SIGNIFICANT ITEMS IN FY 2015 OMNIBUS APPROPRIATIONS REPORTS

Significant items for inclusion in the FY 2016 Centers for Disease Control and Prevention Congressional Justification from the Appropriations Committee, LHHS Subcommittee (P.L. 113-59).

Immunization and Respiratory Diseases

Influenza

CDC and the Department are expected to clearly identify in budget documents when and how prior year supplemental appropriations are used.

Please refer to page 54

Vaccine Safety

Specific actions with State and local officials and the provider community to reduce waste and ensure vaccine potency.

Action taken or to be taken

In June 2012, the HHS Office of the Inspector General (OIG) published a report, entitled Vaccines for Children Program: Vulnerabilities in Vaccine, in which several deficiencies in vaccine storage and handling were identified. In the time since, CDC has made several efforts to address the findings and strengthen Vaccine for Children Program (VFC) vaccine storage and handling at the federal, awardee, and provider levels. CDC has implemented a number of requirements and tools related to vaccine storage and handling that are designed to reduce vaccine waste and ensure continuing potency of vaccines in provider offices. These include the following:

- CDC annually revises its VFC Operations Guide to strengthen programmatic and oversight guidance, including guidance for proper vaccine storage and handling. Current guidance for proper vaccine storage and handling is evidence-based and results from several studies commissioned with the National Institutes for Standards and Technology. Specific guidance is provided on the types of temperature monitoring devices that VFC enrolled providers should use to ensure accurate readings, as well as on the frequency of monitoring.
- CDC developed a number of fact sheets, training manuals, web-based training modules, and other tools on proper vaccine storage and handling techniques for the provider community.
- Beginning in 2013, all VFC providers are required to complete annual training on vaccine storage and handling techniques, and CDC developed a vaccine storage and handling web-based training module to help the provider community meet this requirement.
- CDC annually reviews and provides technical support to the development of funding recipient (awardee) policies and procedures that adhere to CDC requirements, including policies around vaccine storage and handling in provider offices. CDC developed and issued a standardized site visit observation tool to record observations during each visit and guide technical feedback by the Project Officer, including feedback to the awardees to the provider on vaccine storage and handling techniques.
- CDC awardees are required to conduct a compliance visit of 50 percent of the VFC-enrolled providers in their jurisdiction each year and must use a standardized data collection tool developed by CDC to review vaccine storage and handling practices within the provider office. Each provider receives feedback from the awardee on the areas in which they did well and the areas in which improvement is needed, along with any necessary technical assistance.

In addition to the above noted tools and requirements, CDC convened a workgroup with a number of national organizations, including the American Academy of Pediatrics, the American Academy of Family Physicians, the Association of State and Territorial Health Officers, the National Association of City and County Health Officers, and representatives from state and local health jurisdictions. The Workgroup looked closely at vaccine inventory

management issues in private provider settings in order to better understand the demands and challenges of vaccine management that may result in vaccine wastage. The workgroup is currently finalizing its data collection efforts and, once complete, will review the results of the data collection and provide specific guidance to address any issues identified.

In August 2014, HHS OIG determined that CDC had addressed all recommendations and closed the report.

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis

Tuberculosis (TB)

The agreement notes the high costs associated with treating TB, especially multi-drug resistant TB. CDC and the Federal Tuberculosis Task Force are urged to work with the FDA and other partners to identify long-term strategies to ensure an adequate and affordable supply of tuberculosis drugs.

Action taken or to be taken

CDC, FDA, USAID, the Global Drug Facility, advocates, and drug companies have had multiple discussions about the availability of drugs for treating TB and Drug-resistant TB. Most recently, FDA, CDC, and the National TB Controllers Association presented updates on this topic at the December 2, 2014, Advisory Council for the Elimination of TB meeting. Long term solutions to the chronic problem of interrupted access to antibiotics are not likely to be resolved by a single agency. Furthermore, proposed solutions (stockpiling, purchasing drugs from overseas manufacturers after they obtain FDA approval or establishing incentives to assure that drug companies continue to manufacture older antibiotics) would require new resources.

Youth-based Programs

Youth under the age of 24 have one of the highest rates of HIV diagnosis. CDC is encouraged to improve outreach and education to this population via youth-based programs.

Action taken or to be taken

CDC supports multiple efforts to improve outreach and education of persons most at risk for HIV, including youth who in 2010 accounted for 26% of all new HIV infections. An example of a program that prioritizes young people is CDC's investment in efforts designed to provide outreach, education, testing and linkage services to young men of color who have sex with men (YMSM) and young transgender persons of color (YTG) ages 13-29. Specifically, CDC is funding eligible organizations that serve these populations to:

- Develop and implement effective community-based HIV prevention programs;
- Increase the number of these individuals and their partners who are aware of their HIV status and subsequently linked to care, treatment, and prevention services, as appropriate;
- Build organizational capacity for delivery of structural and behavioral interventions, outreach, and enhanced HIV testing; and
- Ensure provision of HIV prevention and care services.

In addition, CDC supports campaigns to encourage testing and risk reduction. The Testing Makes Us Stronger (TMUS) campaign is focused on young African American men who have sex with men—a population at very high risk for HIV. CDC also supports demonstration projects with health departments to address social, economic, clinical and structural barriers that discourage people from seeking needed prevention, testing and treatment services. These demonstration projects are designed to identify practical, workable solutions to minimize the impact of these broader problems on HIV testing and care. Finally, CDC-funded health departments provide HIV outreach and education to populations, including youth, that are most affected by HIV. The FY 2016 budget request includes an increase of over $6 million to improve HIV prevention activities targeted to youth.

Hepatitis C

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Hepatitis C - Details on progress and activities undertaken to prevent new infections

Please see pages 85-91

Emerging Zoonotic Infectious Diseases

Lyme Disease

The agreement encourages CDC to consider expanding activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease, including evaluating emerging diagnostic methods and improving the utilization of adequate diagnostic testing; expanding its epidemiological research to determine the frequency and nature of the long-term complications of Lyme disease; improving surveillance and reporting of Lyme disease produce more accurate data on its incidence; evaluate developing a national reporting system; and expanding prevention activity such as community-based public education and healthcare provider programs based on the latest scientific research on the disease.

