

# Centers for Disease Control & Prevention (CDC)

## FY 2013 Budget Request Summary

The President released the fiscal year (FY) 2013 budget request February 13, 2012. Total funding requested for CDC and ATSDR is \$11.2 billion, which includes discretionary authority, mandatory funding, Public Health Service (PHS) Evaluation funds, transfers from the Public Health and Social Services Emergency Fund (PHSSEF), and allocations from Prevention and Public Health Fund (PPHF) for CDC and ATSDR. The overall amount is \$39.5 million above the FY 2012 level.

With this budget request, CDC is prioritizing programs to address the leading causes of death; creating more coordinated, national approaches to disease prevention and health promotion; disseminating and bolstering the best available science; and streamlining activities to increase efficiency.

**Key Increases** – The budget request increases support for core programs, such as domestic HIV/AIDS prevention, food safety, surveillance and prevention of healthcare-associated infections, health statistics, global polio eradication, and improving the efficiency of state laboratories.

**Key Savings and New Program Approaches** – The budget request also prioritizes streamlined agency operations by transitioning from disease-specific to more integrated budget lines, incorporating best practices into other programs, and building on one-time investments in FY 2012.

### Protecting the Nation against Infectious Disease

**HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention** – The FY 2013 budget request of \$1.1 billion for HIV/AIDS, viral hepatitis (VH), sexually transmitted infections (STIs), and tuberculosis (TB) prevention is \$35.7 million above the FY 2012 level. The request includes an increase of \$40.2 million for domestic HIV/AIDS prevention and research, a substantial investment in continued implementation of the National HIV/AIDS Strategy. The request also includes a reduction of \$4.6 million for TB, which will be implemented in such a way that focus is maintained on TB control for the most urgent cases.

**Immunization and Respiratory Diseases** – Childhood vaccination coverage rates are at near-record high levels. As a result, cases of most vaccine-preventable diseases in the United States are at or near record lows. Ensuring high immunization coverage levels, vaccine safety monitoring, and vaccine effectiveness studies are critical for preventing recurrent epidemics of diseases that could result in preventable illness, disability, and death. The FY 2013 budget request of \$721.1 million for immunization and respiratory diseases—including \$72.5 million from the PPHF, \$51 million from the PHSSEF, and \$13.8 million in PHS Evaluation resources—is \$57.8 million below the FY 2012 level, representing reductions from one-time investments supported by the PPHF that assist with the transition to broader availability of health insurance for preventive care.

#### *Providing Value through the Prevention Fund*

The FY 2013 budget request invests in prevention and public health programs to improve health and restrain growth in health care costs.

The FY 2013 budget request includes an increase of \$88.2 million for CDC from the Prevention and Public Health Fund (PPHF), for a total of \$903.2 million of the \$1.3 billion available in the fund.

CDC uses the PPHF to help win the future in health by empowering communities to support longer, healthier, more productive lives by preventing heart attacks; strokes; cancer; and disabling, costly, deadly conditions.

CDC also uses PPHF to enhance the capacity of health protection agencies to detect and control threats, as well as identify and monitor successes and challenges in the health system.

### *Domestic HIV/AIDS Prevention*

FY 2013 investments will allow CDC to continue supporting the goals of the National HIV/AIDS Prevention Strategy. Increases have been requested to support state and local health departments' use of surveillance and programmatic data to improve testing, linkage, retention and re-engagement in care, and reductions in HIV risk behaviors.

CDC will also extend the monitoring of risk behaviors, access, and use of services for men who have sex with men—a group experiencing significantly high rates of HIV transmission.

Finally, CDC will increase support to state and local efforts to implement school-based HIV prevention activities, as well as expand national HIV/AIDS surveillance.

