

## OVERVIEW OF THE CDC FY 2018 BUDGET REQUEST

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The fiscal year (FY) 2018 President's Budget request for CDC and ATSDR includes a total funding level of \$6,037,243,000 in discretionary budget authority and the Prevention and Public Health Fund (PPHF). **This is an overall decrease of \$1,222,431,000 below the FY 2017 Annualized Continuing Resolution (CR) level, which is a 17% reduction.** The funding amounts and programmatic approaches described below are changes compared to the FY 2017 Annualized CR level.

### **New Initiatives and Increases**

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#### **America's Health Block Grant Program (\$500.0 million)**

The FY 2018 budget request includes a new \$500 million America's Health block grant to increase State, Tribal, and territorial flexibility on the leading chronic disease challenges specific to each State, which could include preventing and better managing heart disease and diabetes—two of the most common and costly chronic diseases—as well as arthritis, the leading cause of disability in the United States. The newly-established *America's Health* Block Grant will provide flexibility in FY 2018 for each state to implement specific interventions that address leading causes of death and disability, including interventions to spur improvements in physical activity and the nutrition of children and adolescents, and other leading causes of death such as heart disease.

#### **Vector Borne Diseases (+\$12.5 million)**

The FY 2018 budget request includes an increase of \$12.5 million for Vector Borne Diseases. In FY 2018, the U.S. will remain vulnerable to existing and new vector-borne disease threats, like Zika. With increased funding, CDC will provide enhanced support to up to 9 states at the greatest risk for vector-borne disease outbreaks. These resources would allow for enhanced capacity in laboratory, case and outbreak investigation, and vector control. Funds will also support the development of cutting edge diagnostic tools and new vector control technologies.

#### **Building and Facility Improvements (+\$10.0 million)**

The FY 2018 budget request includes an increase of \$10.0 million for repair and improvement (R&I) of CDC's existing facilities portfolio in Atlanta and other locations across the U.S. Funding for life safety and mission-support repair and improvement projects will ensure that CDC's facilities portfolio is safe and supports the public health mission needs. The functional replacement value of CDC's 188 buildings and 22 support and infrastructure facilities is \$3.8 billion. As many of CDC's non-Atlanta campuses are approaching or are beyond a half century or more in age—specifically the NIOSH Pittsburgh research campus— not only do requirements for routine R&I continue to increase, but so do demands for asset demolition and/or disposal to improve CDC's overall condition index.

#### **Influenza Planning and Response (+\$7.8 million)**

The FY 2018 budget request includes an increase of \$7.8 million in budget authority for Influenza Planning and Response. This funding will support influenza prevention, detection, and monitoring activities, including laboratory capacity support to states, municipalities, and territories. Funds will also be used to support influenza pandemic planning and response and to monitor ongoing epidemics of influenza of particular public health concern, like H7N9 virus infections in China.

## Reductions and Eliminations

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Reductions and eliminations are summarized below, by account, in descending order. More detailed information is available in the narrative section of this Congressional Justification.

### **Chronic Disease Prevention and Health Promotion (-\$222.3 million)**

The FY 2018 budget request reduces funding for Chronic Disease Prevention and Health Promotion. CDC funds approximately 30 separate disease and risk factor prevention grant programs to reduce the prevalence of chronic disease and the leading causes of death (e.g., alcohol use, nutrition, and stroke). Many states receive a limited amount of resources per grant program, and in some instances, states receive less than \$200,000 to address a specific prevention strategy. The budget creates the new *America's Health* Block Grant to integrate existing disease-based activities into one block grant to increase flexibility to states, tribes, localities, and territories to more efficiently and effectively address the leading causes of death specific to each jurisdiction.

At this level, CDC reduces or eliminates the following activities:

#### **Racial and Ethnic Approaches to Community Health (-\$51.0 million)**

The FY 2018 budget request eliminates funding for the Racial and Ethnic Approaches to Community Health (REACH) program. The FY 2018 Budget integrates existing disease-based activities into a new block grant to increase flexibility to States and Tribes to more efficiently and effectively address the leading causes of death specific to each State. State, local, or tribal recipients of the \$500 million *America's Health* block grant will continue work on the leading causes of death and disability in these communities. In FY 2016, CDC funded 49 governmental agencies and nongovernmental organizations, including state and local health departments, American Indian Tribes/Tribal Organizations, universities, and community-based organizations.