Action taken or to be taken

CDC has been working in all of the general areas highlighted in the agreement and will continue to work diligently to expand these activities. To address the conferees' encouragement of CDC to expand its activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease, CDC maintains and distributes, upon request, a comprehensive serum panel for the purpose of developing and evaluating new diagnostics tests for Lyme disease. CDC will continue efforts to identify unique diagnostic biomarkers and will work with the National Institutes of Health and the Food and Drug Administration to facilitate development and approval of improved Lyme diagnostic tests. Additionally, CDC recently launched a tick-borne disease acute febrile illness study to detect and identify novel tick-borne pathogens that may be responsible for Lyme disease-like illness in the U.S. and that are not diagnosed by current Lyme disease tests.

To address the request that CDC expand epidemiological research activities on tick-borne diseases, CDC completed support of a 5-year research study aimed at identifying and characterizing long-term and potentially chronic complications associated with Lyme disease infection. The results should be published in the near future by the grantee. CDC has also recently expanded the diagnostic biomarker work mentioned above to investigate the metabolic pathways that are potentially implicated in patients with long-term complications following Lyme disease treatment. The goal of the work is to enhance our understanding of post-treatment Lyme disease syndrome and identify the safest and most effective treatment options.

Lyme disease has been a nationally notifiable disease since 1991, and cases are reported to CDC each year through the National Notifiable Diseases Surveillance System or NNDSS. Thus, the principal challenge for surveillance is not the lack of a reporting system but rather assuring that cases are captured and entered into the system. To this end, CDC is funding health departments in over a dozen high incidence states to improve surveillance and reporting for Lyme and other tick-borne illnesses. This funding supports improved reporting by both physicians and laboratories. In addition, through our Emerging Infections Program, CDC is funding research studies in three states to better determine why and to what degree Lyme disease cases are under-reported. This work is designed to evaluate the degree of underreporting for Lyme disease and investigate alternatives to traditional surveillance that may relieve reporting burden. CDC continues to fund and conduct research to validate the most effective prevention methods and approaches for use by individuals and communities, to distribute newly-developed prevention resources and toolkits for prevention education, and to develop a healthcare provider education program based on validated, scientifically-proven research.

Chikungunya

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Chikungunya - How the National Center for Emerging and Zoonotic Infectious Diseases works with the Center for Global Health on this crosscutting issue.

Action taken or to be taken

The Center for Global Health works with the National Center for Emerging and Zoonotic Infectious Diseases to help countries improve their ability to detect the virus and be prepared to monitor, prevent, and control the disease, should it appear. The Center for Global Health's Global Disease Detection Operations Center has been closely watching chikungunya fever in the Americas and Southern Pacific Ocean to help detect this emerging health threat. CDC's Field Epidemiology Training Program (FETP) graduates are utilized world-wide to assist with investigation and control of chikungunya outbreaks, working closely with leading subject matter experts in Chikungunya based in the National Center for Zoonotic and Infectious Disease in Atlanta.

CDC Lab Capacity

The agreement includes an increase of $7,250,000 to increase CDC's internal lab capacity. CDC shall use the additional funding provided to establish cutting-edge lab diagnostics to improve rapid identification and detection of emerging pathogens; establish an innovative e-pathology system to speed communication and establish virtual specimen sharing in real time; and increase research capacity and safety in high-containment labs.

Action taken or to be taken

CDC will work to maintain its ability to respond to outbreaks, identify unexplained illnesses, and support state and local diagnostics. CDC will establish cutting-edge laboratory diagnostic methods to improve identification and detection of emerging and re-emerging zoonotic pathogens and deploy them in outbreak-prone regions of the world, and will launch innovative e-pathology systems, such as virtual pathology services and web-based tools, to enable laboratories to convey critical diagnostic information in real time, including at sites either without a pathologist or with a pathologist requiring professional backup.

As a result of incidents that occurred in CDC and other U.S. government laboratories in FY 2014, CDC conducted extensive internal and external reviews of its laboratory safety procedures and practices. CDC will continue to work to change processes, reduce the chances of an occurrence like these in its other laboratories, and apply the lessons learned to inform biosafety and biosecurity procedures at other laboratories across the United States. These activities are ongoing, and current priorities include:

- Initial expansion of biosafety training for laboratory scientists.
- External accreditation for laboratories.
- Exploring technologies to verify safety critical control points.
- Engaging the CDC's external Laboratory Safety Working Group for additional guidance and input.

Healthcare Associated Infections

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Healthcare-Associated Infections (HAIs).

Please see pages 124-125

Sepsis

Action taken or to be taken

CDC is collaborating with partners to organize and advance ongoing efforts in preventing adverse outcomes and death due to sepsis. Recognizing its unique role in leading prevention through collecting data for action based upon rigorous measurement, CDC is leading a working group on sepsis to establish goals and approaches for tracking this condition that will guide future prevention efforts. CDC is working with researchers (e.g. Prevention Epicenters) to develop innovative ways to assess the impact of prevention and treatment initiatives. While CDC has long partnered with patient advocacy and consumer groups (e.g. Consumers Union) to raise awareness and promote the prevention of healthcare-associated infections, which are a major cause of sepsis both inside and outside of hospitals. CDC is also working to increase the overall awareness of sepsis and the importance of early recognition and appropriate treatment to prevent sepsis-related death and disability.

Surveillance

The agreement commends CDC for its surveillance strategy, and expects CDC to continue to take steps to modernize and improve this strategy across all CDC-wide public health programs. CDC is urged to expeditiously improve standardization and commonality of platforms across all CDC systems, which would reduce duplication, tackle workforce and informatics challenges at CDC, and State and local public health agencies, and reduce the burden of participation in surveillance. The agreement requests an update on the plans and progress in the fiscal year 20 16 congressional budget request.