***Emerging, Zoonotic, and other Infectious Diseases*** – CDC detects and tracks a range of microbes, responds to outbreaks of known infectious threats, and uses surveillance systems to quickly identify new infectious threats as they emerge. The FY 2013 budget request includes \$331.2 million for emerging and zoonotic infectious diseases, \$27 million above the FY 2012 level. \$51.8 million of the total is from the PPHF. The overall amount provides increases for National Healthcare Safety Network and food safety activities. CDC will use PPHF resources to support two key areas: building state epidemiology and laboratory capacity and implementing evidence-based strategies to prevent healthcare-associated infections.

### **Promoting Health and Preventing Chronic Disease**

***Chronic Disease Prevention and Health Promotion*** – Chronic diseases are among the most common, costly, and preventable of all health problems. CDC leads and coordinates the nation's efforts to prevent and control these interrelated diseases and risk factors. The FY 2013 budget request includes \$1.1 billion, of which the PPHF provides \$511.7 million. The overall amount is \$38.7 million below the FY 2012 level. This total reflects an increase for the Coordinated Chronic Disease Program that will address heart disease, stroke, obesity, diabetes, comprehensive cancer control, and arthritis. This new program integrates multiple disease-specific programs while maintaining the breast and cervical cancer program as a distinct initiative. The request also proposes increases for tobacco control and the Million Hearts™ initiative. Proposed decreases reflect elimination of one-time funding from FY 2012 for the Community Transformation Grants program and streamlining selected state- and community-based programs into the Coordinated Chronic Disease Prevention Program.

***Birth Defects, Developmental Disabilities, and Health*** – The FY 2013 budget request includes \$125.6 million for birth defects, developmental disabilities, and disabilities and health, of which \$107.1 million is funded through the PPHF. The overall amount is \$11.7 million below the FY 2012 level. CDC is proposing to streamline activities into three budget lines—Child Health and Development, Health and Development for People with Disabilities, and Public Health Approach to Blood Disorders. This will allow CDC to track birth defects and developmental disabilities more aggressively, to expand efforts focused on the most critical public health threats to people with disabilities, and to increase efforts to mitigate unnecessary illness and death associated with non-malignant blood disorders in the United States. The budget request also includes \$21.3 million to support autism spectrum disorders research and surveillance.

## Public Health Scientific Services

The FY 2013 budget request includes \$505.1 million, \$43.3 million above the FY 2012 level, to strengthen and support the monitoring and analysis of key public health information. Of the overall total, \$90 million is from the PPHF. CDC will invest \$20 million in new activities to coordinate with public health laboratories to improve laboratory efficiencies through proven models, such as regionalizing testing in multi-state laboratories. This initiative will support the core work of health departments at a time when states are facing fiscal crises that make maintaining core laboratory capacity a challenge. In addition, \$10 million will maintain CDC's support for the development and dissemination of evidence-based recommendations through the Guide to Community Preventive Services.

**Health Surveillance/Statistics** – The FY 2013 budget request of \$161.8 million for health statistics is \$23.2 million above the FY 2012 level. These resources will maintain CDC's capacity to support its ongoing sentinel health and health care surveys and to ensure acquisition of data on births and deaths from state and local vital registration offices. CDC will also phase-in implementation of electronic death records, support implementation of new questions on sexual orientation into the National Health Interview Survey (NHIS), and foster improvement and expansion of data collection methods.

**Public Health Workforce and Career Development** – The FY 2013 budget request includes a total of \$60.7 million, of which \$25 million is from the PPHF. These resources will help provide the nation with a prepared, diverse, and sustainable public health workforce through experiential fellowships and training programs—including CDC's critical corps of disease detectives.

## Environmental Health

The FY 2013 request includes \$132.7 million for environmental health programs that prevent illness. In FY 2013, CDC proposes creation of a Healthy Home and Community Environments Program—a multi-faceted approach to promote healthy homes and community environments through disease and exposure tracking, partnerships, and implementation of science-based interventions. CDC's environmental health programs protect the health of vulnerable populations, such as children; older adults; and people with disabilities, compromised immune systems, or chronic conditions. These programs also serve as the CDC leads for environmental emergencies like natural disasters and radiologic/chemical emergencies caused by natural or unnatural events like terrorist attacks. The FY 2013 budget request is \$7.3 million below the FY 2012, reflecting targeted programmatic reductions to Built Environment and Climate Change activities. The budget request allows CDC to focus its resources on interventions and programs with the greatest potential to make a significant public health impact.