#### **Prevention Research Centers (-\$25.4 million)**

The FY 2018 budget request eliminates funding for the Prevention Research Center (PRC) program. This program works with academic institutions to conduct research and disseminate prevention interventions across United States. In FY 2016, CDC funded PRCs at 26 universities in 24 states to study how individuals and communities can avoid or counter the risks for chronic illnesses. For example, the PRCs funded Tulane University to research the strategy of creating bicycle lanes to increase physical activity in New Orleans. NIH also supports research on chronic diseases, including prevention research. CDC's chronic disease prevention portfolio will continue to focus on implementation of the most effective existing interventions.

#### **Cancer Prevention and Control (-\$18.1 million)**

The FY 2018 request reduces funding for the Cancer Prevention and Control program by \$18.1 million. At this funding level, there is no dedicated funding for Colorectal, Prostate, and Skin Cancer. Through the expanded Comprehensive Cancer program, CDC will support activities to more effectively address the overall risk factors associated with specific types of cancers.

#### **Epilepsy (-\$8.0 million)**

The FY 2018 budget request eliminates funding for the Epilepsy program. Elimination of this program supports the transition of CDC's chronic disease prevention portfolio to focus more narrowly on the leading causes of death and disability. The Epilepsy Program works with national organizations and researchers to develop and share public education programs and campaigns and provide services for people with epilepsy. In FY 2016, CDC funded the Epilepsy Foundation, which works with 44 state and

local chapters and several research cooperative agreements, including the Managing Epilepsy Well Network, which is currently comprised of eight Prevention Research Centers.

#### **Hospitals Promoting Breastfeeding (-\$8.0 million)**

The FY 2018 budget request eliminates dedicated funding for the Hospitals Promoting Breastfeeding program. This program was created in FY 2012 and has been funded by the Prevention and Public Health Fund. This program promotes and supports evidence-based strategies in states, communities, and hospitals to help women who choose to breastfeed to start and continue breastfeeding. State, local, or tribal recipients of the *America's Health* block grant could continue to promote breastfeeding as a way to prevent obesity and type 2 diabetes.

#### **National Lupus Patient Registry (-\$6.0 million)**

The FY 2018 budget request eliminates funding for the National Lupus Patient Registry. This program supports lupus registries and related studies, raises awareness, educates patients and healthcare providers, and promotes interventions. In FY 2016, CDC funded follow-up studies focused on natural history, disparities, and healthcare access and treatment in three lupus registries. Elimination of this program is a part of the transition of CDC's chronic disease prevention portfolio to focus on the leading causes of death and disability.

#### **Million Hearts (-\$4.0 million)**

The FY 2018 budget request eliminates dedicated funding for the Million Hearts® program, which has previously been funded by the Prevention and Public Health Fund. This program is a collaboration between CDC and the Centers for Medicare and Medicaid Services (CMS) to enhance cardiovascular disease prevention activities across the public and private sector. In FY 2016, CDC funded three partner organizations—including the National Association of Community Health Centers and the YMCA of USA. CDC remains committed to maximizing its efficiency and public health impact. CDC will continue to enhance cardiovascular disease prevention through existing resources.

#### **National Early Child Care Collaboratives (-\$4.0 million)**

The FY 2018 budget request eliminates dedicated funding for the National Early Child Care Collaboratives program, which has previously been funded by the Prevention and Public Health Fund. State, local, or tribal recipients of the *America's Health* block grant could continue to promote similar prevention activities in the Early Child Care and Education (ECE) setting as a way to prevent obesity. This program implements obesity prevention initiatives targeting ECE settings to help establish and improve the healthy nutrition and physical activity habits of young children. To carry out this work, CDC supports ECE learning collaboratives in nine states to facilitate best practices in nutrition, breastfeeding support, physical activity, and screen time.

#### **Health Promotion (-\$10.5 million)**

The Budget eliminates funding for activities funded under Health Promotion. This elimination also supports the transition of CDC's chronic disease prevention portfolio to focus on the priority areas funded by the Other Chronic Disease program line.

### **HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis (-\$186.1 million)**

The FY 2018 budget request reduces funding for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis by \$186.1 million. At the FY 2018 requested amount, CDC will reduce activities around testing, support services for persons living with HIV, and prevention services. In addition, CDC's ability to implement innovative demonstration projects or research examining strategies related to high impact prevention and new tools supporting HIV prevention will be reduced. CDC will focus its efforts on sustaining the declines that have been achieved and reaching those Americans who are at highest risk. CDC will continue to work towards the national HIV/AIDS targets. Although fewer HIV tests would be paid for directly with CDC Federal funds, Health Department capacity has increased to directly bill for testing HIV and related co-infections in health care settings.

