



BUDGET REQUEST SUMMARY—FISCAL YEAR 2014

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is the nation's health protection agency, working 24/7 to protect America from health and safety threats, both foreign and domestic.

The president's fiscal year (FY) 2014 budget request for CDC is \$6.6 billion, a decrease of \$270 million from FY 2012. This funding level includes \$755 million from the Affordable Care Act's Prevention and Public Health Fund (PPHF) and \$618 million in Public Health Service (PHS) evaluation funds.

Increased program investments

Programs with new or increased investment in the FY 2014 budget request include the Advanced Molecular Detection initiative, food safety, domestic HIV/AIDS prevention, and healthcare safety to protect Americans from infectious diseases; polio eradication to protect against global threats; and violence prevention, tobacco prevention, health statistics, lead poisoning prevention, and heart disease and stroke prevention to monitor and prevent the leading causes of death.

Key savings

Identifying strategic reductions allows CDC to protect its core public health mission in the most cost-effective way in this challenging fiscal environment.

New program approach

The FY 2014 request implements the Working Capital Fund, a revolving fund that serves as the sole funding mechanism to finance centralized business services support across CDC. Implementation of the Working Capital Fund will achieve greater efficiency and transparency because it creates market-like incentives for both customers and service providers to maximize efficiency.

PROTECT AMERICANS FROM INFECTIOUS DISEASES

Emerging and zoonotic infectious diseases

CDC is the global leader in protecting Americans and people around the world from infectious diseases. Through epidemiological expertise and advanced laboratories, CDC detects and tracks a range of microbes, responds to outbreaks, and serves as an early warning system to rapidly identify new infectious disease threats.

The FY 2014 request of \$432.4 million for emerging and zoonotic infectious diseases—including \$51.8 million from the PPHF—is an increase of \$70.3 million from FY 2012 enacted. Increased funding will modernize infectious disease outbreak investigation, reduce healthcare-associated infections, and improve food safety.

Advanced Molecular Detection Initiative

CDC's ability to respond effectively to infectious diseases is at risk without modernization in microbiology and bioinformatics capabilities. The FY 2014 request proposes an investment of \$40 million for a new Advanced Molecular Detection initiative.

Advances in laboratory technologies—such as high-throughput genome sequencing, along with improved capabilities in the field of bioinformatics—will improve CDC's ability to control infectious diseases, enabling faster, more accurate, and cost-effective ways of preventing, detecting, and responding to known, emerging, and resistant pathogens.

National Healthcare Safety Network

The National Healthcare Safety Network at CDC provides a single, integrated reporting system for healthcare-associated infections. Healthcare facilities use it to apply real-time, validated data to prevent and eliminate the spread of healthcare-associated infections. The FY 2014 request includes a \$12.5 million increase to expand the system to 1,800 additional facilities.

HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis prevention

The FY 2014 request of \$1.2 billion for HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis prevention—including \$3 million in PHS evaluation funds—is an increase of \$14 million from FY 2012 enacted. The FY 2014 request supports the goals of the National HIV/AIDS Strategy. Increased funding will improve the quality and efficiency of HIV surveillance data, as well as support assessment and refinement of HIV school health activities.

The request redirects \$40 million to a new community high-impact prevention initiative to improve systems that link persons recently diagnosed with HIV to care. In addition, the request invests \$10 million to build the infrastructure and capacity that state public health departments and community-based organizations need to bill private insurers for clinical testing services.

Immunization and respiratory disease

CDC administers the two primary federal programs that support immunization for underinsured and uninsured U.S. populations—the discretionary Section 317 program and the mandatory Vaccines for Children program. CDC also provides epidemiology and laboratory capacity—to detect, prevent, and respond to vaccine-preventable, respiratory and related infectious disease threats—as well as preparedness planning for pandemic influenza.

The FY 2014 budget request of \$754 million for immunization and respiratory diseases—including \$72.5 million from the PPHF and \$12.9 million in PHS evaluation funds—is a decrease of \$60.8 million from

FY 2012 enacted due to increased health insurance coverage anticipated in 2014.

PROTECT AMERICANS FROM NATURAL AND BIOTERRORISM THREATS

Public health preparedness and response

CDC works 24/7 to ensure the security, safety, and health of the United States from threats, foreign and domestic, intentional and naturally occurring. CDC provides life-saving responses to chemical, biological, radiological, and nuclear threats, as well as other disasters, outbreaks, and epidemics.

The FY 2014 request of \$1.3 billion for public health preparedness and response is a decrease of \$47.5 million from FY 2012 enacted. Reduced funding levels reflect a reprioritization of the Strategic National Stockpile's formulary and reduced preparedness funding to state and local health departments.

