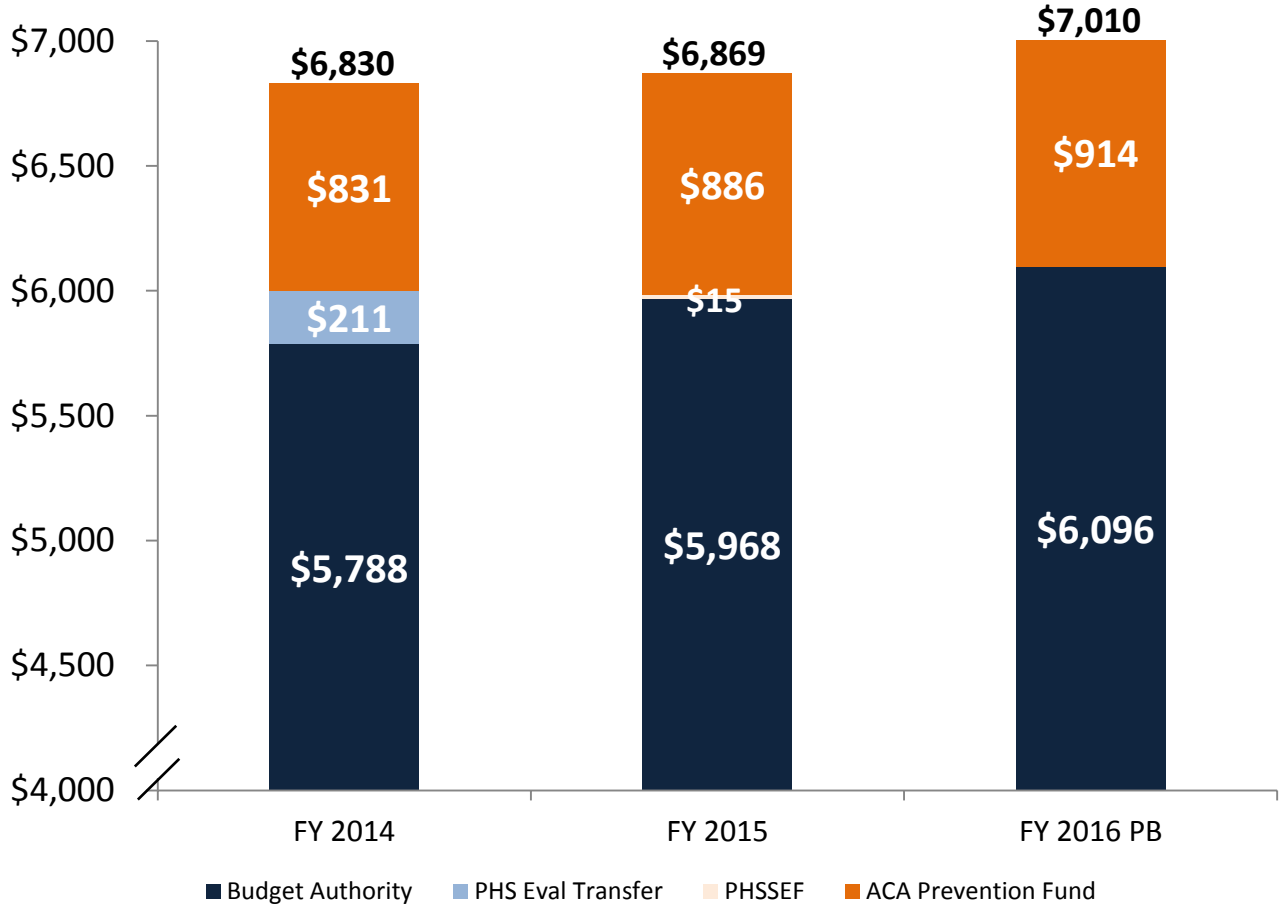
OVERVIEW OF THE BUDGET REQUEST

The fiscal year (FY) 2016 President's Budget request for CDC and ATSDR includes a total funding level of $11,519,365,000 in discretionary budget authority, mandatory funding, and the Affordable Care Act Prevention and Public Health Fund (PPHF). This is an overall increase of $249,953,000 above the FY 2015 Enacted level. The CDC program level request of $7,010,103,000 (excluding mandatory programs except the Prevention Fund) for FY 2016 is an increase of $110,685,000 compared to the FY 2015 Enacted level.

The FY 2016 budget request builds on priorities set forth in CDC's FY 2015 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 2015 Enacted level.

CDC Program Level FY 2014-FY 2016 President's Budget



Initiatives

Combatting Antibiotic-Resistant Bacteria (+$264.3 million)

Antibiotic resistance (AR)—when bacteria do not respond to the drugs designed to kill them—threatens to return us to the time when simple infections were often fatal. Today, AR annually causes more than two million illnesses and 23,000 deaths in the United States. Tomorrow, if this trend continues, could be even worse:

- A simple cut of the finger could lead to a life-threatening infection.

- Common surgical procedures, such as hip and knee replacements, would be far riskier because of the danger of infection.
- Dialysis patients could develop untreatable bloodstream infections.
- Life-saving treatments that suppress immune systems, such as chemotherapy and organ transplants, could potentially cause more harm than good.

The FY 2016 budget request includes an increase of $264.3 million to expand the nation's ability to fight AR, which is critical to address CDC's goal of protecting Americans from infectious diseases. Through the "Combating Antibiotic-Resistant Bacteria (CARB) National Strategy Initiative," 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.