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

The FY 2018 budget request eliminates funding for the Preventive Health and Health Services Block Grant (PHHSBG). 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. As indicated above, this budget request proposes a new, five-year block grant program, *America's Health*, which provides flexibility to grantees and focuses on the leading public health challenges faced by states, tribes, localities, and territories.

### **Occupational Safety and Health (-\$138.5 million)**

The FY 2018 budget request reduces funding for occupational safety and health research by \$138.5 million. The National Institute for Occupational Safety and Health (NIOSH) will continue to conduct research to reduce worker illness and injury, and to advance worker well-being. In FY 2018, the research program will not continue to fund state and academic partners for conducting, translating, or evaluating research.

#### **Education and Research Centers (-\$28.5 million)**

Originally created almost 50 years ago, the Education and Research Centers program directed funding to academic programs focusing on industrial hygiene, occupational health nursing, occupational medicine, and occupational safety. The majority of schools of public health include coursework and many academic institutions have developed specializations in these areas. The budget request would no longer direct Federal funding to support academic salaries, stipends, and tuition and fee reimbursements for occupational health professionals at universities.

### **Public Health Preparedness and Response (-\$136.3 million)**

The FY 2018 budget request reduces funding for Public Health Preparedness and Response by \$136.3 million. At this level, CDC will eliminate the Academic Centers for Public Health Preparedness and reduce the level of funding for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

The Budget restructures HHS preparedness grants to direct resources to States with the greatest need and provide more innovative approaches. In FY 2018, the PHEP cooperative agreement will gain efficiencies, address gaps, and incentivize innovation by incorporating a competitive component in addition to a risk-based component, and link awards with performance.

At this level, CDC will focus on the Select Agent Program and mission critical activities. In order to maintain the critical preparedness and response infrastructure, CDC will prioritize activities which address the largest needs.

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

The FY 2018 budget request eliminates funding for the Academic Centers for Public Health Preparedness. 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. CDC will continue to support evaluation of grantee activities and assessments such as the Operational Readiness Review and will use these analyses to inform training and guidance to the public health preparedness field.

### **Immunization Program (-\$89.5 million)**

The FY 2018 budget request reduces funding for the Immunization Program by \$89.5 million. In FY 2018, CDC will work collaboratively with its awardees and partners to sustain record-high childhood immunization coverage rates and ensure that all Americans have access to vaccines. At this funding level, CDC will continue to provide funding to the 64 immunization awardees for state infrastructure awards and vaccine direct assistance, but at a reduced level. CDC will also continue providing technical assistance and laboratory support to states and local communities responding to vaccine-preventable disease investigations, including outbreaks, but at a reduced level.

### **Global Health (-\$76.3 million)**

The FY 2018 budget request reduces funding for global health activities by \$76.3 million. The majority of the reduction is from CDC's Global HIV/AIDS program, which provides the infrastructure and base support for CDC's ongoing President's Emergency Plan for AIDS Relief (PEPFAR) activities. The reduction reflects the Administration's intent to further focus funds on countries, populations, and programs where resources will have the greatest public health impact, optimize staffing and technical resources to address highest-priority global HIV needs, and ensure that ongoing activities are consistent with overall PEPFAR priorities and are lean, efficient, and effective. CDC will focus its global immunization activities to continue progress toward polio eradication, as well as measles and rubella elimination in the countries with the highest disease burden. For Global Disease Detection and Other Programs, CDC will focus on the continued identification of highly infectious, rapidly spreading pathogens and maintain a ready response force to respond to global disease outbreaks that threaten to spillover national borders and threaten regional and international health security.

### **Emerging and Zoonotic Infections (-\$64.9 million)**

The FY 2018 budget request reduces funding for Emerging and Zoonotic Infections by \$64.9 million. At this level, CDC will eliminate Chronic Fatigue Syndrome and Prion Disease activities, and funding to support the on-going Antibiotic Resistance (AR) initiative is reduced. With a reduction in funding of \$22.7 million for AR in FY 2018, CDC will continue to work with state and local health departments to protect Americans from the growing threat of antibiotic resistance, but will focus resources on States with demonstrated performance and highest need, reducing investments in research.

### **Prion Disease (-\$6.0 million)**

The FY 2018 budget request eliminates funding for Prion Disease activities. Prion diseases are a group of rare brain diseases affecting humans and animals that are uniformly fatal. Prion activities have been proposed for elimination to focus surveillance and monitoring activities on a broader range of high consequence pathogens and emerging diseases. Public health preventive measures recently instituted by the USDA will further reduce the risk of exposure to the U.S. population from Prion diseases. NIH also supports research on Prion diseases.