### *Tobacco Control Progress*

CDC researchers found that that in states with larger investments in comprehensive tobacco control programs, cigarette sales dropped more than twice as much as in the United States as a whole. Smoking prevalence among adults and youth also declined faster as spending for tobacco control programs increased.

The FY 2013 request includes an increase of \$6 million for tobacco prevention and control. CDC will use this increase in resources to expand the reach of a national tobacco education campaign and its tobacco cessation quitline capacity support.

### *Foodborne Illness Prevention, Detection, and Response*

CDC's foodborne illness prevention program has been a cornerstone of infectious disease prevention efforts since the 1940s. CDC works with food safety partners to improve the health of all Americans, reduce health care costs, and achieve national food safety goals.

Recent estimates indicate that one in six Americans becomes ill with foodborne diseases each year, leading to approximately 128,000 hospitalizations and 3,000 deaths.

The FY 2013 budget request increases investments in food safety by \$17 million, for a total of \$44 million. This will enhance CDC's capabilities in detecting and tracking foodborne illness and help restore state and local capacity to monitor foodborne illness and respond to outbreaks.

## **Injury Prevention and Control**

CDC is the lead federal agency focused on preventing all forms of unintentional and intentional injuries that occur outside of the workplace. The FY 2013 budget request includes \$137.8 million for injury prevention and control programs that will support efforts to reduce premature deaths, disability, and medical costs associated with injuries and violence. CDC will also continue to build state-based injury prevention capacity, track and monitor injury trends, identify evidence-based interventions, and disseminate key research findings. The FY 2013 budget request is \$61,000 above the FY 2012 level.

## **Improving Preparedness and Response to Public Health Emergencies**

The FY 2013 budget request provides \$1.3 billion for CDC's biodefense and emergency preparedness activities. CDC is one of few federal agencies providing continuous surveillance; detection; and response for chemical, biological, radiological, and nuclear threats, as well as other crises, outbreaks, and epidemics. CDC fulfills this critical responsibility by supporting state and local health departments, safeguarding deadly toxins, managing the Strategic National Stockpile, creating national tracking and surveillance systems, and overseeing a national laboratory network. The FY 2013 budget represents a decrease of \$54.3 million below FY 2012 level, reflecting reprioritization of threats for the Strategic National Stockpile and elimination of funding for the Academic Centers for Public Health Preparedness. It also reflects an adjustment for programmatic operating costs to provide oversight, guidance, and management of the Public Health Emergency Preparedness cooperative agreement.

## **Advancing Occupational Safety and Health**

The National Institute for Occupational Safety and Health is the primary federal entity responsible for conducting research, making recommendations, and translating knowledge for the prevention of work-related illness and injury. The FY 2013 budget request provides \$475.4 million for occupational safety and health programs. This total includes \$55.4 million in mandatory funding for CDC's role in the Energy Employees Occupational Illness Compensation Program and \$170.6 million in mandatory funding for the World Trade Center Health Program. The FY 2013 budget request is \$46.9 million below FY 2012. This is the net result of \$43.2 million in targeted program reductions, including elimination of the Education and Research Centers and the National Occupational Research Agenda's Agricultural, Forestry, and Fishing Program. In addition, the decrease also reflects \$3.7 million in one-time contract costs in FY 2012 for administering provider payment under the World Trade Center Health Program, while providing for full implementation of the World Trade Center Health Program.

## Global Health

CDC provides U.S. leadership in working with ministries of health around the world to implement programs that reduce the leading causes of mortality, morbidity and disability. This global health strategy builds on CDC's unique technical expertise and unparalleled reputation as an effective partner. . These activities also protect the United States and world populations from emerging global health threats and support the Global Health Initiative goals. The FY 2013 budget request includes \$362.9 million for Global Health programs, \$15.3 million above the FY 2012 level. The FY 2013 budget request maintains support for vital CDC global health programs, such as efforts to eradicate polio and CDC's role in implementation under the President's Emergency Plan for AIDS Relief.