Please see page 251

Chronic Disease Prevention and Health Promotion

Alzheimer's and Healthy Aging

The agreement notes the importance of developing and maintaining a population-based surveillance system with longitudinal follow-up. The agreement also urges that significant effort be made to ensure comprehensive implementation of the action steps listed in the updated Road Map... The agreement supports this important initiative to further develop and expand the surveillance system on cognitive decline and caregiving, including widespread dissemination of the data gathered, and to implement the updated Road Map

Action taken or to be taken

CDC appreciates the ongoing support of our surveillance efforts and efforts to disseminate the data gathered. In 2011-2013, a total of 47 states/territories used the BRFSS Cognitive Impairment module. Data are being shared with states and disseminated through multiple channels such as reports, briefs, state plans, and national and state level webinars, and at conferences. In 2014, CDC updated the BRFSS Cognitive Impairment and Caregiving module and in FY 2015; 34 states are using the Cognitive Decline module and 23 states are using the Caregiving module. This is the highest number of states using the modules in any year. CDC is also working with Community Preventive Services Task Force to conduct a systematic review of public health strategies and caregiving. CDC also awarded Cooperative Agreements to multiple organizations to help ensure comprehensive implementation of actions of The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018 (i.e., Alzheimer's Association, National Association of Chronic Disease Directors, and Association of State and Territorial Health Officials). Additionally, CDC funded five Special Interest Projects through CDC's Prevention Research Centers program to create a Healthy Brain Research Network and conduct projects focused on communications, economic analysis, and dementia and co-occurring chronic conditions. CDC is also actively engaged with federal partners disseminating information, undertaking joint projects, and serving on workgroups

with the National Institute on Aging/National Institute of Health, Health Resources and Services Administration, and the Administration for Community Living/Administration.

Burden of Disease

The agreement directs the CDC Director to implement a population-adjusted burden of disease criteria as a significant factor for new competitive awards within the Chronic Disease portfolio for Heart Disease, Stroke, and Diabetes.

Action taken or to be taken

The burden of chronic diseases and associated risk factors is significant, accounting for over 86% of our health care expenditures. In 2012, almost half of adults, 117 million people, had one or more chronic conditions. One in four adults has two or more chronic conditions. Seven of the top 10 causes of death in 2012 were chronic diseases. Two of these chronic disease, heart disease and cancer, accounted for nearly 48% of all deaths. Diabetes is the leading cause of kidney failure, lower limb amputations other than those caused by injury, and new cases of blindness among adults. CDC currently funds all fifty states and the District of Columbia to implement strategies to prevent and manage heart disease, diabetes and stroke and reduce risk factors associated with these diseases. In new competitive funding opportunities addressing heart disease, stroke and diabetes, CDC will consider population-adjusted burden of disease, including mortality rates, disease and risk factor prevalence, along with the size of population affected, either directly or through correlated indicators like poverty, as significant factors.

Division of Oral Health (DOH)

The agreement provides the DOH support for enhancements to the State oral health infrastructure grants, national surveillance activities and community prevention programs. The agreement urges DOH to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. CDC is encouraged to work across HHS to improve the coordination of oral health surveillance in a manner that reliably measures and reports health outcomes.

Action taken or to be taken

CDC's Division of Oral Health (DOH) supports national surveillance and effective population-based strategies that promote oral health and prevent disease. CDC supports interventions that are evidence-based, specifically community water fluoridation and dental sealants. Community water fluoridation benefits people of all ages and socioeconomic groups, including those difficult to reach through other public health programs and private dental care. Systematic reviews of studies have found that fluoridation prevents at least 25% of tooth decay in adults and youth. The application of dental sealants on permanent molars soon after they appear (generally around 6 years of age) reduce decay in these teeth by 81% approximately 2 years after placement. DOH supports school based sealant programs that target schools with high populations of low-income children who are higher risk of dental decay. We also support states who provide oral health education and fluoride varnish application to younger children, however, there are currently no population based strategies (other than fluoridation) for children under five and pregnant women that have an evidence base of effectiveness. DOH will continue to review the science and evaluate the effectiveness of our state oral health infrastructure grants to identify refinements that maximize effective use of these funds to improve the oral health of all Americans.

DOH continues to engage with partners across the Agency and the Department to improve coordination and increase efficiency, especially around oral health surveillance. For example, DOH works with CDC's Division of Reproductive Health on the collection and analysis of Pregnancy Risk Assessment Monitoring System (PRAMS) data to identify risk and opportunity that may disproportionately affect the oral health of pregnant women; data will be available for analysis in 2015. CDC has a Memorandum of Understanding with Centers for Medicare and Medicaid Services (CMS) and Health Resources and Services Administration (HRSA) to work collaboratively on

oral health programs, and the group has finalized a document that identifies the complementary roles of each organization and potential synergies that can be realized through increased collaboration. Current areas of discussion include the development of consistent school-sealant program measures, elimination of barriers to care for underserved populations, and communication among agencies about funding opportunities and policy initiatives.

Epilepsy

The agreement applauds the CDC epilepsy program for the progress it has made in advancing a public health agenda to improve the lives of people living with epilepsy. CDC is encouraged to support internal and external collaborations that advance the recommendations of the 2012 Institute of Medicine Report "Epilepsy Across the Spectrum: Promoting Health and Understanding."

Action taken or to be taken

CDC appreciates the Committee's support for a public health agenda for epilepsy. CDC recognizes that strong collaborations are critical for implementing surveillance and prevention efforts to reduce epilepsy burden in the U.S. population.

CDC supports population studies and epidemiological studies to define incidence, prevalence and mortality associated with epilepsy in various populations (IOM Recommendation [R] 2). A November 2014 CDC publication described the higher rate of death in children with epilepsy compared to children without the disorder, and the leading causes of these deaths (IOM R2). Other 2014 studies have described quality-of-life outcomes (IOM R1, 2), burden of traumatic brain injury (IOM R3), and higher rates of physical and psychiatric comorbidity in adults and children with epilepsy (IOM R4). In 2014 and in collaboration with NIH, CDC has launched the first U.S. state-based registry to examine early mortality in children and young adults with epilepsy in ten states/jurisdictions (IOM R 3).