The FY 2016 budget request for CARB will invest in direct action to protect patients and communities. The budget request established "Protect" programs in all 50 states and 10 large cities to scale up effective evidence-based interventions to help reduce inappropriate inpatient antibiotic use by 20%. CDC will also double the number of Emerging Infections Program sites focused on improving national estimates related to healthcare and community AR infections. CDC and its partners will implement proven interventions that reduce the emergence and spread of AR pathogens and that improve appropriate antibiotic use. With this request, CDC will work to prevent current AR threats as well as invest in discovering new interventions—including those based on the microbiome—that could fundamentally alter how we understand and respond to antibiotic resistance and infectious diseases.

Drug Overdose Prevention (+$53.6 million)

Drug overdose deaths have skyrocketed in the past decade, largely because of prescription opioids. Prescription Drug Overdose (PDO) death rates quadrupled since 1999, claiming more than 16,000 lives in 2013 alone. Overdose deaths are only part of the problem—for each death involving prescription opioids, hundreds of people abuse or misuse these drugs. Emergency department visits for prescription painkiller abuse or misuse have doubled in the past few years to nearly half a million. Prescription opioid-related overdoses cost an estimated $20 billion in medical and work-loss costs each year. Stemming this epidemic is essential to CDC's goal of preventing the leading causes of disease, disability, and death. Equally important is the need to address the alarming rise in overdose death from illicit drugs such as heroin.

In FY 2016, CDC will build on state PDO prevention activities initiated in FY 2014–2015, including the PDO Prevention for States program to be launched in FY 2015. The FY 2016 budget request includes $5.6 million to support CDC's efforts to address the troubling rise in overdose deaths from illicit opioids such as heroin. An additional increase of $48.0 million above the $20.0 million provided in FY 2015 will enable CDC to expand the PDO Prevention for States program to fund all 50 states and Washington, D.C. for a truly comprehensive response to the national epidemic. CDC funding will scale up existing state Prescription Drug Monitoring Program (PDMP) programs to improve clinical decision-making and to inform implementation of insurance innovations and evaluation of state-level policies. In addition, the increased investment will support rigorous monitoring and evaluation, and improvements in data quality, with an emphasis on delivering real-time mortality surveillance. CDC also will scale up activities to improve patient safety by bringing together health systems and health departments to develop and track pain management and opioid prescribing quality measures in states with the highest prescribing rates.

Increases

FY 2016 HHS Budget Request

The HHS Budget Request includes $110 million within the Public Health and Social Services Emergency Fund to respond to unanticipated public health emergencies through support for domestic or international activities, such as state and local response and emergency staffing, hospital and containment facilities, infection control, laboratory equipment and supplies, data gathering and analysis, countermeasures, and other potential needs in such an incident. Within the total, there are resources for staff coordination and training, command and control, and other related logistical needs.

PROTECT AMERICANS FROM INFECTIOUS DISEASES

Vaccines for Children – Mandatory Funding (+$128.1 million)

The FY 2016 budget request includes an increase of $128.1 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.

Viral Hepatitis (+$31.5 million)

An estimated 4.4 million Americans are living with chronic hepatitis; up to 60% do not know they are infected and even fewer are receiving appropriate care and treatment. Therapies are available that cure hepatitis C virus (HCV) infection in more than 90% of persons who complete treatment. The FY 2016 budget request includes an increase of $31.5 million for viral hepatitis prevention efforts to support CDC's goal of protecting Americans from infectious diseases. This increase is aligned with the HHS Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis and will be used to stop transmission and prevent related illness and death by:

- Expanding adoption of CDC and U.S. Preventive Services Task Force recommendations for Hepatitis B Virus (HBV) and HCV testing and linkage to care
- Developing monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk
- Enhancing vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B
- Strengthening state and local capacity to detect new infections, coordinate prevention activities, improve quality of care, and track progress toward prevention goals

This increase will also support partnerships between CDC and state and local health departments, universities, medical centers, community-based organizations, and others to achieve prevention priorities and set the nation on a course toward elimination of hepatitis B and hepatitis C.

National Healthcare Safety Network (+$14.0 million)

The FY 2016 budget request includes an increase of $14.0 million for the National Healthcare Safety Network (NHSN). This increase will support NHSN reporting in more than 17,000 healthcare facilities across the continuum of care, including acute care hospitals, dialysis facilities, nursing homes and ambulatory surgical centers. These funds will enable CDC to continue to provide data for national healthcare-associated infection

(HAI) elimination, and guide prevention to targeted healthcare facilities to improve HAI rates. CDC will also support NHSN infrastructure, critical user support, and innovative HAI prevention approaches.

Domestic HIV/AIDS Prevention and Research (+$12.6 million)

The FY 2016 budget request includes an increase of $12.6 million for domestic HIV/AIDS prevention. Part of this increase, $6.3 million, will support efforts to better link persons diagnosed and living with HIV to appropriate care, examine how new biomedical interventions are being used, and facilitate the development of state-wide plans for prevention, care and treatment, and other supportive services. The remaining $6.3 million will be used to improve HIV prevention activities targeted to school-aged youth. HIV/AIDS prevention investments will continue to align activities with the National HIV/AIDS Strategy and promote high-impact prevention that focuses resources on effective, scalable, and sustainable prevention strategies. CDC will also help health department grantees leverage changes in the healthcare system by increasing their capacity to seek reimbursement for HIV preventive services that may be covered under health insurance policies.

Food Safety (+$2.1 million)

The FY 2016 budget request includes an increase of $2.1 million for food safety. Approximately one-half of the requested increase will go to state and local health agencies to enhance vital national surveillance, outbreak detection and response, and food safety prevention efforts. This funding will help to address the critical unmet needs in the nation's food safety system, focusing on priority areas in food safety at CDC and at state health departments, all of which are required provisions of the Food Safety Modernization Act (FSMA).