## Cross-Cutting Activities

The FY 2013 budget request includes \$528.8 million in to support CDC's mission-critical efforts, \$130.3 million below the FY 2012 level.

**Public Health Leadership and Support** – The FY 2013 budget request includes \$119.1 million to support CDC's cross-cutting areas that improve the effectiveness of public health programs and science. The budget request continues support for the new Office for State, Tribal, Local and Territorial Support, which provides guidance and oversight for CDC's resources and assets invested in health departments and other partner agencies.

**Buildings and Facilities** – CDC plans to use unobligated balances from FY 2012 to fund repairs and improvement projects prioritized to meet fire, life-safety, and security needs, to improve and maintain the condition of owned buildings, to improve the space efficiency in owned buildings and promote energy and resource conservation in owned buildings. The budget request does not include new funding for buildings and facilities in FY 2013.

**Business Services Support** – The FY 2013 request includes \$368.5 million for business services support, a return to funding levels prior to FY 2012. CDC is also requesting that these funds be appropriated to a two-year account. Unexpended funds will be used in subsequent years to finance non-facilities capital investments or provide the initial capital for a working capital fund, which will be implemented in FY 2014. In FY 2013, CDC will facilitate an orderly transition of current business services financial activities to a working capital fund environment, including implementing the financial infrastructure and a robust governance process to provide transparency and accountability of all resources.

**Preventive Health and Health Services Block Grant** – The FY 2013 budget request eliminates the Preventive Health and Health Services Block Grant. Many of these activities will be addressed through the proposed Coordinated Chronic Disease Prevention Program.

### *Polio Eradication in Endemic and Re-established Transmission Countries*

The \$15.1 million budget increase in FY 2013 for polio eradication will support intensified efforts and tangible progress in interrupting transmission in the polio-endemic countries of Afghanistan, India, Nigeria, and Pakistan, as well as the re-infected countries of Angola, Chad, and the Democratic Republic of Congo.

CDC will provide more frequent and intense technical assistance to these locations and amplify technical assistance to other countries at risk for polio infection or transmission.

CDC will support the U.S. government-endorsed Global Polio Eradication Strategic Plan with the goal of achieving the eradication of polio.

## **Agency for Toxic Substances and Disease Registry (ATSDR)**

The FY 2013 budget request for ATSDR is \$76.3 million, \$85,000 above the FY 2012 level. Managed as part of CDC, ATSDR leads federal public health efforts at Superfund and other sites with known or potential toxic exposures. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to the public to prevent and mitigate harmful exposures and disease related to toxic substance exposures. Within the funds requested, \$2 million continues the epidemiologic studies of health conditions caused by non-occupational exposures to uranium released from past mining and milling operations on the Navajo Nation.

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

(Dollars in Thousands)