PREVENT THE LEADING CAUSES OF DISEASE, DISABILITY AND DEATH

Birth defects and developmental disabilities

CDC promotes the health of babies, children, and adults and enhances the potential for full, productive living. The FY 2014 request of \$141.9 million for birth defects and developmental disabilities—including \$74.8 million from the PPHF—is an increase of \$152,000 from FY 2012 enacted. The overall total reflects a \$6.7 million transfer of the Paralysis Resource Center to the Administration for Community Living. The FY 2014 request maintains separate budget lines for categorical birth defects and developmental disabilities.

Chronic disease prevention and health promotion

Chronic diseases are among the most prevalent, costly, and deadly of all health problems—and the most preventable. CDC leads U.S. efforts to prevent and control chronic diseases and associated risk factors by funding state and local programs.

The FY 2014 request of \$1.0 billion for chronic disease prevention and health promotion—including \$415.9 million from the PPHF—is a decrease of \$175.3 million from FY 2012 enacted.

As small community grants were fully funded in FY 2012, the request proposes a \$79.7 million decrease for Community Transformation Grants. Proposed decreases for breast, cervical, and colorectal cancer reflect increased coverage for these services through health insurance expansion in 2014. The request includes a \$13.8 million increase for tobacco prevention and control.

National Tobacco Education Campaign

As a result of CDC's "Tips from Former Smokers" campaign, CDC projects that more than a million Americans will attempt to quit smoking and more than 100,000 Americans will quit smoking forever, preventing tens of thousands of deaths. The \$13.8 million proposed increase in FY 2014 will expand the national campaign against smoking and bolster state quitline operations.

Injury prevention and control

CDC is the lead federal agency focused on preventing unintentional and intentional injuries that occur outside of the workplace. The FY 2014 request of \$181.6 million for injury prevention and control—including \$5 million in PHS evaluation funds—is an increase of \$35.3 million from FY 2012 enacted.

The proposed increase supports national expansion and enhancement of the National Violent Death Reporting System as well as gun violence prevention research, components of the president's *Now Is the Time* plan. The proposed increase also funds the evaluation of rape prevention and education activities, with the goal of generating findings to improve sexual violence prevention nationwide.

KEEP AMERICANS SAFE FROM ENVIRONMENTAL AND WORK-RELATED HAZARDS

Environmental health

Environmental health programs at CDC prevent illness, disabilities, and premature death caused by environmental exposures. The FY 2014 request of \$155.1 million for environmental health—including \$29 million from the PPHF—is a decrease of \$3.1 million from FY 2012 enacted.

The FY 2014 request proposes a \$2.5 million increase for childhood lead poisoning prevention and a \$6 million decrease for the National Environmental Public Health Tracking Network. The FY 2014 request maintains separate budget lines for asthma control and lead poisoning prevention and it continues support for climate and built environment initiatives.

Occupational safety and health

The National Institute for Occupational Safety and Health is the primary federal entity responsible for conducting research, making recommendations, and translating knowledge for the prevention of work-related illness and injury.

The entire FY 2014 discretionary request of \$271.9 million for occupational safety and health is from PHS evaluation funds—representing a decrease of \$53.4 million from FY 2012 enacted. In a limited-resource environment, the budget request proposes the elimination of Education and Research Centers. In addition, the request eliminates research funding for the Agriculture, Forestry, and Fishing sector in order to focus on the needs of 137 million Americans in other sectors.

Mandatory funding levels proposed in FY 2014 for occupational health and safety at CDC include \$55.4 million for the Energy Employees Occupational Illness Compensation Program Act and \$241 million for the World Trade Center Health Program. Proposed funding for the World Trade Center Health Program represents a \$53.4 million increase from FY 2012 for the addition of certain cancers to the list of related conditions and for the program inclusion of responders from the Shanksville, Pennsylvania and Pentagon sites.

MONITOR HEALTH AND ENSURE LABORATORY EXCELLENCE

Public health scientific services

Public health scientific services are the foundation of CDC's efforts to protect public health in the United States. These programs lead to the development, adoption, and integration of sound public health surveillance and epidemiological practices, and they are based on advances in epidemiology, informatics, laboratory science, and surveillance.

The FY 2014 request of \$539.3 million for public health scientific services—including \$70 million from the PPHF—is an increase of \$21.8 million from FY 2012 enacted. The proposed increase allows CDC's National Center for Health Statistics to expand death data from the vital registration jurisdictions and to support implementation of new sample designs for population-based surveys following the 2010 Census.

