credit and maintenance of certification—

¹<http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf>

will be one means for partnering with professional societies and health systems to spur uptake of guidelines. CDC will coordinate with Office of the National Coordinator for Health Information Technology to ensure guidelines are effectively disseminated and translated into clinical support tools for integration into clinical workflow.

Mental Health - Mandatory Funding --Evaluation of Suicide Programs (+\$30.0 million)

The FY 2017 budget request includes \$30.0 million as part of a new HHS-wide initiative for the expansion of mental health services. The Administration is proposing a new \$500 million investment to help engage individuals with serious mental illness in care, improve access to care by increasing service capacity and the behavioral health workforce, and ensure that behavioral health care systems work for everyone. This effort would increase access to mental health services to protect the health of children and communities, prevent suicide, and promote mental health as a top priority. CDC's portion of this funding will support the implementation and evaluation of comprehensive suicide prevention programs in partnership with the Injury Control Research Centers and state health departments. This work will focus on addressing key risk factors for suicidal behavior, including substance abuse and mental illness, and reducing the likelihood that suicidal ideation will progress to a suicide attempt, and that a suicide attempt will lead to death.

Increases

MANDATORY FUNDING

Vaccines for Children – Mandatory Funding (+\$225.9 million)

The FY 2017 budget request includes an increase of \$225.9 million in mandatory funding for the Vaccines for Children (VFC) Program. This estimate includes an increase for vaccine purchase contract costs and additional quality assurance and quality improvement site visits to VFC-enrolled providers. Taken together with CDC's discretionary immunization activities, these programs provide vaccines and the necessary program support to reach uninsured and underinsured populations. These resources will help support a comprehensive immunization program, based on strong science—from establishing and implementing vaccine policy to monitoring the effectiveness, impact, coverage, and safety of routinely recommended vaccines.

ENSURE GLOBAL DISEASE PROTECTION

Global Health (+\$10.0 million)

The FY 2017 budget request includes an increase of \$10.0 million for global health protection. Of the \$10,000,000 increase, \$5,000,000 will be used to support countries' institutional and organizational capacity through efforts such as Global Disease Detection, Field Epidemiology Training Programs, and other capacity building programs. These efforts enable rapid support to emerging health threats, such as Zika virus in South America. The other \$5,000,000 will be used to support implementation of the Global Health Security Agenda (GHSA) in the USG-identified Phase 2 countries. As evidenced by the 2014 Ebola outbreak in West Africa, epidemic threats arise at unpredictable intervals and from unexpected sources. Because these threats do not recognize national borders, the health of people overseas directly affects America's safety and prosperity. Over

the next five years, United States global health security partners commit to working with at least 30 partner countries (containing at least 4 billion people) to prevent, detect, and respond to infectious disease threats, whether naturally occurring or caused by accidental or intentional releases of dangerous pathogens. CDC works with countries at all stages of public health capacity development—from working to build basic national public health capabilities to collaborating with global public health leaders to address shared threats.

Polio Eradication (+\$5.0 million)

The FY 2017 budget request includes an increase of \$5.0 million for Polio Eradication, supporting the United States' critical commitment to the Global Polio Eradication Initiative's Polio Endgame Strategic Plan 2013-2018. This increase in global immunization will scale-up CDC's response to ongoing and new polio outbreaks, including the world-wide transition from oral polio vaccine (OPV) to inactivated polio vaccine (IPV), which carries no risk of vaccine-acquired infections. This increase will continue expansion of environmental surveillance for the detection of circulating polio viruses. Such environmental surveillance helps CDC and partners target programmatic efforts.

PROTECT AMERICANS FROM INFECTIOUS DISEASES

Quarantine (+\$15.0 million)

The FY 2017 budget request includes an increase of \$15.0 million to support public health activities related to refugee resettlement. Refugee resettlement is an important component in the multifaceted response to the global refugee crisis and the Budget supports the admission of at least 100,000 refugees to the United States. The United States remains deeply committed to safeguarding the American public from terrorists, just as we are committed to providing refuge to some of the world's most vulnerable people. This increase will provide necessary resources to expand the current cost-effective refugee vaccination and parasite treatment program of approximately 100,000 refugees, funding operational and programmatic costs associated with safe vaccine and drug storage, handling, transportation, and administration. These funds will also establish electronic health record documentation and tracking from the required overseas medical examination to receiving US health care providers to ensure timely medical follow-up of refugees upon arrival in the United States.