CDC will continue to fund national partners to develop and implement programs to enhance epilepsy public awareness, education, and communication about epilepsy at local and national levels (IOM R10, 11). CDC will continue to work with partners to improve the delivery and coordination of community services for people with epilepsy and their families (e.g., first-responder training, 24/7 helplines in English and Spanish) (IOM R8). CDC plans to continue support for the Managing Epilepsy Well (MEW) Network, composed of eight Prevention Research Centers across the U.S. The CDC MEW Network has led ground-breaking research on the science of epilepsy self-management, including making evidence-based programs that overcome transportation and stigma barriers available to people with epilepsy and providers (IOM R 9). For example, the first evidence-based on-line epilepsy self-management program (WebEASE) is now available at no cost on the Epilepsy Foundation web site. Two other evidence-based programs designed to treat depression in people with epilepsy are available for providers to implement in their communities. Together with its partners, CDC supports professional training opportunities for partners interested in implementing these programs locally (IOM R7, 8).

CDC supports the development of standardized laboratory tests on blood samples to identify people with cysticercosis and taeniasis that can be easily and economically employed throughout the world (IOM R3). Detecting these infections (caused by a tapeworm) is important to prevent a common cause of epilepsy in some U.S. immigrant population and in many developing countries.

CDC will continue to work with HHS partners, state/local agencies, and non-governmental organizations to assess epilepsy burden, support primary prevention research, develop and disseminate interventions that improve quality of life for people with epilepsy, and change systems and environments to better support people with epilepsy and their families.

Mississippi Delta Collaborative (MDHC)

The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease, and stroke. The agreement recognizes CDC's expertise in supporting evidence-based programs to prevent the leading causes of death and disability and commends their partnership with the MDHC. The CDC is urged to continue to support MDHC's work to strengthen linkages between the community and clinical services in the region and to continue CDC's support for implementation of strategies that increase prevention efforts and improve access to physical activity and healthy nutrition.

Action taken or to be taken:

CDC's Division for Heart Disease and Stroke Prevention recognizes the severity of disease burden within the Mississippi Delta Region. MDHC is currently in its fifth and last year of the cooperative agreement with CDC to support implementation of population-wide and priority population approaches to prevent and control high blood pressure, and reduce health disparities associated with high blood pressure. CDC is currently preparing a Funding Opportunity Announcement to be released in 2015 to continue this important work in the region.

Moderate Drinking

The agreement notes that numerous epidemiological and basic science studies have demonstrated that moderate drinking can be beneficial to health by reducing risk for coronary artery disease, type 2 diabetes, and rheumatoid arthritis, among others. However, these studies used different protocols or questionnaires, and may be difficult to compare. The agreement urges the Center to work with National Institute on Alcohol Abuse and Alcoholism on this issue.

Action taken or to be taken

CDC acknowledges that a number of observational studies have found that moderate alcohol consumption is associated with a reduced risk of cardiovascular disease (CVD). However, there are no randomized trials documenting these potential health benefits, and there are a number of reasons to question the relationship between these health benefits and moderate drinking, including the lack of a dose-response relationship, differences in the lifestyles of moderate drinkers and abstainers, and problems in the classification of drinking groups. In addition, a recent research study published in the British Medical Journal found that persons who drink less have better CVD outcomes than those who drink moderately, thereby challenging the belief that drinking alcohol is beneficial for reducing the risk of heart disease.

There are no randomized clinical trials documenting health benefits from moderate drinking. Observational studies that evaluate relationships between moderate drinking and cardiovascular disease, type 2 diabetes, and rheumatoid arthritis (among other health outcomes) cannot be generalized and are subject to other significant limitations, including confounding and generalizability. Therefore, observational studies that have found better health outcomes among moderate drinkers cannot definitively conclude whether results are due to moderate alcohol use or to other behavioral or genetic differences. CDC will work with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to plan an approach for evaluating the potential health benefits of moderate drinking, particularly its effect on the risk of CVD and other diseases.

National Diabetes Prevention Program (NDPP)

The agreement provides support for the NDPP that encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of type 2 diabetes among people in the United States. The agreement expects CDC to have measurable long-term public health measures for this program that are reported annually in the congressional budget request. Further, the agreement requests CDC provide an update in the fiscal year 2016 budget request on how this program coordinates with other CDC and HHS programs.

Action Taken or to be taken:

CDC appreciates support for the National Diabetes Prevention Program. The program provides communities with an evidence-based lifestyle program for preventing type 2 diabetes; assures program quality; supports workforce training; and promotes better education about preventing type 2 diabetes among the public, providers, employers, and insurers. CDC's Diabetes Prevention Recognition Program (DPRP) is a key component in assuring quality of the lifestyle program. CDC recognition helps organizations with: 1) adherence to the scientific evidence, 2) successful implementation regardless of geography or setting, 3) supports the case for reimbursement from public and private insurers and employers and 4) sustainability of effective diabetes prevention programs. As of February 2015, over 530 organizations have applied for recognition and the program reaches all states, the District of Columbia, and two U.S. territories. CDC also makes investments in state health departments, large cities and tribal organizations to create access to and promote the lifestyle program in support of the National Diabetes Prevention Program.

These efforts are coordinated within CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and across HHS. Within NCCDPHP, coordination is through State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health - CDC-RFA-DP13-1305, State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke – 1422 PPHF 2014, and A Comprehensive Approach to Good Health and Wellness in Indian Country – financed solely by Prevention and Public Health Funding.

CDC is coordinating with HHS programs through work with CMS (through CMMI's Health Innovation Award program) to test the National Diabetes Prevention Program's application to the Medicare population in 17 communities.

Obesity

The agreement expands support for the rural extension and outreach services pilot to support additional grants for rural counties with an obesity prevalence of over 40 percent. The agreement expects CDC to work with State and local public health departments to support measurable outcomes through evidenced based obesity research, intervention and prevention programs. CDC should focus its efforts in areas of the country with the highest burden of obesity and with the co-morbidities of hypertension, cardiac disease and diabetes from county Level data in the Behavioral Risk Factor Surveillance System. The agreement encourages CDC childhood obesity efforts to only support activities that are supported by scientific evidence.

Please see pages 166-169

Ovarian Cancer

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Ovarian Cancer

Action Taken or to be taken:

CDC's ovarian cancer funding will continue to support a variety of activities, including research, surveillance, health communication and education development, and programmatic efforts to meet community needs.