### **Chronic Fatigue Syndrome (-\$5.4 million)**

The FY 2018 budget request eliminates funding for Chronic Fatigue Syndrome (CFS) activities. CFS affects between one and four million people in the United States. CDC's CFS program works with states and experienced clinicians to develop tools to gather and analyze surveillance data and to educate clinicians and the public on the results of evidence-based studies. NIH has been funded to conduct biomedical research on CFS. In FY 2018, CFS activities are proposed for elimination, prioritizing funding to programs that support a broad range of diseases to maximize effectiveness in this limited-resource environment.

### **Birth Defects, Developmental Disabilities, Disability and Health (-\$35.4 million)**

The FY 2018 budget request reduces funding for the National Center on Birth Defects and Developmental Disabilities by \$35.4 million. At the proposed FY 2018 funding level, CDC will focus its birth defects and developmental disabilities portfolio on core public health activities that align with CDC's mission and have proven interventions to make an impact on American's health.

### **Injury Prevention and Control (-\$19.5 million)**

The FY 2018 budget request reflects the elimination of funding for the Elderly Falls and the Injury Control Research Centers. Within this total, CDC will continue its emphasis on Opioid Abuse and Overdose Prevention at \$75.4 million. CDC will focus its injury prevention portfolio on core public health activities that protect America's health.

#### **Injury Control Research Centers (-\$9.0 million)**

The FY 2018 budget request eliminates funding for the Injury Control Research Centers (ICRCs). CDC supported 10 ICRCs to conduct research and evaluation activities related to the health and economic impact of injury and violence as well as the improvement of injury prevention practices. Elimination of this program prioritizes funding for CDC's broader injury prevention and control portfolio.

#### **Elderly Falls (-\$2.0 million)**

The FY 2018 budget request eliminates funding for the Elderly Falls program. Other agencies across the U.S. government and other key stakeholders invest in research and prevention programs to address Elderly Falls, and the materials that CDC has developed to support clinicians who treat older patients at risk for falls will remain available.

### **Public Health Scientific Services (-\$30.7 million)**

The FY 2018 budget request reduces funding for the National Center for Health Statistics (NCHS), as well as funds that support the public health workforce and surveillance/informatics. At a reduced capacity, the platform supported by NCHS will continue to provide information on emerging issues of public health importance for CDC and HHS, such as the rise in drug overdose deaths. CDC will also reduce the number of trained disease detectives and rapid outbreak responders.

### **Environmental Health (-\$60.0 million)**

The FY 2018 budget request reduces funding for Environmental Health \$60.0 million below the FY 2017 Annualized CR level, which includes \$35 million for lead prevention and safe water activities, available through FY 2018. The FY 2018 budget request eliminates funding for Climate and Health and the Amyotrophic Lateral Sclerosis Registry. CDC will focus its environmental health portfolio on core activities required to protect America's health.

### **Amyotrophic Lateral Sclerosis Registry (-\$10.0 million)**

The FY 2018 budget request eliminates the Amyotrophic Lateral Sclerosis (ALS) registry and related research program. NIH-funded research on ALS will continue. External researchers may still use biospecimens previously obtained from the ALS biorepository. The budget request would eliminate funding for 13 extramural researcher-initiated studies to explore the causes of ALS and potential risk factors and the registry.

### **Climate Change (-\$10.0 million)**

Elimination of the program would end direct funding to states regarding health effects of climate change. States will continue to have access to other funds that would allow them to prepare and respond to public health emergencies, including natural disasters and adverse weather events. The FY 2018 budget request would eliminate funding for 18 state and local health departments and six tribal and territorial organizations.

### **Agency for Toxic Substances and Disease Registry (-\$12.5 million)**

The FY 2018 budget request reduces funding for the Agency for Toxic Substances and Disease Registry (ATSDR) by \$12.5 million (17% reduction). This reduction will reduce the number of public health assessments and consultations that ATSDR will be able to conduct in response to community requests.

## **MANDATORY FUNDING**

In addition to CDC's base funding request for FY 2018, the budget includes the following mandatory funding levels:

- **Vaccines for Children** = \$4.4 billion, an increase of \$161.4 million over the FY 2017 annualized CR.
- **World Trade Center Health program** = \$365.6 million, an increase of \$18.4 million over the FY 2017 annualized CR.
- **The Energy Employees Occupational Illness Compensation Program Act (EEOICPA)** = \$55.4 million, an increase of \$5.0 million over the FY 2017 annualized CR (due to sequestration impact on FY 2017).