Viral Hepatitis (+\$5.0 million)

The FY 2017 budget request includes an increase of \$5.0 million for CDC's Viral Hepatitis Program. To place the nation on the path toward the elimination of viral hepatitis transmission and disease, CDC will direct capacity to reach people at greatest risk of infection. CDC will enhance vaccination-based strategies to eliminate Hepatitis B (HBV) transmission among populations at risk, particularly newborns of HBV infected mothers. For Hepatitis C (HCV), CDC's priorities are to detect, investigate, and respond to new infections, particularly among young persons and others at risk. CDC plans to expand adoption of CDC/USPSTF recommendations for HBV and HCV testing and linkage to medical care to prevent disease and premature death.

PREVENT THE LEADING CAUSES OF DISEASE, DISABILITY, AND DEATH

Gun Violence Prevention Research (+\$10.0 million)

The FY 2017 budget request includes \$10.0 million for gun violence prevention research on the causes and prevention of gun violence, focusing on those questions with the greatest potential public health impact. This activity is in alignment with Now is the Time, which calls for research on gun violence prevention to equip Americans with needed information about this public health issue. These activities will be informed by the research agenda Consensus Report developed by the Institute of Medicine and the National Research Council in 2013 (Priorities for Research to Reduce the Threat of Firearm-Related Violence).

National Violent Death Reporting System (NVDRS) (+\$7.6 million)

The FY 2017 budget request includes an additional \$7.6 million to improve the National Violent Death Reporting System (NVDRS) by promoting greater functionality and improved access to data. In FY 2017, the NVDRS program will support all 50 states and Washington, D.C. to collect data as part of the NVDRS system and to provide technical assistance to help grantees monitor and report their state data. CDC will also ensure NVDRS data are integrated into violence prevention activities by increasing dissemination and use nationally. States will use data to produce standard analyses on a range of topics, including intimate partner homicides, homicides followed by suicide, and suicides of specific groups such as veterans. CDC will also link NVDRS data with other data sources, such as child fatality review reports and adult protective services reports.

Concussion Surveillance (+\$5.0 million)

The FY 2017 budget request includes \$5.0 million to support CDC's efforts to establish and oversee a national surveillance system to accurately determine the incidence of sports- and recreation-related concussions among youth ages 5-21 years.

Cancer Prevention and Control (+\$3.8 million)

The FY 2017 Budget includes \$3.8 million in CDC's cancer screening programs to complement changes in the health insurance market by implementing broad, population-based activities designed to increase screening rates for all age-appropriate individuals, while still providing direct screening or diagnostic services to people who remain uninsured or underinsured.

PROTECT AMERICANS FROM NATURAL AND BIOTERRORISM THREATS

CDC Preparedness and Response Capability (+\$5.4 million)

The FY 2017 budget request includes an increase of \$5.4 million to continue to upgrade CDC's Select Agent Program and to specifically implement the highest priority recommendations from a 90-day review conducted in July 2015 by a workgroup of CDC experts. Recommendations include improving inspections and upgrading and enhancing systems to improve analysis of inspection findings. The increase will improve inspector training, using innovative, interactive biosafety and security training. The requested funding level will increase frequency and number of inspections, expand preparedness for natural disasters and national events, and increase outreach to regulated entities, other stakeholders, and the public.

KEEP AMERICANS SAFE FROM ENVIRONMENTAL AND WORK-RELATED HAZARDS

Hearing Loss (+\$10.0 million)

The FY 2017 request includes an increase of \$10.0 million for a new hearing loss program to address the increasing rate of hearing loss in the United States as the population ages. These funds will support a prevention, awareness, and education program that targets children to older adults, low to moderate hearing loss, and various effects associated with hearing loss (social isolation, stigma, depression, inability to work). CDC will also conduct epidemiologic study of hearing loss, evaluate the effectiveness of the outreach programs, and identify prevention strategies.