Funding for applied research and surveillance activities is used to understand and address issues such as: women's ovarian cancer risk perception and how that influences their behavior, public and provider awareness of ovarian cancer, risk factors, and symptoms; physician awareness and appropriate use of screening and diagnostic tests; physician adherence to treatment guidelines; identification of populations experiencing disparities in ovarian cancer survival; identifying what types of ovarian cancer-related communication messages and sources resonate with women and providers; care-seeking behavior in relation to ovarian cancer symptoms;

and survivorship support, including fertility preservation; and an evaluation of the comparative effectiveness of risk assessment tools for hereditary breast and ovarian cancer, among others. CDC funding supports four states to promote cancer genomics best practices through surveillance, education, and policy change. Activities include surveillance of BRCA1/2 testing, collection of follow-up procedures (prophylactic surgeries, chemoprevention, increased surveillance, etc.) after testing, and increased dissemination and education efforts to insurance companies and health care providers on need for coverage for BRCA1/2 counseling and testing (and associated clinical services) for high-risk women.

Funding for health communication and education is used to support activities such as: public and health care provider education initiatives regarding ovarian cancer, its risk factors, and the importance of referral to gynecologic oncologists, among other topics; an educational module to increase health care provider awareness and knowledge of gynecologic cancers, including ovarian cancer; and development of a clinical decision support tool to increase the use of family history to assess risk for breast and ovarian cancer and to increase patient/provider counseling sessions regarding BRCA1/2 genetic testing and breast and ovarian cancer risk factors.

Funding for programmatic efforts includes support provided through the National Comprehensive Cancer Control Program (NCCCP) to implement ovarian cancer initiatives in states. State funded activities include exploring how ovarian cancer risk assessment can be translated into clinical settings; conducting provider education; and, increasing public awareness of ovarian cancer symptoms, risk factors (including BRCA 1/2) and treatment guidelines. These efforts target low-income and underserved populations.

Special Interest Projects

The agreement directs CDC to ensure that any funds used to support Special Interest Projects will be competitively awarded through an open process that is available to all qualified entities, including nonprofit organizations, small businesses, and for-profit organizations.

Action taken or to be taken

The Prevention Research Center (PRC) program administers the Special Interest Projects. The SIP mechanism, created in 1993, allows the PRCs to compete for research projects sponsored by CDC as well as other HHS agencies. SIPs seek to address specific gaps in prevention research knowledge. All entities funded through the PRC program are eligible to apply for SIPs. These are academic research centers at accredited schools of public health or schools of medicine with preventive health residency programs. While only currently funded PRCs are eligible to compete for SIPs, PRCs are encouraged to involve other organizations in their research efforts and may competitively award subcontracts through an open process available to all qualified entities, including nonprofit organizations, small businesses, and for-profit organizations.

Colorectal Cancer

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Colorectal Cancer

Please see page 193

Inflammatory Bowel Disease

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Inflammatory Bowel Disease

Please see page 176

National Lupus Patient Registry

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: National Lupus Patient Registry

Please see pages 180-181

Preterm Birth

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Preterm Birth

Please see page 183-184

Psoriasis and Psoriatic Arthritis Data Collection

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Psoriasis and Psoriatic Arthritis Data Collection

Action taken or to be taken

The CDC Arthritis Program recognizes the severity of disease among people affected by psoriasis as well as psoriatic arthritis, which is one of the more than 100 conditions that comprise arthritis and other rheumatic conditions. At present, CDC does not have a program to undertake steps to address either condition from a public health perspective.

Birth Defects Developmental Disabilities and Health

Birth Defects Prevention

The Center for Birth Defects Research and Prevention is commended for its work toward greater understanding the causes of birth defects and for expanding the National Birth Defects Prevention Network to include the work of the BD-STEPS program. CDC is encouraged to allocate additional resources to expand the BD-STEPS program, with the goal of incorporating States that do not currently have a birth defects surveillance system. Priority should be given to programs in these States that have previously submitted meritorious applications but did not receive grant funding due to budget constraints (p.26).

Action taken or to be taken

CDC appreciates the support for the Centers for Birth Defects Research and Prevention to conduct population-based research to examine the causes of birth defects. Eight centers collected data for births from 1997-2011 as part of the National Birth Defects Prevention Study (NBDPS), and continue to analyze this rich source of information to better understand causes of birth defects. The next phase of this research, Birth Defects Study to Evaluate Pregnancy exposures (BD-STEPS)**,** builds upon the success of the NBDPS and began data collection for births starting in 2014. With available funds, CDC was able to support six study centers to participate in the BD-STEPS. CDC continues to participate as a study center in Georgia.

Autism

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Autism -How CDC works with NIH and other agencies to identify research.

Please see page 217

Cerebral Palsy
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Cerebral Palsy

Please see page 217

Duchene Muscular
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Duchene Muscular

Please see page 225

Fragile X
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Fragile X

Please see page 224

Tourette Syndrome
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Tourette Syndrome

Please see page 222

Thalassemia
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Thalassemia

Please see page 234

Spina Bifida Registry
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Spina Bifida Registry

Please see page 226

Alzheimer's Disease & Dementia
CDC is directed to recommend ways to obtain more accurate and complete measurements of the death rate due to Alzheimer's disease and dementia and to develop a consensus on the mortality burden of the disease (p.27)

<u>Action taken or to be taken</u>

CDC continues to promote the importance of accurate and complete reporting of all deaths, including those from Alzheimer's disease and dementia. Because statistical data derived from death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration, but also for accuracy and promptness in reporting these events. For statistical and research purposes, it is important that all causes of death be reported as specifically and as precisely as possible. Careful reporting results in accurate statistics for both underlying and contributing causes of death (i.e., all conditions mentioned on a death certificate). In partnership with the National Association of Public Health Information Systems, CDC developed and promotes various tools and trainings for instructing physicians on accurate completion of the death certificate. For example, Instructions for Completing the Cause-of-Death Section of the Death Certificate[1] provides information on the importance of accurate cause-of-death information and examples of how to properly input the chain of events—diseases, injuries, or complications—that directly caused the death. CDC is considering methods to better educate physicians on death reporting, including reports from Alzheimer's disease and dementia, by including the provision of continuing education credits for an online training and the development of an application-based tool for quick, easy access to instructions for completing the death certificate.