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**FY 2018 President's Budget**

(dollars in thousands)

Budget Activity/Description	FY 2016	FY 2017	FY 2018	
	Final	Annualized CR	President's Budget	+/- FY17
<b>Immunization and Respiratory Diseases</b>	<b>\$797,155</b>	<b>\$782,532</b>	<b>\$700,828</b>	<b>(\$81,704)</b>
<b>Immunization and Respiratory Diseases - BA</b>	<b>\$457,805</b>	<b>\$458,182</b>	<b>\$497,228</b>	<b>\$39,046</b>
<b>Immunization and Respiratory Diseases - PPHF</b>	<b>\$324,350</b>	<b>\$324,350</b>	<b>\$203,600</b>	<b>(\$120,750)</b>
<b>Immunization and Respiratory Diseases - PHSSEF</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
-- Immunization Program Level	\$609,597	\$610,302	\$520,828	(\$89,474)
-- Immunization Program - BA	\$285,247	\$285,952	\$317,228	\$31,276
-- <i>Immunization Program (PPHF)</i>	<i>\$324,350</i>	<i>\$324,350</i>	<i>\$203,600</i>	<i>(\$120,750)</i>
-- Influenza/Influenza Planning and Response	\$187,558	\$172,230	\$180,000	\$7,770
-- Influenza Planning and Response	\$172,558	\$172,230	\$180,000	\$7,770
-- Influenza Planning and Response (PHSSEF)	\$15,000	\$0	\$0	\$0
<b>HIV/AIDS, Viral Hepatitis, STI and TB Prevention</b>	<b>\$1,121,017</b>	<b>\$1,120,145</b>	<b>\$934,000</b>	<b>(\$186,145)</b>
-- Domestic HIV/AIDS Prevention and Research	\$787,651	\$787,213	\$640,065	(\$147,148)
-- Viral Hepatitis	\$34,000	\$33,935	\$33,935	(\$0)
-- Sexually Transmitted Infections (STIs)	\$157,110	\$157,011	\$130,000	(\$27,011)
-- Tuberculosis (TB)	\$142,256	\$141,986	\$130,000	(\$11,986)
<b>Emerging and Zoonotic Infectious Diseases</b>	<b>\$582,228</b>	<b>\$578,882</b>	<b>\$514,000</b>	<b>(\$64,882)</b>
<b>Emerging and Zoonotic Infectious Diseases - BA</b>	<b>\$530,228</b>	<b>\$526,882</b>	<b>\$377,000</b>	<b>(\$149,882)</b>
<b>Emerging and Zoonotic Infectious Diseases - PPHF</b>	<b>\$52,000</b>	<b>\$52,000</b>	<b>\$137,000</b>	<b>\$85,000</b>
-- Antibiotic Resistance Initiative	\$160,000	\$159,696	\$0	(\$159,696)
-- <i>Antibiotic Resistance Initiative - PPHF</i>	<i>\$0</i>	<i>\$0</i>	<i>\$137,000</i>	<i>\$137,000</i>
-- Lab Safety and Quality	\$8,000	\$7,985	\$7,985	\$0
-- All Other Infectious Diseases	\$29,840	\$29,783	\$29,783	(\$0)
-- Vector-borne Diseases <sup>1</sup>	\$37,073	\$37,003	\$49,459	\$12,456
-- <i>Lyme Disease (non-add)</i>	<i>\$10,663</i>	<i>\$10,643</i>	<i>\$10,643</i>	<i>N/A</i>
-- Prion Disease	\$6,000	\$5,989	\$0	(\$5,989)
-- Chronic Fatigue Syndrome	\$5,400	\$5,390	\$0	(\$5,390)
-- Emerging Infectious Diseases	\$147,000	\$146,721	\$155,457	\$8,736
-- Food Safety	\$52,000	\$51,901	\$51,901	(\$0)
-- National HealthCare Safety Network	\$21,000	\$20,960	\$20,960	(\$0)
-- Quarantine	\$31,572	\$31,512	\$31,512	\$0
-- <i>Federal Isolation and Quarantine (non-add)</i>	<i>N/A</i>	<i>N/A</i>	<i>\$1,000</i>	<i>\$1,000</i>
-- Advanced Molecular Detection (AMD)	\$30,000	\$29,943	\$29,943	\$0