MONITOR HEALTH AND ENSURE LABORATORY EXCELLENCE

Building and Facility Improvements (+\$21.2 million)

The FY 2017 budget request includes an increase of \$21.2 million for CDC's Buildings and Facilities for repair and improvement of CDC's existing facilities portfolio in Atlanta and other locations across the US. Funding for life safety and mission-support repair and improvement projects will ensure that CDC's facilities portfolio is safe and supports the public health mission needs.

The functional replacement value of CDC's 188 buildings and 22 support and infrastructure facilities is \$3.8 billion.

As many of CDC's non-Atlanta campuses are approaching or are beyond a half century or more in age—specifically the NIOSH Pittsburgh research campus— not only do requirements for routine R&I continue to increase, but so do demands for asset demolition and/or disposal to improve CDC's overall condition index at a level above or equal to 90.

Advancing CDC Laboratory Safety and Quality (+\$5.0 million)

The FY 2017 budget request includes an increase of \$5.0 million to continue laboratory science and safety enhancement at CDC. Recent reviews of CDC's laboratory programs highlighted the need for improvements in process and standard operating procedures, facilities, systems and software, and training and communication.

CDC is committed to continuous improvements in laboratory science and safety, as well as the quality of its public health laboratory services. The Office of the Associate Director for Laboratory Science and Safety was established to provide oversight of CDC's laboratory programs and will continue to implement the following enhancements to improve laboratory safety and quality:

- Standardized, electronic document tracking and control systems for efficient review of laboratory safety procedures;
- Enhanced software for reporting, tracking, and analysis of data related to laboratory incidents;
- Centralized calibration of laboratory equipment to meet quality standards and improve efficiencies and cost savings; and
- Updated tools for delivery and tracking of laboratory safety training for CDC staff.

Public Health Workforce Capacity (+\$5.0 million)

The FY 2017 budget request includes an increase of \$5.0 million for Public Health Workforce Capacity. With the increase, CDC will continue to focus on high-priority activities, such as the Epidemic Intelligence Service (EIS) and the Public Health Associate Program (PHAP). CDC will expand public health e-learning (which benefits state and local partners) and will strengthen informatics and population health training, particularly at the intersection of public health and healthcare. CDC will place more CDC trainees in state and local health departments, ensure that trainees are gaining cutting-edge skills that will equip them to meet current challenges, and increase access to high-quality training for the current public health workforce.

Decreases and Eliminations

Preventive Health and Health Services Block Grants (-\$160.0 million)

The FY 2017 budget request eliminates the Preventive Health and Health Services Block Grant (PHHSBG). These activities may be more effectively and efficiently implemented through the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program, which provides resources to states to coordinate activities across categorical funding streams. When the PHHSBG was first authorized in 1981, there were minimal resources within CDC's budget allocated for categorical programs such as heart disease, diabetes, immunizations, and obesity, and many states did not receive funding from CDC to support prevention of chronic disease. However, since 1981, categorical programs at CDC have grown and can better address these public health threats. Elimination of this program provides an opportunity to find savings, while expanding core public health activities for other CDC priorities.

Immunization Program (-\$50.3 million)

The FY 2017 budget request includes a decrease of \$50.3 million for the Immunization Program. Health insurance expansion will further increase access to immunizations and is expected to decrease the number of uninsured and underinsured individuals in need of discretionary vaccine for routine immunizations. Since September 2010, new health plans are required to cover vaccines routinely recommended by the Advisory Committee on Immunization Practices (ACIP) without charging a deductible, copayment, or coinsurance. The Immunization Program request level includes up to \$8,000,000 to support the capacity of public health departments to bill health insurers for immunization services.

Cancer Screenings (-\$44.6 million)

The FY 2017 budget request reduces funding for Breast and Cervical Cancer activities by \$40.8 million and the Colorectal Cancer screening activities by \$3.8 million. As the Affordable Care Act (ACA) increases access to cancer screening services, which began in 2014, the public health need to provide these clinical services has diminished. The ACA has increased access to cancer screening services for many low-income, underserved women and men through expanded insurance coverage, similar to the populations covered by CDC's National Breast Cancer and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program.