<b>Revised Budget Activity/Description</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013 President's Budget</b>	<b>FY 2013 PB +/- FY 2012</b>
<b>Immunization and Respiratory Diseases</b>	<b><u>\$748,257</u></b>	<b><u>\$778,947</u></b>	<b><u>\$721,129</u></b>	<b><u>(\$57,818)</u></b>
-- Section 317 Immunization Program	\$425,571	\$367,870	\$426,839	\$58,969
-- Immunization Program (PPHF)	\$100,000	\$190,000	\$72,460	(\$117,540)
-- Program Implementation and Accountability	\$63,005	\$62,302	\$62,887	\$585
-- National Immunization Survey - PHS Evaluation Transfer (non-add)	\$12,864	\$12,864	\$13,765	\$901
-- Influenza/Influenza Planning and Response	<u>\$159,681</u>	<u>\$158,775</u>	<u>\$158,943</u>	<u>\$168</u>
-- Influenza Planning and Response	\$0	\$155,445	\$104,563	(\$50,882)
-- Influenza Planning and Response (PHSSEF Flu Carryover)	\$156,344	\$0	\$51,049	\$51,049
-- Seasonal Influenza	\$3,337	\$3,330	\$3,331	\$1
<b>HIV/AIDS, Viral Hepatitis, STI and TB Prevention</b>	<b><u>\$1,115,995</u></b>	<b><u>\$1,109,934</u></b>	<b><u>\$1,145,678</u></b>	<b><u>\$35,744</u></b>
-- Domestic HIV/AIDS Prevention and Research -	<u>\$800,445</u>	<u>\$786,176</u>	<u>\$826,407</u>	<u>\$40,231</u>
-- HIV Prevention by Health Department	\$394,809	\$392,636	\$402,447	\$9,811
-- National Programs to Identify and Reach High Risk Populations	\$365,636	\$363,702	\$384,026	\$20,324
-- School Health - HIV	\$40,000	\$29,838	\$39,934	\$10,096
-- Viral Hepatitis	\$19,784	\$19,672	\$29,694	\$10,022
-- Viral Hepatitis (PPHF)	\$0	\$10,000	\$0	(\$10,000)
-- Sexually Transmitted Infections (STIs)	\$154,666	\$153,788	\$153,886	\$98
-- Tuberculosis (TB)	\$141,100	\$140,298	\$135,691	(\$4,607)
<b>Emerging and Zoonotic Infectious Diseases</b>	<b><u>\$304,193</u></b>	<b><u>\$304,226</u></b>	<b><u>\$331,227</u></b>	<b><u>\$27,001</u></b>
-- Emerging Infectious Diseases	\$186,216	\$184,657	\$182,232	(\$2,425)
-- Food Safety	\$25,323	\$27,113	\$43,848	\$16,735
-- National HealthCare Safety Network	\$14,872	\$14,840	\$27,468	\$12,628
-- Quarantine	\$26,032	\$25,866	\$25,929	\$63
-- Federal Isolation and Quarantine (non-add)	\$0	N/A	\$1,000	N/A
-- Epi and Lab Capacity program (PPHF) (non-add)	\$40,000	\$40,000	\$40,000	\$0
-- Healthcare-Associated Infections (PPHF) (non-add)	\$11,750	\$11,750	\$11,750	\$0
<b>Chronic Disease Prevention and Health Promotion</b>	<b><u>\$1,074,937</u></b>	<b><u>\$1,183,427</u></b>	<b><u>\$1,144,730</u></b>	<b><u>(\$38,697)</u></b>
-- Tobacco	\$108,685	\$108,077	\$108,117	\$40
-- Tobacco (PPHF)	\$50,000	\$83,000	\$89,000	\$6,000
-- Nutrition, Physical Activity and Obesity	\$34,189	\$33,998	\$0	(\$33,998)
-- Competitive Grants to States and Local (PPHF)	\$10,000	\$0	\$0	\$0
-- Nutrition, Physical Activity and Obesity (PPHF)	\$0	\$10,000	\$0	(\$10,000)
-- School Health	\$13,600	\$13,522	\$0	(\$13,522)
-- Health Promotion	\$16,348	\$17,584	\$0	(\$17,584)
-- Prevention Research Centers	\$18,001	\$17,900	\$0	(\$17,900)
-- Prevention Research Centers (PPHF)	\$10,000	\$10,000	\$0	(\$10,000)
-- Prevention Research Centers (PHS Evaluation Transfer)	\$0	\$0	\$25,000	\$25,000
-- Heart Disease and Stroke	\$55,284	\$54,975	\$0	(\$54,975)
-- Diabetes	\$64,796	\$64,434	\$0	(\$64,434)
-- Diabetes (PPHF)	\$0	\$10,000	\$0	(\$10,000)
-- Cancer Prevention and Control (PPHF)	\$0	\$0	\$260,871	\$260,871
-- Cancer Prevention and Control	\$345,332	\$348,304	\$62,794	(\$285,510)
-- Oral Health	\$14,726	\$14,644	\$14,653	\$9
-- Safe Motherhood/Infant Health	\$44,049	\$43,803	\$43,848	\$45
-- Arthritis and Other Chronic Diseases	\$22,762	\$25,196	\$0	(\$25,196)