ENSURE GLOBAL DISEASE PROTECTION

Global health

CDC's scientists and health experts are embedded in countries around the globe. The agency uses its expertise in translating and adapting scientific evidence into public health action to strengthen capacity in partner countries, leading to public health impact.

The FY 2014 request of \$393 million for global health—an increase of \$16.4 million from FY 2012 enacted—includes additional resources to stop all wild poliovirus transmission and any new vaccine-derived polioviruses by the end of 2014. The FY 2014 request maintains support for CDC global health programs, such as immunization, disease detection and emergency response, parasitic diseases and malaria, public health capacity development, and HIV/AIDS.

Global Polio Eradication Initiative

CDC is the lead scientific agency for the U.S. government's effort toward global polio eradication. The FY 2014 request proposes a \$15.1 million increase to stop all wild poliovirus transmission and any new vaccine-derived polioviruses by the end of 2014. CDC will apply lessons learned from India to enhance surveillance, improve supplemental immunization activities, intensify immunization programs for high-risk populations, and introduce use of bivalent oral polio vaccine.

PROVIDE PUBLIC HEALTH LEADERSHIP

Cross-cutting activities

The FY 2014 budget request includes \$172.6 million to support CDC's cross cutting, mission-critical efforts, a decrease of \$87.9 million from FY 2012 enacted. The overall total includes \$41.2 million from the PPHF to support the National Public Health Improvement Initiative and the National Prevention Strategy.

Block grant elimination

The FY 2014 request reflects the elimination of the Preventive Health and Health Services Block Grant.

Buildings and facilities

The FY 2014 request of \$14.6 million for buildings and facilities is a decrease of \$10.4 million from FY 2012 enacted. The proposed level will support all critical repairs and improvements through a combination of proposed budget authority and carryover balances.

Business services support

To operationalize the Working Capital Fund, the 2014 request eliminates the budget line for business services support, distributing funding to individual budget lines based on a program's historical business service consumption.

Public health leadership and support

The FY 2014 request includes \$116.8 million to improve the effectiveness of public health programs and science. These funds are essential for CDC to manage with efficiency, transparency, and accountability.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Managed as part of CDC, the Agency for Toxic Substances and Disease Registry (ATSDR) is the principal non-regulatory federal public health agency responsible for addressing health effects associated with toxic exposures. ATSDR's mission is to use the best science, take responsive action, and provide trustworthy health information to the public to prevent and mitigate harmful exposures and disease related to toxic substance exposures.

The FY 2014 request of \$76.2 million for ATSDR is level with FY 2012 enacted. The requested funds include \$2 million to continue epidemiologic studies of health conditions caused by non-occupational exposures to uranium released from past mining and milling operations on the Navajo Nation.

For more information, please visit www.cdc.gov/budget, or, using a QR reader on your smartphone, scan this QR code for quick access to CDC's budget materials.



Centers for Disease Control and Prevention

(Dollars in Thousands)