Occupational Safety and Health – Education and Research Centers (-\$28.5 million)

The FY 2017 budget request eliminates funding for Education and Research Centers (ERCs). Originally created almost 40 years ago, the ERC program has addressed the limited number of academic programs focusing on industrial hygiene, occupational health nursing, occupational medicine, and occupational safety. The ERCs' reach and impact have grown substantially across the nation since the program's inception, increasing awareness of the importance of coursework specializing in these areas. Although the budget does not include funding for the federal portion of these grants, CDC will continue to provide scientific and programmatic expertise to the ERCs as requested.

Occupational Safety and Health—Agriculture, Forestry, and Fishing (-\$25.0 million)

The FY 2017 Budget request eliminates funding for the National Occupational Research Agenda (NORA) Agriculture, Forestry, and Fishing (AgFF) sector. Although this program has made positive contributions, given the relation to CDC's mission and the ability to have a national impact on improved outcomes, the AgFF has been proposed for elimination in a limited-resource environment.

Racial and Ethnic Approaches to Community Health (-\$20.950 million)

The FY 2017 Budget request reduces funding for the Racial and Ethnic Approaches to Community Health (REACH) program by \$20.95 million. CDC is committed to supporting populations that experience the greatest disparities in health status. The request will fund the most effective and evidence based REACH programs. REACH will award a new cooperative agreement in FY 2017 that will incorporate lessons learned from prior community grant programs, resulting in a stronger, more robust REACH that builds on the growing evidence base. CDC will simultaneously launch a national evaluation of REACH 2017 to ensure standardization and consistency across communities. Components of this evaluation could include: economic analyses, clinical data extraction from electronic medical records, and the modification of existing BRFSS indicators.

Prostate Cancer (-\$13.2 million)

The FY 2017 budget request eliminates funding for prostate cancer activities. While the evidence on prostate cancer screening remains unclear, CDC has conducted extensive research and developed materials to help doctors better communicate with their patients about informed decision making related to prostate cancer screening and treatment. The proposed elimination will not impact CDC's ability to collect data on national prostate cancer incidence through the National Program of Cancer Registries.

Environmental and Health Outcome Tracking (-\$10.0 million)

The FY 2017 request includes a decrease of \$10.0 million for Environmental and Health Outcome Tracking activities. The FY 2017 budget request maintains core tracking network activities and functions, but funding and assistance to states will be reduced. CDC will focus on capacity building for existing grantees to ensure that public health actions based on these data continue.

Academic Centers for Public Health Preparedness (-\$8.2 million)

The FY 2017 budget request reflects the elimination of the Academic Centers for Public Health Preparedness. CDC will continue to support research and training for public health preparedness through the public health preparedness and response research agenda. Eliminating funding for these centers allows CDC to prioritize funding for state and local health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement.

Chronic Fatigue Syndrome (-\$5.4 million)

The FY 2017 budget request reflects the elimination for Chronic Fatigue Syndrome (CFS). The goal of CDC's current CFS program is to develop tools to gather and analyze surveillance data and to educate clinicians and the population based on the results of evidence-based studies. Over the past five years, NIH has been funded at a similar level to conduct biomedical research on CFS. CFS affects between one and four million people in the US, and this funding could be used to have a greater programmatic impact across CDC.

Key Programmatic Changes

HIV Pre-exposure Prophylaxis

The Budget includes \$20 million in additional grant resources for a new demonstration project to increase availability and improve utilization of pre-exposure prophylaxis (PrEP) in high-burden communities in FY 2017. This demonstration project will allow health departments to use up to 30 percent of these available funds to pay for PrEP medications as the payer of last resort. This is consistent with the updated National HIV/AIDS Strategy, which calls for providing more people with highly effective prevention services such as pre-exposure prophylaxis (PrEP) to reduce new HIV infections. PrEP has been shown to reduce the risk of HIV infection by greater than 90 percent when taken as prescribed.