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

(Dollars in Thousands)

<b>Revised Budget Activity/Description</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013 President's Budget</b>	<b>FY 2013 PB +/- FY 2012</b>
<b>Chronic Disease Prevention and Health Promotion (continued)</b>				
-- Chronic Diseases Prevention and Health Promotion Grants	\$42,200	\$0	\$378,607	\$378,607
-- Competitive Grants to States and Local - BA	\$0	\$0	\$378,607	\$378,607
-- Competitive Grants to States and Local (PPHF)	\$42,200	\$0	\$0	\$0
-- Community Grants	\$206,215	\$279,940	\$146,340	(\$133,600)
-- Healthy Communities	\$22,197	\$0	\$0	\$0
-- Racial and Ethnic Approach to Community Health	\$14,018	\$13,940	\$0	(\$13,940)
-- Racial and Ethnic Approach to Community Health (PPHF)	\$25,000	\$40,000	\$0	(\$40,000)
-- Community Transformation Grants (PPHF)	\$145,000	\$226,000	\$146,340	(\$79,660)
-- Outreach and Education (PPHF)	\$2,000	\$0	\$0	\$0
-- Prevention, Outreach, and Education (PPHF)	\$0	\$26,000	\$0	(\$26,000)
-- Million Hearts (PPHF)	\$0	\$0	\$5,000	\$5,000
-- National Youth Fitness Survey (PPHF)	\$6,000	\$0	\$0	\$0
-- Promoting Obesity Prevention in Early Childhood (PPHF)	\$750	\$0	\$0	\$0
-- Workplace Wellness (PPHF)	\$10,000	\$10,000	\$4,000	(\$6,000)
-- Healthy Weight Task Force Obesity Activities (PPHF)	\$0	\$5,000	\$4,000	(\$1,000)
<b>Birth Defects, Developmental Disabilities, Disability and Health</b>	<b>\$136,072</b>	<b>\$137,287</b>	<b>\$125,565</b>	<b>(\$11,722)</b>
-- Child Health and Development	\$62,295	\$61,966	\$8,653	(\$53,313)
-- Autism (non-add)	\$21,380	\$21,265	\$0	(\$21,265)
-- Child Health and Development (PPHF)	\$0	\$0	\$49,957	\$49,957
-- Autism (non-add) (PPHF)	\$0	\$0	\$21,340	\$21,340
-- Health and Development with Disabilities	\$54,920	\$56,574	\$7,360	(\$49,214)
-- Health and Development with Disabilities (PPHF)	\$0	\$0	\$43,841	\$43,841
-- Public Health Approach to Blood Disorders	\$18,857	\$18,747	\$2,463	(\$16,284)
-- Public Health Approach to Blood Disorders (PPHF)	\$0	\$0	\$13,291	\$13,291
<b>Environmental Health</b>	<b>\$169,855</b>	<b>\$139,998</b>	<b>\$132,672</b>	<b>(\$7,326)</b>
-- Environmental Health Laboratory	\$42,628	\$42,383	\$42,394	\$11
-- Environmental Health Activities	\$35,526	\$35,322	\$33,962	(\$1,360)
-- Built Environment & Health Initiative (non-add)	\$2,634	\$2,628	\$0	(\$2,628)
-- Climate Change (non-add)	\$7,401	\$7,359	\$4,875	(\$2,484)
-- Environmental and Health Outcome Tracking Network (PPHF)	\$35,000	\$35,000	\$29,000	(\$6,000)
-- Asthma	\$27,444	\$25,298	\$0	(\$25,298)
-- Healthy Homes/Childhood Lead Poisoning	\$29,257	\$1,995	\$0	(\$1,995)
-- Healthy Home and Community Environments	\$0	\$0	\$27,316	\$27,316
<b>Injury Prevention and Control</b>	<b>\$143,714</b>	<b>\$137,693</b>	<b>\$137,754</b>	<b>\$61</b>
-- Intentional Injury	\$98,398	\$93,282	\$93,317	\$35
-- NVDRS	\$3,479	\$3,471	\$3,472	\$1
-- Unintentional Injury	\$31,315	\$30,966	\$30,988	\$22
-- Injury Control Research Centers	\$10,522	\$9,974	\$9,977	\$3
<b>Public Health Scientific Services</b>	<b>\$467,564</b>	<b>\$461,741</b>	<b>\$505,069</b>	<b>\$43,328</b>
-- Health Statistics	\$138,683	\$138,683	\$161,833	\$23,150
-- Health Statistics - PHS Evaluation Transfer	\$138,683	\$138,683	\$161,833	\$23,150
-- Surveillance, Epidemiology, and PH Informatics	\$267,747	\$262,129	\$282,541	\$20,412
-- Surveillance, Epidemiology, and PH Informatics - BA	\$111,661	\$108,043	\$0	(\$108,043)
-- Surveillance, Epidemiology, and PH Informatics - PHS Eval	\$109,086	\$109,086	\$217,541	\$108,455
-- Surveillance, Epidemiology, and PH Informatics - PPHF	\$47,000	\$45,000	\$65,000	\$20,000
-- Community Guide (PPHF)	\$7,000	\$10,000	\$10,000	\$0
-- Public Health Research (PPHF)	\$10,000	\$0	\$0	\$0
-- Healthcare Surveillance/Health Statistics (PPHF)	\$30,000	\$35,000	\$35,000	\$0
-- State/Local Lab Efficiency and Sustainability (PPHF)	\$0	\$0	\$20,000	\$20,000
-- Public Health Workforce and Career Development - BA	\$36,134	\$35,929	\$35,695	(\$234)
-- Public Health Workforce Capacity (PPHF)	\$25,000	\$25,000	\$25,000	\$0