-- Immediate Zika Response	\$2,343	N/A	N/A	N/A
-- <i>Epi and Lab Capacity program (PPHF)</i>	<i>\$40,000</i>	<i>\$40,000</i>	<i>N/A</i>	<i>N/A</i>
-- <i>Healthcare-Associated Infections (PPHF)</i>	<i>\$12,000</i>	<i>\$12,000</i>	<i>N/A</i>	<i>N/A</i>
<b>Chronic Disease Prevention and Health Promotion</b>	<b>\$1,176,651</b>	<b>\$1,174,503</b>	<b>\$952,250</b>	<b>(\$222,253)</b>
<b>Chronic Disease Prevention and Health Promotion - BA<sup>2</sup></b>	<b>\$837,701</b>	<b>\$836,553</b>	<b>\$452,250</b>	<b>(\$384,303)</b>
<b>Chronic Disease Prevention and Health Promotion - PPHF</b>	<b>\$338,950</b>	<b>\$337,950</b>	<b>\$500,000</b>	<b>\$162,050</b>
-- School Health	\$15,400	\$15,371	\$15,371	\$0
-- Prevention Research Centers	\$25,461	\$25,413	\$0	(\$25,413)
-- National Diabetes Prevention Program	\$20,000	\$19,962	\$19,962	\$0
-- Cancer Prevention and Control	\$355,929	\$355,497	\$337,424	(\$18,073)
-- Breast and Cervical Cancer	\$209,780	\$209,601	\$210,000	\$399
-- <i>WISEWOMAN</i>	<i>\$21,120</i>	<i>\$21,080</i>	<i>\$21,120</i>	<i>\$40</i>
-- All Other Breast and Cervical Cancer	\$188,660	\$188,521	\$188,880	\$359
-- Breast Cancer Awareness for Young Women	\$4,960	\$4,951	\$4,960	\$9
-- Cancer Registries	\$49,430	\$49,346	\$49,346	(\$0)
-- Comprehensive Cancer	\$19,675	\$19,638	\$67,143	\$47,505
-- Johanna's Law	\$5,500	\$5,490	\$5,500	\$10
-- Cancer Survivorship Resource Center	\$475	\$474	\$475	\$1
-- Oral Health	\$18,000	\$17,966	\$17,000	(\$966)
-- Safe Motherhood/Infant Health	\$46,000	\$45,913	\$46,000	\$87
-- <i>Racial and Ethnic Approaches to Community Health (PPHF)</i>	<i>\$50,950</i>	<i>\$50,950</i>	<i>\$0</i>	<i>(\$50,950)</i>
-- <i>Million Hearts (PPHF)</i>	<i>\$4,000</i>	<i>\$4,000</i>	<i>\$0</i>	<i>(\$4,000)</i>
-- <i>National Early Child Care Collaboratives (PPHF)</i>	<i>\$4,000</i>	<i>\$4,000</i>	<i>\$0</i>	<i>(\$4,000)</i>
-- <i>Hospitals Promoting Breastfeeding (PPHF)</i>	<i>\$8,000</i>	<i>\$8,000</i>	<i>\$0</i>	<i>(\$8,000)</i>
-- Other Chronic Disease Prevention <sup>2</sup>	\$28,025	\$27,972	\$16,493	(\$11,479)
-- <i>Health Promotion (non-add)</i>	<i>\$10,525</i>	<i>\$10,505</i>	<i>\$0</i>	<i>(\$10,505)</i>
-- <i>Epilepsy (non-add)</i>	<i>\$8,000</i>	<i>\$7,985</i>	<i>\$0</i>	<i>(\$7,985)</i>
-- <i>National Lupus Patient Registry (non-add)</i>	<i>\$6,000</i>	<i>\$5,989</i>	<i>\$0</i>	<i>(\$5,989)</i>
-- <i>Alzheimer's Disease (non-add)</i>	<i>\$3,500</i>	<i>\$3,493</i>	<i>\$3,493</i>	<i>\$0</i>
-- <i>America's Health Block Grant (PPHF)</i>	<i>\$0</i>	<i>\$0</i>	<i>\$500,000</i>	<i>\$500,000</i>
<b>Birth Defects, Developmental Disabilities, Disability and Health</b>	<b>\$135,610</b>	<b>\$135,352</b>	<b>\$100,000</b>	<b>(\$35,352)</b>
<b>Environmental Health<sup>3</sup></b>	<b>\$182,303</b>	<b>\$216,989</b>	<b>\$157,000</b>	<b>(\$59,989)</b>
<b>Environmental Health - BA</b>	<b>\$165,303</b>	<b>\$199,989</b>	<b>\$157,000</b>	<b>(\$42,989)</b>