PREVENT THE LEADING CAUSES OF DISEASE, DISABILTY, AND DEATH

National Violent Death Reporting System (NVDRS) (+$12.3 million)

The FY 2016 budget request includes an increase of $12.3 million to complete expansion of the National Violent Death Reporting System (NVDRS) to include all 50 states and Washington, D.C. This expansion, and increased average awards, will fund all states not previously funded. For the first time, prevention researchers, practitioners, and policymakers will be able to gauge the magnitude, trends, and characteristics of violent deaths at the national, state, and local levels.

Gun Violence Prevention Research (+$10.0 million)

The FY 2016 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 for 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*).

Rape Prevention (+$5.6 million)

The FY 2016 budget request includes an increase of $5.6 million for CDC's Rape Prevention and Education (RPE) program to fund up to seven academic or research institutions to help CDC's rape prevention grantees collect data and scientifically evaluate their programs to build the evidence base in sexual violence prevention and scale up evidence-based efforts throughout the RPE program.

Concussion Surveillance (+$5.0 million)

The FY 2016 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.

Arthritis and Other Chronic Diseases (+$3.5 million)

The FY 2016 budget request includes an increase of $3.5 million for Arthritis and other Chronic Diseases to address the burden of arthritis by increasing access to and availability of evidence-based interventions, conducting surveillance to measure burden, strengthening the science base of effective strategies, and promoting health equity.

PROTECT AMERICANS FROM NATURAL AND BIOTERRORISM THREATS

Strategic National Stockpile (+$36.7 million)

The FY 2016 budget request includes an increase of $36.7 million for the Strategic National Stockpile (SNS), which will allow CDC to replace expiring medical countermeasures and maintain the current preparedness levels. Funds will also support other preparedness related activities such as science and research, response and training operations, development and maintenance of state and local public health capabilities, and activities to strengthen collaboration between public health and healthcare.

CDC Preparedness and Response Capability (+$10.0 million)

The FY 2016 budget request includes an increase of $10.0 million for CDC's Preparedness and Response Capability for the CDC Select Agent Program. This program regulates the possession, use, and transfer of potentially dangerous biological agents and toxins in the United States. In FY 2016, the Select Agent Program will increase by 25% the number of annual inspections and surprise visits for high-risk facilities.

ENSURE GLOBAL DISEASE PROTECTION

Global Health Security Agenda (GHSA) (+$11.6 million)

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, with far-reaching implications for economic security, trade, the stability of foreign governments, and the well-being of U.S. citizens abroad and at home. Global health security efforts are necessary to CDC's goal to ensure global disease protection. If we are to save lives and protect U.S. health security, CDC must accelerate efforts to build the systems and workforce needed to better respond to and manage a range of disease threats.

The FY 2016 Budget request includes an increase of $11.6 million to expand the Global Health Security Agenda. 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.

Global Public Health Capacity Development (+$10.0 million)

The FY 2016 budget request also includes an increase of $10.0 million to support foundational global public health capacity building activities needed to address ongoing epidemics like HIV and tuberculosis, as well as vaccine-preventable diseases and emerging infectious disease threats. Foundational activities are supportive of the Global Health Security Agenda goals, and include working with ministries of health to develop a well-trained

public health workforce; providing technical assistance to develop disease detection and response systems; and collaborating with in-country partners to improve efficiency and coordination of country-level public health activities.

Polio Eradication (+$10.0 million)

The FY 2016 budget request includes an increase of $10.0 million for Polio Eradication. 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). Universal use of IPV is a key strategy necessary to achieve global polio eradication because while there are certain advantages to using OPV, it also carries with it a small risk of vaccine-acquired infections. This increase will allow for continued expansion of environmental surveillance for the detection of circulating polio viruses. Such environmental surveillance helps CDC and partners target programmatic efforts. This increase supports the United States' critical commitment to the Global Polio Eradication Initiative's Polio Endgame Strategic Plan 2013-2018.

KEEP AMERICANS SAFE FROM ENVIRONMENTAL AND WORK-RELATED HAZARDS

Public Health Workforce Capacity (+$15.2 million)

The FY 2016 budget request includes an increase of $15.2 million to support Public Health Workforce Capacity. With this proposed increase, CDC will support up to 667 fellows, which includes almost 80 additional fellows. CDC also will expand staff support for these fellows, enhance access to public health e-learning, increase opportunities for fellows to receive training in population health, and strengthen workforce development for public health surveillance. CDC will accomplish this effort by strategically placing EIS officers, Prevention Effectiveness fellows, Public Health Informatics fellows, Preventive Medicine residents/fellows, and Public Health Associates in high-need areas.

Climate Change (+$10.0 million)

The FY 2016 budget request includes an increase of $10.0 million for climate change. With the proposed increase, CDC will fund state and local health departments through the Building Resilience Against Climate Effects (BRACE) framework. This increase will allow CDC to fund an additional 30 grantees, bringing the total to 48 state and local awards.

MONITOR HEALTH AND ENSURE LABORATORY EXCELLENCE

Advancing CDC Laboratory Safety and Quality (+$20.0 million)

The FY 2016 budget request includes an increase of $10.0 million in Emerging and Zoonotic Infectious Diseases for laboratory capacity and safety. This will enable CDC to maintain its ability to respond to outbreaks, determine unexplained illnesses, support state and local diagnostics, improve pathogen identification of emerging and re-emerging diseases, and maintain the world's most advanced, state-of-the-art infectious disease and environmental public health laboratories. CDC is committed to implementing changes identified in recent laboratory safety reviews needed to protect staff and the CDC community and to safely execute critical diagnostic and research work essential to protecting Americans.