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

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<b>Occupational Safety and Health</b>	<b><u>\$316,079</u></b>	<b><u>\$292,588</u></b>	<b><u>\$249,364</u></b>	<b><u>(\$43,224)</u></b>
-- National Occupational Research Agenda (NORA)	\$111,367	\$111,366	\$91,724	(\$19,642)
-- World Trade Center - BA	\$21,956	\$0	\$0	\$0
-- Education and Research Centers - BA	\$24,321	\$24,268	\$0	(\$24,268)
-- Personal Protective Technology - BA	\$16,880	\$16,791	\$0	(\$16,791)
-- Personal Protective Technology - PHS Evaluation Transfer	\$0	\$0	\$16,880	\$16,880
-- Healthier Workforce Center - BA	\$5,026	\$5,016	\$0	(\$5,016)
-- Healthier Workforce Center - PHS Evaluation Transfer	\$0	\$0	\$5,026	\$5,026
-- Mining Research - BA	\$52,687	\$52,363	\$0	(\$52,363)
-- Mining Research - PHS Evaluation Transfer	\$0	\$0	\$52,687	\$52,687
-- Other Occupational Safety and Health Research - BA	\$83,842	\$82,784	\$0	(\$82,784)
-- Other Occupational Safety and Health Research - PHS Evaluation Transfer	\$0	\$0	\$83,047	\$83,047
-- NanoTechnology (non-add)	\$9,500	\$9,500	\$9,500	\$0
<b>Global Health</b>	<b><u>\$340,265</u></b>	<b><u>\$347,594</u></b>	<b><u>\$362,889</u></b>	<b><u>\$15,295</u></b>
-- Global AIDS Program	\$118,741	\$117,118	\$117,156	\$38
-- Global Immunization Program	<u>\$150,854</u>	<u>\$160,287</u>	<u>\$175,417</u>	<u>\$15,130</u>
-- Polio Eradication	\$101,597	\$111,286	\$126,365	\$15,079
-- Measles and Other Vaccine Preventable Diseases	\$49,257	\$49,001	\$49,052	\$51
-- Global Disease Detection and Emergency Response	<u>\$41,902</u>	<u>\$41,601</u>	<u>\$41,659</u>	<u>\$58</u>
-- Global Disease Detection (non-add)	\$35,755	N/A	\$35,604	N/A
-- Parasitic Diseases and Malaria	<u>\$19,467</u>	<u>\$19,367</u>	<u>\$19,417</u>	<u>\$50</u>
-- Malaria (non-add)	\$9,386	N/A	\$9,412	N/A
-- Global Public Health Capacity Development	\$9,301	\$9,221	\$9,240	\$19
<b>Public Health Preparedness and Response</b>	<b><u>\$1,415,416</u></b>	<b><u>\$1,329,479</u></b>	<b><u>\$1,275,136</u></b>	<b><u>(\$54,343)</u></b>
-- State and Local Preparedness and Response Capability	<u>\$664,294</u>	<u>\$657,418</u>	<u>\$641,917</u>	<u>(\$15,501)</u>