[1]http://www.cdc.gov/nchs/data/dvs/blue_form.pdf

Environmental Health

Amyotrophic Lateral Sclerosis (ALS) Registry

The agreement supports CDC's national ALS registry, which may help to identify the incidence and prevalence of the disease in the United States and advance research into the causes and treatments of ALS. CDC is encouraged to promote enrollment in the registry and facilitate the use of registry information for ALS research. CDC is also encouraged to continue to consult with other Federal agencies, including the NIH and the Department of Veterans Affairs to coordinate efforts and to avoid duplication.

Please see page 28

Action taken or to be taken

CDC/ATSDR is promoting enrollment into the National ALS Registry through partnerships with the largest ALS patient advocacy groups in the U.S., such as the ALS Association, Muscular Dystrophy Association, and the Les Turner ALS Foundation. These groups represent approximately 80-90% of all U.S. ALS patients, inform and disseminate information about the Registry to persons with ALS (PALS), and assist in enrollment, when necessary. Registry staff also attends scientific meetings, conferences, and symposia informing health care providers and researchers about the purpose and role of the Registry. The Registry also connects enrolled PALS with new clinical trials and studies. Since December 16, 2014, 11 institutions have participated in the research notification mechanism and over 27,000 emails have been sent to PALS.

The National ALS Registry has been working closely with the NIH, CMS, and VA since the Registry's inception. Because this is the only congressionally-mandated, population-based ALS registry in the U.S., CDC/ATSDR coordinates with CMS and the VA to use their administrative data to help populate cases in the National ALS Registry; therefore, no duplication of efforts is occurring. In addition, the Registry is working with NIH to determine the feasibility of implementing a global unique identifier (GUID) system for PALS for the purpose of expanding research and clinical trials and reducing duplication. The Registry also works closely with the NIH to provide supplemental funding, when possible, for research grants for ALS. These research studies are unique to the NIH and do not overlap with research previously or currently funded by the Registry.

Harmonization of Laboratory Test Results
Laboratory professionals use a variety of test methods to obtain accurate and informative results to diagnose and treat patients, which may result in the reporting of different numeric values for the same test. CDC is urged to partner with the private sector in "harmonizing" clinical laboratory test results.

Please see page 29

Action taken or to be taken

CDC's quality assurance and standardization programs regularly partner with private sector companies and manufacturers of laboratory tests to improve the accuracy and precision of test results for environmental chemicals, nutritional indicators, chronic disease biomarkers, and newborn screening. CDC collaborates with more than 25 private companies and professional organizations to harmonize testing through education, new product development, scientific consultation, and guidelines. CDC also works with nearly 500 commercial laboratories and test manufacturers to improve patient-care testing and clinical trials for chronic diseases including heart disease and stroke. In addition, CDC's Newborn Screening Quality Assurance Program works with 34 manufacturers of diagnostic products to improve newborn screening test results.

Primary Immunodeficiency
The agreement recognizes CDC's support for physician education and public awareness for primary immunodeficiency diseases and strongly encourages the agency to maintain its efforts to elevate the understanding of this important set of disorders.

Please see page 29

Action taken or to be taken

CDC recognizes the severity of illness among people affected by primary immunodeficiency and supports work to disseminate evidenced-based educational information on a national level to public and private healthcare providers, educators, third-party payers, impacted families, and others who may help expedite clinical recognition and improve health outcomes for Americans with this condition. In FY 2014, CDC provided $921,500 in funding to the Jeffrey Modell Foundation to support physician education and public awareness for primary immune deficiencies.

With this funding CDC expanded state newborn screening for Severe Combined Immunodeficiency. State and territorial newborn screening laboratories received CDC funding to implement testing for severe combined immunodeficiency (SCID), a deadly disease that is curable if treated soon after birth. CDC began a two-year cooperative agreement cycle with Virginia, Georgia, and Oklahoma in FY 2013. Eligible state or territorial newborn screening programs were those that had not previously conducted state-wide SCID newborn screenings and that demonstrated sufficient laboratory expertise, facilities, and legal authority to conduct screenings. In FY 2015, CDC plans to start a new, two-year cooperative agreement cycle for up to three states.

National Environmental Public Health Tracking Network
The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: National Environmental Public Health Tracking Network

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West Virginia Tap Project

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: West Virginia Tap Project

Action taken or to be taken

CDC/ATSDR has aided West Virginia in response to the chemical spill in the Elk River. In response to a request from the West Virginia Bureau of Public Health (WVBPH), CDC/ATSDR provided an emergency drinking water screening level for 4-methycyclohexanemethanol (MCHM) within hours of a chemical spill into the Elk River that contaminated a ten county area. CDC/ ATSDR also collaborated with other federal agencies and WVBPH in validating the emergency screening level when additional information became available. Further, the agency assisted the WVBPH in assessing the health effects experienced by persons who sought emergency department care following the spill. CDC/ATSDR also conducted a Community Assessment for Public Health Emergency Response (CASPER) EPI-AID, which surveyed a representative sampling of households in the nine county area around Charleston, WV to assess the effects of the spill on the community.

CDC/ATSDR continues to work with West Virginia in response to this spill. At the request of the West Virginia Bureau of Public Health, a team of experts from CDC/ATSDR visited the state on September 10-12, 2014 to discuss actions the state can take to further monitor population health and environmental hazards and to strengthen future response to environmental events. At that time, CDC committed to providing technical assistance to West Virginia as a non-funded partner in the Environmental Public Health Tracking Network.

Global Health

Neglected Tropical Diseases

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Neglected Tropical Diseases

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Injury Prevention and Control

Prescription Drug Overdose Prevention

The agreement applauds CDC's public health approach to combating this problem. However, it does not concur with the administration's proposal to fund this initiative through the Core Violence and Injury Prevention Program because it does not sufficiently target funds where they are most needed. Instead, the agreement directs CDC to fund this initiative through cooperative agreements that target States that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. The agreement directs CDC to incorporate State burden of prescription drug overdose, including CDC's mortality data (age adjusted rate), in the competitive process to test and implement best practices for identification, treatment, and control of prescription drug abuse. Further, the States are expected to work with local businesses, medical providers, medical organizations, law enforcement, and support not-for-profit organizations to prevent prescription drug overdose. Further, the agreement directs that funding to States should address data issues, improve data standards and the ability to share data across State lines and nationally to improve prescription drug overdose prevention activities. The agreement expects the activities will include working with States to establish or expand prescription drug monitoring databases of physicians writing prescriptions for opiates an pharmacists filling prescriptions. Finally, the agreement requests CDC to develop performance measures with annual targets for this program.