Budget Activity/Description	FY 2016	FY 2017	FY 2018	
	Final	Annualized CR	President's Budget	+/- FY17
<b>Environmental Health - PPHF</b>	<b>\$17,000</b>	<b>\$17,000</b>	<b>\$0</b>	<b>(\$17,000)</b>
-- Environmental Health Laboratory	\$56,000	\$55,894	\$55,894	\$0
-- Environmental Health Activities	\$46,303	\$46,215	\$34,106	(\$12,109)
-- <i>Amyotrophic Lateral Sclerosis Registry (ALS) (non-add)</i>	\$10,000	\$9,981	\$0	(\$9,981)
-- <i>Climate Change (non-add)</i>	\$10,000	\$9,981	\$0	(\$9,981)
-- Environmental and Health Outcome Tracking Network	\$34,000	\$33,935	\$25,000	(\$8,935)
-- Asthma	\$29,000	\$28,945	\$25,000	(\$3,945)
-- <b>Lead Poisoning Prevention (PPHF)</b>	<b>\$17,000</b>	<b>\$17,000</b>	<b>\$0</b>	<b>(\$17,000)</b>
-- Childhood Lead Poisoning Prevention - BA	\$0	\$0	\$17,000	\$17,000
-- Flint Response and Lead Poisoning Prevention	\$0	\$35,000	\$0	(\$35,000)
<b>Injury Prevention and Control</b>	<b>\$236,059</b>	<b>\$235,610</b>	<b>\$216,165</b>	<b>(\$19,445)</b>
-- Intentional Injury	\$97,730	\$97,544	\$97,730	\$186
-- NVDRS	\$16,000	\$15,970	\$15,970	\$0
-- Unintentional Injury	\$8,800	\$8,783	\$6,737	(\$2,046)
-- <i>Elderly Falls</i>	\$2,050	\$2,046	\$0	(\$2,046)
-- Injury Prevention Activities	\$28,950	\$28,895	\$20,293	(\$8,602)
-- Opioid Abuse and Overdose Prevention <sup>4</sup>	\$75,579	\$75,435	\$75,435	\$0
-- Injury Control Research Centers	\$9,000	\$8,983	\$0	(\$8,983)