-- State and Local Preparedness and Response Capability - BA (non-add)	\$654,294	\$657,418	\$641,917	(\$15,501)
-- CDC Preparedness and Response Capability	\$160,121	\$138,269	\$146,999	\$8,730
-- Strategic National Stockpile	<u>\$591,001</u>	<u>\$533,792</u>	<u>\$486,220</u>	<u>(\$47,572)</u>
-- Strategic National Stockpile - BA	\$522,486	\$503,792	\$439,444	(\$64,348)
-- PHSSEF Strategic National Stockpile Transfer	\$68,515	\$30,000	\$46,776	\$16,776
<b>Cross-Cutting Activities and Program Support</b>	<b><u>\$604,739</u></b>	<b><u>\$659,113</u></b>	<b><u>\$528,848</u></b>	<b><u>(\$130,265)</u></b>
-- Preventive Health and Health Services Block Grants - BA	\$80,094	\$79,545	\$0	(\$79,545)
-- Business Services Support - BA	\$362,026	\$394,682	\$368,529	(\$26,153)
-- Building and facilities - BA	\$0	\$24,946	\$0	(\$24,946)
-- Public Health Leadership and Support - BA	\$121,419	\$118,740	\$119,119	\$379
-- National Prevention Strategy (PPHF)	\$1,000	\$1,000	\$1,000	\$0
-- Public Health Infrastructure (PPHF)	\$40,200	\$40,200	\$40,200	\$0

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

(Dollars in Thousands)

Description	FY 2011	FY 2012	FY 2013 President's Budget	FY 2013 PB +/- FY 2012
<b>Total CDC, Budget Authority</b>	\$5,648,970	\$5,655,670	\$4,991,523	(\$664,147)
Agency for Toxic Substances and Disease Registry	\$76,638	\$76,215	\$76,300	\$85
Public Health and Social Services Emergency Fund (Transfer) (non-add)	\$224,859	\$30,000	\$97,825	\$67,825
Affordable Care Act- Prevention and Public Health Fund Transfer (non-add)	\$610,900	\$825,000	\$903,210	\$78,210
Vaccines for Children*	\$3,952,677	\$4,005,941	\$4,271,015	\$265,074
Energy Employees Occupational Illness Compensation Program Act (EEOICPA)	\$55,358	\$55,358	\$55,358	\$0
World Trade Center (Mandatory)	\$71,000	\$174,354	\$170,636	(\$3,718)
PHS Evaluation Transfers (non-add)	\$352,357	\$371,357	\$667,503	\$296,146
Other User Fees	\$2,226	\$2,226	\$2,226	\$0
<b>Total, CDC/ATSDR Program Level -</b>	<b>\$10,994,985</b>	<b>\$11,196,121</b>	<b>\$11,235,596</b>	<b>\$39,475</b>

\*The FY 2012 level represents the anticipated transfer from Medicaid and does not include \$3.1 million in prior year recoveries and refunds, for a program level of \$4,009.060 million.