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Public Health Preparedness and Response

Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program

The agreement is aware that State and local health departments rely on the PHEP cooperative agreement program to support their work with Federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes communities are prepared. The agreement requests that the fiscal year 2016 budget request describe how PHEP funding is distributed at the local level and how CDC coordinates with States to ensure the funds are being directed toward the highest priorities. The agreement continues the traditional breakout of separate funding lines. The agreement does not expect the cooperative agreements to fund any CDC programmatic operating costs.

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Action taken or to be taken

CDC directs state and local PHEP awardees to use their PHEP cooperative agreement funding to build and sustain their public health preparedness capabilities according to the standards described in CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning document. These standards meet or exceed Public Health Accreditation Board standards and measures for preparedness.

Data from the PHEP Budget Period 3/FY2014 funding applications indicate that:

- PHEP awardees distributed a total of $207,878,846 PHEP funds to local health agencies and tribal entities
- The majority of those funds, $204,253,506, were allocated to local health departments, with the remaining funds, $3,525,340, distributed to tribal entities
- 41 awardees distributed PHEP funds to their local health agencies
- 20 awardees distributed PHEP funds to tribal entities

Current PHEP guidance requires awardees to review their preparedness status annually. This annual review identifies gaps and strategic priorities requiring additional funding or CDC technical assistance (i.e., providing strategy, best practices, identifying resources, and training exercises). These reviews compile information from a variety of sources including:

- Jurisdictional risk assessments
- Incident after-action reports and improvement plans
- Site visit observations conducted by CDC
- Other jurisdictional priorities and strategies

Collectively, this information allows state and local awardees to prioritize their preparedness investments, ensuring federal preparedness funds are invested effectively to strengthen preparedness and response systems nationwide.

The Pandemic and All Hazards Preparedness Reauthorization Act signed in March 13, 2013 specifies the funding formula for CDC's Public Health Emergency Preparedness Cooperative Agreement. In a year when the appropriated amount is less than $667,000,000 (as is in FY 2015) the less populous states are not given an amount per capita that is equal to the amount per capita awarded to the larger states. CDC's intramural costs for PHEP, including support to PHEP grantees and Working Capital Fund expenses, were less than 5% of the total appropriation in FY 2014.

Strategic National Stockpile (SNS)

The agreement is concerned that CDC's response plans do not include guidance to State, county, and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. Therefore, the agreement directs CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception in an effort to ensure that first responders and health care providers have the most up-to date guidance to respond to potential threats, including anthrax, smallpox, and acute radiation syndrome. Further, the agreement requests CDC to develop a process to ensure that all plans are reviewed annually and that new countermeasures acquired are in the plan within 60 days of receipt into the SNS program

Action taken or to be taken

CDC supports the State, county, and local public health officials who are responsible for establishing and improving response plans specific to their jurisdiction. CDC's response plans for the deployment of SNS countermeasures guide CDC actions during a response and do not provide specific instructions for state and local public health officials, or specific information about individual countermeasures. CDC recognizes State and local plans and capabilities for the receipt, distribution, and dispensing of medical countermeasures from the Strategic National Stockpile as a critical component of public health preparedness. To support these efforts at the state and local level, CDC provides a guidance document to public health officials titled, Receiving, Distributing and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness. This guidance provides information that helps personnel at the state, local, tribal and territorial levels develop and update plans to request and use SNS medical countermeasures (MCMs).

Many products held in the SNS will be used in accordance with the Food and Drug Administration (FDA) approved labeling that comes in the product package. For those products, additional guidance may not be required. Certain products do require additional guidance, either because the product does not have FDA approved labeling, or the product is not approved for the intended use. The majority of the products added to the SNS through Project BioShield funding do not have FDA approved labeling for the intended use and require additional guidance. This guidance on specific MCMs is provided through information and fact sheets for patients and providers under an Emergency Use Authorization (EUA) or through an Investigational New Drug (IND) protocol. For some MCMs that are used for their intended indication but require additional guidance, information and fact sheets for patients and providers may be provided through Emergency Use Instructions (EUI). CDC works with FDA and subject matter experts using all available information to develop product specific guidance that is communicated in a EUA, IND, or EUI. FDA approved labeling information is found in package inserts and EUA/IND/EUI guidance is provided to state and local public health officials to inform their response plans and prepare for effective dispensing of the specific countermeasures. For certain priority threats, additional guidance may be provided to State and local partners on a threat specific basis that covers multiple medical countermeasures for that threat.

To ensure that State and local partners are informed of new products added to the SNS or new guidance available for SNS held products, CDC is developing a new policy that requires CDC to notify state and local partners of the addition of a new BioShield procured product to the SNS or publication of new guidance within 60 days. CDC's Division of Strategic National Stockpile, in coordination with the Division of State and Local Readiness, will notify State, Local, Tribal and Territorial (SLTT) partners via email and incorporate the changes into ongoing trainings or briefings for SLTT partners as necessary. This policy will be implemented no later than March 1, 2015. Additionally, CDC is developing a dedicated page containing all current EUA/EUI guidance on SNS

held MCMs on a secure website maintained by CDC and accessible to all state and local planners to facilitate immediate access to MCM guidance. The page will be updated prior to the email notification to state, local, territorial and tribal partners. Incorporating these processes into CDC response planning protocols will ensure that state and local partners are promptly notified of new BioShield procured MCMs and provided with all available guidance to include in their response planning.