Budget Activity/Description	FY 2016	FY 2017	FY 2018	
	Final	Annualized CR	President's Budget	+/- FY17
<b>Public Health Scientific Services</b>	\$491,022	\$490,662	\$460,000	(\$30,662)
Public Health Scientific Services - BA	\$491,022	\$490,662	\$317,032	(\$173,630)
Public Health Scientific Services - PHS Evaluation Transfer	\$0	\$0	\$142,968	\$142,968
-- Health Statistics	\$160,397	\$160,092	\$155,000	(\$5,092)
-- Health Statistics - PHS Evaluation Transfer	\$0	\$0	\$142,968	\$142,968
-- Health Statistics - BA	\$160,397	\$160,092	\$12,032	(\$148,060)
-- Surveillance, Epidemiology, and PH Informatics	\$278,425	\$278,470	\$260,000	(\$18,470)
-- Public Health Workforce and Career Development	\$52,200	\$52,101	\$45,000	(\$7,101)
<b>Occupational Safety and Health</b>	\$338,621	\$338,476	\$200,000	(\$138,476)
-- Occupational Safety and Health Research	\$338,621	\$338,476	\$200,000	(\$138,476)
-- Education and Research Centers (non-add)	\$28,500	\$28,446	\$0	(\$28,446)
<b>Global Health</b>	\$426,621	\$426,309	\$350,000	(\$76,309)
-- Global HIV/AIDS Program	\$128,276	\$128,177	\$69,547	(\$58,630)
-- Global Immunization Program	\$218,724	\$218,584	\$206,000	
-- Polio Eradication (non-add)	\$168,786	\$168,679	\$165,000	(\$3,679)
-- Parasitic Diseases and Malaria	\$24,475	\$24,453	\$24,453	(\$0)
-- Global Disease Detection and Other Programs	\$55,146	\$55,095	\$50,000	(\$5,095)
<b>Public Health Preparedness and Response</b>	\$1,413,250	\$1,402,329	\$1,266,000	(\$136,329)
-- Public Health Emergency Preparedness Cooperative Agreement	\$615,750	\$658,745	\$551,000	(\$107,745)
-- Academic Centers for Public Health Preparedness	\$8,200	\$8,184	\$0	(\$8,184)
-- CDC Preparedness and Response	\$161,800	\$161,492	\$140,000	(\$21,492)
-- Strategic National Stockpile	\$569,250	\$573,907	\$575,000	\$1,093
-- Immediate Zika Response	\$58,250	N/A	N/A	N/A
<b>Cross-Cutting Activities and Program Support</b>	\$410,977	\$273,354	\$105,000	(\$168,354)
Cross-Cutting Activities and Program Support - BA	\$250,977	\$113,354	\$105,000	(\$8,354)
Cross-Cutting Activities and Program Support - PPHF	\$160,000	\$160,000	\$0	(\$160,000)
-- Preventative Health and Health Services Block Grant (PPHF)	\$160,000	\$160,000	\$0	(\$160,000)
-- Public Health Leadership and Support	\$113,570	\$113,354	\$105,000	(\$8,354)
-- Immediate Zika Response	\$137,407	N/A	N/A	N/A
<b>Building and Facilities</b>	\$10,000	\$9,981	\$20,000	\$10,019
-- Building and Facilities	\$10,000	\$9,981	\$20,000	\$10,019
<b>Total CDC, Budget Authority -</b>	<b>\$6,414,214</b>	<b>\$6,293,825</b>	<b>\$4,991,675</b>	<b>(\$1,302,150)</b>
<b>Total CDC, (Budget Authority &amp; PHS Evaluation Transfers) -</b>	<b>\$6,414,214</b>	<b>\$6,293,825</b>	<b>\$5,134,643</b>	<b>(\$1,159,182)</b>
<b>Program Level (includes BA, PHSSEF &amp; PPHF) -</b>	<b>\$7,321,514</b>	<b>\$7,185,125</b>	<b>\$5,975,243</b>	<b>(\$1,209,882)</b>
<b>Agency for Toxic Substances and Disease Registry</b>	\$74,691	\$74,549	\$62,000	(\$12,549)
<b>Prevention and Public Health Fund (PPHF) Transfer (non-add)</b>	\$892,300	\$891,300	\$840,600	(\$50,700)
<b>PHS Evaluation Transfers (non-add)</b>	\$0	\$0	\$142,968	\$142,968
<b>Public Health and Social Services Emergency Fund (PHSSEF)<sup>5</sup></b>	\$15,000	\$0	\$0	\$0
<b>Energy Employees Occupational Illness Compensation Program Act (EEOICPA)</b>	\$50,210	\$50,320	\$55,358	\$5,038
<b>World Trade Center<sup>6</sup></b>	\$312,900	\$347,114	\$365,562	\$18,448
<b>Vaccines for Children<sup>7</sup></b>	\$4,400,004	\$4,436,935	\$4,598,358	\$161,423
<b>Childhood Obesity Research Demonstration (CORD), PL 114-10</b>	\$10,000	N/A	N/A	N/A
<b>Other User Fees</b>	\$2,226	\$2,226	\$2,226	\$0
<b>Total, CDC L/HHS Program Level</b>	<b>\$12,171,545</b>	<b>\$12,096,269</b>	<b>\$11,058,747</b>	<b>(\$1,037,522)</b>

Budget Activity/Description	FY 2016	FY 2017	FY 2018	
	Final	Annualized CR	President's Budget	+/- FY17

<sup>1</sup> FY 2016 and 2017 Vector-borne Diseases amounts are comparably adjusted to reflect \$10.6 million movement from Lyme Disease line.

<sup>2</sup> FY 2016 and 2017 Chronic Disease Prevention and Health Promotion budget structures are comparably adjusted to reflect Other Chronic Diseases funding line in FY 2018 President's Budget.

<sup>3</sup> FY 2017 totals include funding for Flint, Michigan response, which includes \$15 million for Lead Prevention (available through FY 2018) and \$20 million for a Lead Exposure Registry and Advisory Council (available through FY 2020).

<sup>4</sup> FY 2016 and 2017 Prescription Drug Overdose and Illicit Opioid Risk Use Factors are comparably adjusted to reflect combined single line, Opioid Abuse and Overdose Prevention.

<sup>5</sup> In addition to the total reflected, the FY 2017 Omnibus directs \$15 million in PHSSEF pandemic influenza supplemental unobligated balances to be transferred to CDC.

<sup>6</sup> Reflects Federal share estimated obligations only; NYC share estimated obligations are not included.

<sup>7</sup> FY 2016- 2018 are estimates that reflect estimated transfers from Medicaid.