The request also includes an increase of $10.0 million in Public Health Scientific Services to enhance laboratory training, capacity, and oversight. In 2014, CDC carefully reviewed laboratory practices and policies to develop recommendations for improvements in laboratory safety and quality. In addition to enhancing general understanding, implementation, and enforcement of laboratory safety policies and quality systems across the agency's laboratories, training and education were identified for improvement. Examples of improved training

include post-doctoral fellowship training, dedicated hands-on CDC laboratory training space, and expanded distance learning.

Healthcare Surveillance/Health Statistics (+$12.0 million)

The FY 2016 budget request includes an increase of $12.0 million for Healthcare Surveillance/Health Statistics to track the effects of the Affordable Care Act on the healthcare system and on health outcomes. The National Health Interview Survey (NHIS) and the National Ambulatory Medical Care Survey (NAMCS) are the core data systems used to monitor changes in the healthcare system and the effects on the U.S. population.

Community Guide (+$8.0 million)

The FY 2016 budget request includes an increase of $8.0 million for the Community Guide to provide the necessary resources for CDC to meet its statutory responsibility to provide ongoing administrative, research, and technical support for the operations of the Community Preventive Services Task Force.

Foundational Capacities (+$8.0 million)

The FY 2016 budget request includes an increase of $8.0 million for Foundational Capacities to provide support to state and local health departments to strengthen public health practice within the changing environment. This funding will support health departments' efforts to address gaps in foundational capabilities that align with national accreditation standards and are essential to health departments' ability to protect and improve health. These efforts will be coordinated with and complement other CDC efforts, including coordinating agency-wide approach to billing capacity and other fiscal capabilities essential to health department function and success.

Health Statistics (+$5.0 million)

The FY 2016 budget request includes an increase of $5.0 million for Health Statistics to expand electronic death reporting to provide faster, better quality data on deaths of public health importance, including Prescription Drug Overdose deaths. These efforts to improve the timeliness of jurisdiction reporting and to modernize the national vital statistics infrastructure are contributing to developing a system capable of supporting near real-time surveillance.

Decreases and Eliminations

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

The FY 2016 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.

Racial and Ethnic Approaches to Community Health (-$50.9 million)

The FY 2016 Budget request eliminates funding for the Racial and Ethnic Approaches to Community Health (REACH) program. CDC is committed to ensuring lessons learned from the REACH Program will continue to be integrated into current and future community health models, such as the Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, in order to reach populations that experience the greatest health disparities.

Immunization Program (-$50.3 million)

The FY 2016 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 (-$41.6 million)

The FY 2016 budget request reduces funding for Breast and Cervical Cancer activities by $37.8 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 will diminish. The ACA will increase access to cancer screening services for many low-income, underserved women through expanded insurance coverage, similar to the populations covered by CDC's National Breast Cancer and National Cervical Cancer Early Detection Programs.

Occupational Safety and Health – Education and Research Centers (-$27.4 million)

The FY 2016 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 (-$24.0 million)

The FY 2016 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.

Partnerships to Improve Community Health (-$20.0 million)

The FY 2016 budget request reduces Partnerships to Improve Community Health (PICH) activities by $20.0 million. FY 2016 represents the third and final year of the cooperative agreement. Much of the program implementation work will be drawing to a close; therefore, the program can begin to reduce activities. Remaining activities will likely focus on finalizing evaluations, documenting lessons learned, and exploring concrete ways communities can sustain successes under PICH.

Academic Centers for Public Health Preparedness (-$8.0 million)

The FY 2016 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.

All Other State and Local Capacity (-$9.4 million)

Since 2002, PHEP cooperative agreements provided more than $9 billion to public health departments across the nation to upgrade their ability to effectively respond to a wide range of public health threats. This reduction would decrease CDC direct assistance to the grantees, including the Career Epidemiology Field Officer Program. CDC received significant funds through the Ebola Emergency funding in FY 2015 to expand domestic preparedness capabilities.

Prostate Cancer (-$13.2 million)

The FY 2016 budget request eliminates funding for prostate cancer activities. While the evidence on prostate cancer screening remains unclear, CDC has conducted extensive research on and developed materials to help doctors and other health providers 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, nor hinder the ability to share resources and lessons learned.

Environmental and Health Outcome Tracking (-$10.9 million)

The FY 2016 request includes a decrease of $10.9 million for Environmental and Health Outcome Tracking activities. The FY 2016 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.

Workplace Wellness (-$10.0 million)

The FY 2016 Budget request eliminates Workplace Wellness activities. CDC will not require resources in FY 2016 to complete remaining activities and meet program goals. CDC will integrate lessons learned from these projects into on-going chronic disease prevention programs.

High Obesity Rate Counties (-$7.5 million)

The FY 2016 Budget request eliminates the High Obesity Rate Counties. This program was of limited duration, will complete their work in FY 2015, and is duplicative of other CDC efforts. CDC will integrate lessons learned from these projects into ongoing chronic disease prevention programs.