Public Health Emergency Preparedness Index

The agreement continues to support preparedness activities in the following areas and requests an update for each listed disease, condition, or topic in the fiscal year 2016 budget request to describe the latest efforts ongoing and planned for the fiscal year 2016 request: Public Health Emergency Preparedness Index

Action taken or to be taken

The National Health Security Preparedness Index[1]™ (NHSPI™; the Index™) provides a fresh way to measure and advance the nation's readiness to respond to large scale emergencies of all kinds. CDC supported the Association of State and Territorial Health Officials (ASTHO) in coordinating development of the National Health Security Preparedness Index (NHSPI), which involved more than 75 experts representing states, counties, cities, partner agencies, academia, private sector and other organizations. This tool was first released in December 2013 and was updated on December 9, 2014. The second annual 2014 Index includes an expanded and revised structure, additional measures, and updated data, adding richness to the preparedness picture that the NHSPI™ captures.

From the inception of the NHSPI™, it was planned for the Index™ to transition to another entity to manage and evolve the tool. The Robert Wood Johnson Foundation (RWJF) will take over leadership of the NHSPI™ in 2015 and beyond. The Foundation is planning multiple activities to continue to grow the Index including: engaging and incorporating other sectors that influence health security preparedness into the Index, incorporating model analysis and validation studies to inform Index improvement, and developing new web-based features and tools. The Foundation has engaged the University of Kentucky (UK) to help manage this important project. After the transition to RWJF, CDC will not provide further funding for the project, but will continue to support its development through participation on the NHSPI™ National Advisory Committee.

CDC Wide and Program Support

Preventive Health and Health Services Block Grant (PHHSBG)

The agreement rejects the Administration's proposed elimination of the PHHSBG. The agreement restores the PHHSBG to a level of $160,000,000. CDC is expected to provide these flexible funds to State public health agencies. CDC is urged to enhance reporting and accountability for the PHHSBG, such as providing technical assistance to States regarding using funds for core public health capacities that may not be supported through other CDC categorical funding streams, such as information exchange systems, health information technology, billing capacity, public health accreditation preparation, and implementation of evidence-based practices (p.36).

Action taken or to be taken

Oversight of the Preventive Health and Health Services Block Grant (block grant) recently transitioned to CDC's Office for State Tribal Local and Territorial Support (OSTLTS). As directed, CDC will continue to provide these flexible block grant funds to recipients in states, tribes, territories, and the District of Columbia. Building on the strong legacy of the block grant, OSTLTS is actively strengthening the transparency, accountability, and measurement of the program while recognizing and preserving the block grant's ability to address unique challenges faced by grantees. Specifically, in response to stakeholder input (state health officials, the Association

[1] http://www.nhspi.org/

of State and Territorial Health Officials, and the Advisory Committee to the CDC Director/State, Tribal, Local, and Territorial finance subcommittee), CDC is working in FY 2015 to improve the efficiency of internal business practices for better administration of the program and the measurement and evaluation of the program in order to better demonstrate the collective impact of the grant.

Congressional Scientific Research Coordination with NIH

The agreement directs CDC programs to coordinate with the Institutes and Centers of the National Institutes of Health (NIH) and share scientific gaps to accelerate knowledge research related to disease and prevention activity supported through NIH's research portfolios. The Director shall include an update in the fiscal year 2016 budget request on this effort.

Action taken or to be taken

As the nation's prevention agency and a leader in improving health around the world, CDC is committed to reducing the leading causes of death, disability and injury. CDC staff work 24/7 around the world to save lives, protect people, and save money through prevention. To achieve maximum public health impact, CDC conducts research; implements strategic, evidence-based programs; and monitors results through ongoing data collection. CDC leverages its scientific and public health expertise to assist federal partners, such as National Institutes of Health (NIH), in their efforts to address research related to health promotion and disease prevention supported through their own research portfolios. CDC continually works with NIH to describe the current state of the science and identify gaps in knowledge in order to better inform and coordinate the public health research agenda at the Institutes and Centers of the NIH.

Scientific research coordination with NIH is also facilitated by shared systems and programs. CDC uses the NIH eRA Commons system for administering research grants. Consequently, the two agencies are able to monitor each other's research activity to ensure that scientific gaps are addressed with minimal duplication of effort. CDC also participates in the Small Business Innovation Research Program (SBIR) Omnibus grant and contract funding announcements coordinated by NIH. These funding announcements describe the priority research areas for the U.S. Department of Health and Human Service (HHS) SBIR program at each of the 24 participating NIH Institutes and Centers (ICs), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA) and the Administration for Children and Families (ACF). CDC works closely with NIH to ensure that the SBIR program addresses areas of scientific need that also have strong potential for technology commercialization.

Most recently, CDC entered into an Interagency Agreement with NIH to receive assistance with its patenting and licensing functions from the NIH Office of Technology Transfer. Technology transfer is the process by which existing knowledge, facilities, or capabilities developed under federal research and development funding are utilized to fulfill public and private needs. This partnership and coordination with NIH will enable CDC to leverage NIH's existing technology portfolio, networks, and marketing channels to accelerate the commercialization of CDC discoveries. In summary, CDC is committed to working with the NIH and its Institutes and Centers to share scientific gaps and coordinate the public health research agenda to achieve maximum impact.

The agreement continues to support preparedness activities, and requests an update in the FY 2016 budget request to describe the latest efforts ongoing and planned for the FY 2016 request.

Advocacy Restrictions – Describe mechanisms, processes, and on-going efforts to educate its staff and recipients to prevent violations.

Action taken or to be taken

Language included in Section 503 of Division F, Title V, of the FY 2012 Consolidated Appropriations Act (P.L. 112-74) reinforces and (in selected respects) expands long-standing provisions governing the use of appropriated funds by CDC and our grantees for advocacy, lobbying, and related activities.

CDC provides information of the restrictions to all awardees in the notice of the award titled Anti-Lobbying Restrictions for CDC Grantees. Additionally, CDC provides trainings for awardees to clarify and explain the restrictions in place for their award. Further, CDC has educated staff, including program officers who work with awardees, on AR-12 restrictions.

Grant Table

The agreement directs the CDC Director to include in the FY 2016 and future budget requests a table that identifies each type of grant awarded under each CDC program. It should clearly include for each program the percentage of funds awarded by formula and non-formula for each type of and competitive grant for each of the past three years, current year, and budget year.

Please see the individual grant tables in each program narrative.

Public Health Leadership and Support Detail

The agreement expects the budget request for fiscal year 2016 and future year to include specific breakouts and details by budget activity with typical object class data for each activity.

Please see page 382