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2016 CJ
(Dollars in Thousands)

Budget Activity/Description	FY 2014 Final CA[1]	FY 2015 Enacted[2]	FY 2016 CJ	FY 2016 +/- FY15 Omnibus
Immunization and Respiratory Diseases	**$782,973**	**$798,405**	**$748,066**	**($50,339)**
Immunization and Respiratory Diseases - BA	**$609,809**	**$573,105**	**$537,766**	**($35,339)**
Immunization and Respiratory Diseases - PHS Evaluation Transfer	***$12,864***	***$0***	***$0***	***$0***
Immunization and Respiratory Diseases - PPHF	**$160,300**	***$210,300***	***$210,300***	***$0***
Immunization and Respiratory Diseases - PHSSEF	**N/A**	***$15,000***	***$0***	***($15,000)***
-- Immunization Program Level	$610,847	$610,847	$560,508	($50,339)
-- Immunization Program - BA	$437,683	$387,683	$337,344	($50,339)
-- National Immunization Survey - BA	N/A	$12,864	$12,864	$0
-- *National Immunization Survey - PHS Evaluation Transfers*	*$12,864*	*$0*	*$0*	*$0*
-- *Immunization Program (PPHF).*	*$160,300*	*$210,300*	*$210,300*	*$0*
-- Influenza/Influenza Planning and Response[3]	$172,126	$187,558	$187,558	$0
-- Influenza Planning and Response	$172,126	$172,558	$187,558	$15,000
-- Influenza Planning and Response (PHSSEF)	N/A	$15,000	N/A	($15,000)
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	**$1,117,609**	**$1,117,609**	**$1,161,747**	**$44,138**
-- Domestic HIV/AIDS Prevention and Research	$786,712	$786,712	$799,361	$12,649
-- HIV Prevention by Health Department	$397,161	$397,161	$397,161	$0
-- HIV Surveillance	$119,861	$119,861	$119,861	$0
-- Improving HIV Program Effectiveness	$103,208	$103,208	$109,561	$6,353
-- HIV - National, Regional, Local, Community, and Other Organizations	$135,401	$135,401	$135,401	$0
-- School Health - HIV	$31,081	$31,081	$37,377	$6,296
-- Viral Hepatitis	$31,331	$31,331	$62,820	$31,489
-- Sexually Transmitted Infections (STIs)	$157,310	$157,310	$157,310	$0
-- Tuberculosis (TB)	$142,256	$142,256	$142,256	$0
Emerging and Zoonotic Infectious Diseases	**$389,655**	**$404,990**	**$699,267**	**$294,277**
Emerging and Zoonotic Infectious Diseases - BA	**$337,655**	**$352,990**	**$644,687**	**$291,697**
Emerging and Zoonotic Infectious Diseases - PPHF	**$52,000**	**$52,000**	**$54,580**	**$2,580**
-- Core Infectious Diseases[4]	$218,141	$225,393	$500,955	$275,562
-- Antibiotic Resistance Initiative - BA (non-add)	N/A	N/A	$264,328	$264,328
-- Lab Safety and Quality (non-add)	N/A	N/A	$10,000	$10,000
-- Food Safety	$39,993	$47,993	$50,089	$2,096
-- National HealthCare Safety Network	$18,032	$18,032	$32,071	$14,039
-- Quarantine	$31,572	$31,572	$31,572	$0
-- *Federal Isolation and Quarantine (non-add)*	*N/A*	*N/A*	*$1,000*	*$1,000*
-- Advanced Molecular Detection (AMD)	$29,917	$30,000	$30,000	$0
-- *Epi and Lab Capacity program (PPHF)*	*$40,000*	*$40,000*	*$40,000*	*$0*
-- *Healthcare-Associated Infections (PPHF)*	*$12,000*	*$12,000*	*$14,580*	*$2,580*
Chronic Disease Prevention and Health Promotion	**$1,186,001**	**$1,198,220**	**$1,058,058**	**($140,162)**
Chronic Disease Prevention and Health Promotion - BA	**$740,001**	**$747,220**	**$577,854**	**($169,366)**
Chronic Disease Prevention and Health Promotion - PPHF	**$446,000**	**$451,000**	**$480,204**	**$29,204**
-- Tobacco	$105,492	$105,492	$105,492	$0
-- *Tobacco (PPHF)*	*$105,000*	*$110,000*	*$110,000*	*$0*
-- Nutrition, Physical Activity and Obesity	$5,085	$12,585	$36,092	$23,507
-- *High Obesity Rate Counties (non-add).*	N/A	$7,500	N/A	($7,500)
-- *Nutrition, Physical Activity and Obesity (PPHF)*	*$35,000*	*$35,000*	*$4,000*	*($31,000)*
-- School Health	$15,383	$15,383	$15,383	$0
-- Health Promotion	$19,432	$19,970	$19,970	$0
-- Prevention Research Centers	$25,461	$25,461	$0	($25,461)
-- *Prevention Research Centers (PPHF)*	*$0*	*$0*	*$25,000*	*$25,000*
-- Heart Disease and Stroke	$57,037	$57,037	$57,037	$0
-- *Heart Disease and Stroke (PPHF)*	*$73,000*	*$73,000*	*$73,000*	*$0*
-- Diabetes	$67,129	$67,129	$67,129	$0
-- *Diabetes (PPHF)*	*$73,000*	*$73,000*	*$73,000*	*$0*
-- National Diabetes Prevention Program	$9,972	$10,000	$10,000	$0
-- Cancer Prevention and Control	$350,323	$352,649	$297,876	($54,773)
-- *Cancer Prevention and Control (PPHF)*	*$104,000*	*$104,000*	*$179,204*	*$75,204*
-- Cancer Prevention and Control - BA	$246,323	$248,649	$118,672	($129,977)
-- Breast and Cervical Cancer (BA and PPHF)	$206,993	$206,993	$169,204	($37,789)
-- Breast and Cervical Cancer	$102,993	$102,993	N/A	($102,993)
-- *WISEWOMAN (non-add)*	*$21,114*	*$21,114*	*N/A*	*($21,114)*
-- *Breast and Cervical Cancer (PPHF) (non-add)*	*$104,000*	*$104,000*	*$169,204*	*$65,204*
-- *WISEWOMAN (PPHF) (non-add)*	*N/A*	*$0*	*$21,170*	*$21,170*
-- Colorectal Cancer (non add)	$43,294	$43,294	$29,515	($13,779)
-- *Colorectal Cancer (PPHF) (non-add)*	*$0*	*$0*	*$10,000*	*$10,000*
-- Prostate Cancer (non-add)	$13,205	$13,205	$0	($13,205)
-- Oral Health	$15,749	$15,749	$15,749	$0
-- Safe Motherhood/Infant Health	$45,473	$45,473	$45,473	$0
-- Arthritis and Other Chronic Diseases	$26,735	$23,342	$26,857	$3,515
-- Community Grants	$130,730	$130,950	$60,000	($70,950)
-- Racial and Ethnic Approach to Community Health	$20,950	$20,950	$0	($20,950)
-- *Racial and Ethnic Approach to Community Health (PPHF)*	*$30,000*	*$30,000*	*$0*	*($30,000)*
-- Partnerships to Improve Community Health	$79,780	$80,000	$60,000	($20,000)
-- *Million Hearts (PPHF)*	*$4,000*	*$4,000*	*$4,000*	*$0*
-- *Workplace Wellness (PPHF)*	*$10,000*	*$10,000*	*$0*	*($10,000)*
-- *Healthy Weight Task Force Obesity Activities/Early Child Care Collaboratives (PPHF)*	*$4,000*	*$4,000*	*$4,000*	*$0*
-- *Hospitals Promoting Breastfeeding (PPHF)*	*$8,000*	*$8,000*	*$8,000*	*$0*
-- High Obesity Rate Counties (non-add)	$4,986	N/A	$0	N/A

Budget Activity/Description	FY 2014 Final CA[1]	FY 2015 Enacted[2]	FY 2016 CJ	FY 2016 +/- FY15 Omnibus
Birth Defects, Developmental Disabilities, Disability and Health	**$129,190**	**$131,781**	**$131,781**	**$0**
Birth Defects, Developmental Disabilities, Disability and Health - BA	**$129,190**	**$131,781**	**$63,815**	**($67,966)**
Birth Defects, Developmental Disabilities, Disability and Health - PPHF	**$0**	**$0**	**$67,966**	**$67,966**
-- Child Health and Development - BA	$64,202	$64,232	$48,706	($15,526)
-- Child Health and Development (PPHF)	*$0*	*$0*	*$15,526*	*$15,526*
-- Birth Defects (PPHF)	*$0*	*$0*	*$15,526*	*$15,526*
-- Birth Defects - BA	$18,965	$18,965	$3,439	($15,526)
-- Fetal Death (non-add)	$891	$891	$891	$0
-- All Other Birth Defects (non-add)	$18,074	$18,074	$2,548	($15,526)
-- Fetal Alcohol Syndrome	$10,505	$10,505	$10,505	$0
-- Folic Acid	$3,121	$3,121	$3,121	$0
-- Infant Health	$8,639	$8,639	$8,639	$0
-- Autism	$22,972	$23,002	$23,002	$0
-- Health and Development with Disabilities - BA[5]	$50,416	$52,440	$0	($52,440)
-- Health and Development with Disabilities (PPHF)	*$0*	*$0*	*$52,440*	*$52,440*
-- Disability and Health (includes Child Development Studies)	$19,342	$20,042	$0	($20,042)
-- Disability and Health (includes Child Development Studies) (PPHF)	*$0*	*$0*	*$20,042*	*$20,042*
-- Tourette Syndrome	$1,744	$2,000	$0	($2,000)
-- Tourette Syndrome (PPHF)	*$0*	*$0*	*$2,000*	*$2,000*
-- Early Hearing Detection and Intervention	$10,752	$10,752	$0	($10,752)
-- Early Hearing Detection and Intervention (PPHF)	*$0*	*$0*	*$10,752*	*$10,752*
-- Muscular Dystrophy	$5,969	$6,000	$0	($6,000)
-- Muscular Dystrophy (PPHF)	*$0*	*$0*	*$6,000*	*$6,000*
-- Attention Deficit Hyperactivity Disorder	$1,850	$1,850	$0	($1,850)
-- Attention Deficit Hyperactivity Disorder (PPHF)	*$0*	*$0*	*$1,850*	*$1,850*
-- Fragile X	$1,754	$1,800	$0	($1,800)
-- Fragile X (PPHF)	*$0*	*$0*	*$1,800*	*$1,800*
-- Spina Bifida	$5,996	$5,996	$0	($5,996)
-- Spina Bifida (PPHF)	*$0*	*$0*	*$5,996*	*$5,996*
-- Congenital Heart Failure	$3,009	$4,000	$0	($4,000)
-- Congenital Heart Failure (PPHF)	*$0*	*$0*	*$4,000*	*$4,000*
-- Public Health Approach to Blood Disorders - BA	$14,572	$15,109	$15,109	$0
-- Public Health Approach to Blood Disorders	$3,989	$4,500	$4,500	$0
-- Hemophilia	$3,498	$3,504	$3,504	$0
-- Hemophilia Treatment Centers	$4,986	$5,000	$5,000	$0
-- Thallasemia	$2,099	$2,105	$2,105	$0
Environmental Health	**$179,404**	**$179,404**	**$178,500**	**($904)**
Environmental Health - BA	**$166,404**	**$166,404**	**$141,500**	**($24,904)**
Environmental Health - PPHF	**$13,000**	**$13,000**	**$37,000**	**$24,000**
-- Environmental Health Laboratory	$55,870	$55,870	$55,870	$0
-- Environmental Health Activities	$45,580	$45,580	$55,580	$10,000
-- Climate Change (non-add)	*$8,613*	*$8,613*	*$18,613*	$10,000
-- Environmental and Health Outcome Tracking Network	$34,904	$34,904	$0	($34,904)
-- Environmental and Health Outcome Tracking Network (PPHF)	*$0*	*$0*	*$24,000*	*$24,000*
-- Asthma	$27,528	$27,528	$27,528	$0
-- Childhood Lead Poisoning Prevention - BA	$2,522	$2,522	$2,522	$0
-- Childhood Lead Poisoning Prevention (PPHF)	*$13,000*	*$13,000*	*$13,000*	*$0*
Injury Prevention and Control	**$150,447**	**$170,447**	**$256,977**	**$86,530**
-- Intentional Injury	$92,001	$92,001	$107,611	$15,610
-- Domestic Violence and Sexual Violence	$32,674	$32,674	$32,679	$5
-- Child Maltreatment (non-add)	*$7,250*	*$7,250*	*$7,250*	*$0*
-- Youth Violence Prevention - BA	$15,086	$15,086	$15,086	$0
-- Domestic Violence Community Projects	$5,414	$5,414	$5,414	$0
-- Rape Prevention - BA	$38,827	$38,827	$44,432	$5,605
-- Gun Violence Prevention Research	*$0*	$0	$10,000	$10,000
-- NVDRS - BA	$11,302	$11,302	$23,570	$12,268
-- Unintentional Injury	$8,598	$8,598	$8,598	$0
-- Traumatic Brain Injury (TBI)	$6,548	$6,548	$6,548	$0
-- Elderly Falls	$2,050	$2,050	$2,050	$0
-- Injury Prevention Activities	$28,950	$48,950	$107,602	$58,652
-- Prescription Drug Overdose (non-add)[6]	*N/A*	*$20,000*	*$68,000*	*$48,000*
-- Illicit Opioid Use Risk Factors (non-add)	*$0*	*N/A*	*$5,579*	*$5,579*
-- Concussion Surveillance (non-add)	*$0*	*N/A*	*$5,000*	*$5,000*
-- Injury Control Research Centers	$9,596	$9,596	$9,596	$0
Public Health Scientific Services	**$480,989**	**$481,061**	**$538,809**	**$57,748**
Public Health Scientific Services - BA	**$395,298**	**$481,061**	**$474,559**	**($6,502)**
Public Health Scientific Services - PHS Evaluation Transfer	***$85,691***	***$0***	***$0***	***$0***
Public Health Scientific Services - PPHF	**$0**	**$0**	**$64,250**	**$64,250**
-- Health Statistics	$155,247	$155,397	$160,397	$5,000
-- Health Statistics - BA	$69,556	$155,397	$160,397	$5,000
-- Health Statistics - PHS Evaluation Transfer	*$85,691*	*$0*	*$0*	*$0*
-- Surveillance, Epidemiology, and PH Informatics	$273,464	$273,464	$311,008	$37,544
-- Surveillance, Epidemiology, and PH Informatics - BA	$273,464	$273,464	$283,008	$9,544
-- Lab Training (non-add)	$0	$0	$10,000	$10,000
-- Surveillance, Epidemiology, and PH Informatics - PPHF	*$0*	*$0*	*$28,000*	*$28,000*
-- Community Guide (PPHF)	*$0*	*$0*	*$8,000*	*$8,000*
-- Healthcare Surveillance/Health Statistics (PPHF)[7]	*$0*	*$0*	*$12,000*	*$12,000*
-- Foundational Capacities (PPHF)	*$0*	*$0*	*$8,000*	*$8,000*
-- Public Health Workforce and Career Development - BA	$52,278	$52,200	$31,154	($21,046)
-- Public Health Workforce Capacity (PPHF)	*$0*	*$0*	*$36,250*	*$36,250*

Budget Activity/Description	FY 2014 Final CA[1]	FY 2015 Enacted[2]	FY 2016 CJ	FY 2016 +/- FY15 Omnibus
Occupational Safety and Health	**$332,363**	**$334,863**	**$283,418**	**($51,445)**
Occupational Safety and Health - BA	**$220,363**	**$334,863**	**$283,418**	**($51,445)**
Occupational Safety and Health - PHS Evaluation Transfer	***$112,000***	***$0***	***$0***	***$0***
-- National Occupational Research Agenda (NORA)	$112,000	$114,500	$90,500	($24,000)
-- NORA - BA	$0	$114,500	$90,500	($24,000)
-- Agriculture, Forestry, Fishing (AgFF) - BA (non-add)	$0	$24,000	$0	($24,000)
-- NORA - PHS Evaluation Transfers	*$112,000*	*$0*	*$0*	*$0*
-- Agriculture, Forestry, Fishing (AgFF) (non-add)	*$24,000*	*$0*	*$0*	*$0*
-- Other Occupational Safety and Health Research - BA.[8]	$220,363	$220,363	$192,918	($27,445)
-- Miners Choice - BA	*$950*	*N/A*	*N/A*	*N/A*
-- National Mesothelioma Registry and Tissue Bank - BA	$1,106	$1,106	$1,106	$0
-- Personal Protective Technology - BA	$19,695	$19,695	$19,695	$0
-- Healthier Workforce Center - BA	$4,976	$4,976	$4,976	$0
-- Mining Research - BA	$59,420	$59,420	$59,420	$0
-- Education and Research Centers - BA	$27,445	$27,445	$0	($27,445)
-- All Other Occupational Safety and Health Research.	$106,771	$107,721	$107,721	$0
Global Health (inlcudes Ebola Funding PL 113-164)	**$415,745**	**$446,517**	**$448,092**	**$1,575**
-- Global HIV/AIDS Program	$128,420	$128,421	$128,421	$0
-- Global Immunization Program	$200,358	$208,608	$218,608	$10,000
-- Polio Eradication	$150,524	$158,774	$168,774	$10,000
-- Measles and Other Vaccine Preventable Diseases	$49,834	$49,834	$49,834	$0
-- Parasitic Diseases and Malaria	$24,369	$24,369	$24,369	$0
-- Global Public Health Protection	$62,598	$55,119	$76,694	$21,575
-- CR Ebola Funding (PL 113-164)	$0	$30,000	$0	($30,000)
Public Health Preparedness and Response	**$1,367,551**	**$1,352,551**	**$1,381,818**	**$29,267**
-- State and Local Preparedness and Response Capability	$661,042	$661,042	$643,609	($17,433)
-- Public Health Emergency Preparedness Cooperative Agreement (non-add)	$643,609	$643,609	$643,609	$0
-- CDC Preparedness and Response Capability	$157,166	$157,166	$167,166	$10,000
-- Strategic National Stockpile	$549,343	$534,343	$571,043	$36,700
Cross-Cutting Activities and Program Support	**$274,649**	**$273,570**	**$113,570**	**($160,000)**
Cross-Cutting Activities and Program Support - BA[9]	**$114,649**	**$113,570**	**$113,570**	**$0**
Cross-Cutting Activities and Program Support - PPHF	**$160,000**	**$160,000**	**$0**	**($160,000)**
-- Preventive Health and Health Services Block Grant (PPHF) -	*$160,000*	*$160,000*	*$0*	*($160,000)*
-- Public Health Leadership and Support	$114,649	$113,570	$113,570	$0
-- Building and Facilities	**$23,772**	**$10,000**	**$10,000**	**$0**
-- Building and Facilities	$23,772	$10,000	$10,000	$0
Total CDC, Budget Authority -	***$5,788,493***	***$5,998,118***	***$6,095,803***	***$97,685***
Total CDC, (Budget Authority & PHS Evaluation Transfers) -	***$5,999,048***	***$5,998,118***	***$6,095,803***	***$97,685***
Program Level (includes BA, PHS Eval, PHSSEF & PPHF) -	***$6,830,348***	***$6,899,418***	***$7,010,103***	***$110,685***
Agency for Toxic Substances and Disease Registry	***$74,691***	***$74,691***	***$74,691***	***$0***
Affordable Care Act- Prevention and Public Health Fund Transfer	***$831,300***	***$886,300***	***$914,300***	***$28,000***
ATSDR Affordable Care Act (Mandatory)	***$0***	***$18,540***	***$0***	***($18,540)***
Vaccines for Children [10]	***$3,556,731***	***$3,981,250***	***$4,109,307***	***$128,057***
Energy Employees Occupational Illness Compensation Program Act (EEOICPA)	***$49,933***	***$50,099***	***$55,358***	***$5,259***
World Trade Center (Mandatory) [11]	***$235,740***	***$243,350***	***$267,680***	***$24,330***
PHS Evaluation Transfers	***$210,555***	***$0***	***$0***	***$0***
Public Health and Social Services Emergency Fund (PHSSEF)	***$0***	***$15,000***	***$0***	***($15,000)***
Other User Fees	***$2,226***	***$2,064***	***$2,226***	***$162***
Total, CDC/ATSDR Program Level -	***$10,749,669***	***$11,269,412***	***$11,519,365***	***$249,953***

NOTE: Numbers may not add due to rounding.

[1] FY 2014 level is comparable to FY 2015 to reflect realignment of $2.367 million from Emerging and Zoonotic Infectious Diseases to Global Health.

[2] FY 2015 Enacted includes $30 million for CR Ebola Funding (PL 113-164) but does not reflect $1.771 billion in one-time emergency funding appropriated in FY 2015 for the U.S. Government response to contain, treat, and prevent the spread of Ebola.

[3] FY 2014 amount does not include $29.124 million in HHS Pan Flu funding (of which $15.3 million for international flu activities..

[4] The Core Infectious Disease line was proposed in FY 2015 PB. This consolidates multiple budget lines under the Emerging and Zoonotic Infectious Diseases budget line. The 2014 Core Infectious Disease amount has been comparably adjusted.

[5] The FY 2014 Health and Development with Disabilities line is comparably adjusted to reflect the transfer of $2.81 million for Limb Loss to ACL..

[6] FY 2015 Prescription Drug Overdose (PDO) funding is reflected under Injury Prevention Activities.

[7] A portion of Healthcare Surveillance/Statistics funding supports NCHS activities.

[8] The FY 2014 and FY 2015 NIOSH structure is comparably adjusted to reflect FY 2016 proposed budget structure.

[9] The FY 2014 Cross-Cutting Activities and Program Support is comparably adjusted to reflect the transfer of Buildings and Facilities line to a separate account.

[10] The FY 2014 and FY 2015 level represents anticipated transfers from Medicaid.

[11] The FY 2014 represents actual Federal share obligations only. FY 2015 and FY 2016 amounts reflect the Federal share estimated obligations only. NYC share is not included.