Budget Activity/Description	FY 2012			2014	
	Enacted	BSS Realignment ¹	Enacted ² (Comparably Adjusted)	President's Budget	President's Budget +/- FY 2012 Enacted (CA)
Immunization and Respiratory Diseases	\$778,947	\$35,915	\$814,862	\$754,020	-\$60,842
Immunization and Respiratory Diseases - BA	\$576,083	\$35,915	\$611,998	\$668,696	\$56,698
<i>Immunization and Respiratory Diseases - PHS Eval</i>	<i>\$12,864</i>	<i>\$0</i>	<i>\$12,864</i>	<i>\$12,864</i>	<i>\$0</i>
Immunization and Respiratory Diseases - PPHF	\$190,000	\$0	\$190,000	\$72,460	-\$117,540
-- Section 317 Immunization Program	\$367,870	\$11,440	\$379,310	\$391,549	\$12,239
-- <i>Immunization Program - PPHF</i>	<i>\$190,000</i>	<i>\$0</i>	<i>\$190,000</i>	<i>\$72,460</i>	<i>-\$117,540</i>
-- Program Implementation and Accountability	\$62,302	\$10,603	\$72,905	\$116,950	\$44,045
-- <i>National Immunization Survey - PHS Eval (non-add)</i>	<i>\$12,864</i>	<i>\$0</i>	<i>\$12,864</i>	<i>\$12,864</i>	<i>\$0</i>
-- Influenza/Influenza Planning and Response	\$158,775	\$13,872	\$172,647	\$173,061	\$414
-- Influenza Planning and Response	\$155,445	\$13,352	\$168,797	\$169,201	\$404
-- Seasonal Influenza	\$3,330	\$520	\$3,850	\$3,860	\$10
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	\$1,109,934	\$53,030	\$1,162,964	\$1,176,942	\$13,978
HIV/AIDS, Viral Hepatitis, STI and TB Prevention - BA	\$1,099,934	\$53,030	\$1,152,964	\$1,173,942	\$20,978
<i>HIV/AIDS, Viral Hepatitis, STI and TB Prevention - PHS Eval</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$3,000</i>	<i>\$3,000</i>
HIV/AIDS, Viral Hepatitis, STI and TB Prevention - PPHF	\$10,000	\$0	\$10,000	\$0	-\$10,000
-- Domestic HIV/AIDS Prevention and Research	\$786,176	\$36,457	\$822,633	\$836,124	\$13,491
-- HIV Prevention by Health Department ³	\$392,636	\$6,926	\$399,562	\$399,744	\$182
-- National Programs to Identify and Reach High Risk Populations ³	\$363,702	\$27,060	\$390,762	\$400,985	\$10,223
-- School Health, HIV - BA	\$29,838	\$2,471	\$32,309	\$32,395	\$86
-- <i>School Health, HIV - PHS Eval</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$3,000</i>	<i>\$3,000</i>
-- Viral Hepatitis	\$19,672	\$1,610	\$21,282	\$31,410	\$10,128
-- <i>Viral Hepatitis - PPHF</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$0</i>	<i>-\$10,000</i>
-- Sexually Transmitted Infections	\$153,788	\$7,909	\$161,697	\$161,710	\$13
-- Tuberculosis	\$140,298	\$7,054	\$147,352	\$147,698	\$346
Emerging and Zoonotic Infectious Diseases	\$304,226	\$57,917	\$362,143	\$432,414	\$70,271
Emerging and Zoonotic Infectious Diseases - BA	\$252,476	\$57,917	\$310,393	\$380,664	\$70,271
Emerging and Zoonotic Infectious Diseases - PPHF	\$51,750	\$0	\$51,750	\$51,750	\$0
-- Core Infectious Diseases ⁴	\$184,657	\$41,071	\$225,728	\$226,754	\$1,026
-- Food Safety (non-add)	\$27,113	\$5,505	\$32,618	\$49,223	\$16,605
-- National HealthCare Safety Network (non-add)	\$14,840	\$4,231	\$19,071	\$31,562	\$12,491
-- Quarantine (non-add)	\$25,866	\$7,110	\$32,976	\$33,125	\$149
-- <i>Federal Isolation and Quarantine (non-add)</i>	<i>N/A</i>	<i>\$0</i>	<i>N/A</i>	<i>\$1,000</i>	<i>N/A</i>
-- Advanced Molecular Detection	\$0	\$0	\$0	\$40,000	\$40,000
-- <i>Epi and Lab Capacity program - PPHF (non-add)</i>	<i>\$40,000</i>	<i>\$0</i>	<i>\$40,000</i>	<i>\$40,000</i>	<i>\$0</i>
-- <i>Healthcare-Associated Infections - PPHF (non-add)</i>	<i>\$11,750</i>	<i>\$0</i>	<i>\$11,750</i>	<i>\$11,750</i>	<i>\$0</i>
Chronic Disease Prevention and Health Promotion	\$1,167,427	\$43,939	\$1,211,366	\$1,036,093	-\$175,273
Chronic Disease Prevention and Health Promotion - BA	\$756,377	\$43,939	\$800,316	\$620,189	-\$180,127
Chronic Disease Prevention and Health Promotion - PPHF	\$411,050	\$0	\$411,050	\$415,904	\$4,854
-- Tobacco	\$108,077	\$7,446	\$115,523	\$117,360	\$1,837
-- <i>Tobacco - PPHF</i>	<i>\$83,000</i>	<i>\$0</i>	<i>\$83,000</i>	<i>\$95,000</i>	<i>\$12,000</i>
-- Nutrition, Physical Activity and Obesity	\$33,998	\$3,204	\$37,202	\$47,400	\$10,198
-- <i>Nutrition, Physical Activity and Obesity - PPHF</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$0</i>	<i>-\$10,000</i>
-- School Health	\$13,522	\$1,159	\$14,681	\$14,703	\$22
-- Health Promotion	\$17,584	\$1,432	\$19,016	\$19,062	\$46
-- Prevention Research Centers	\$17,900	\$1,012	\$18,912	\$25,041	\$6,129
-- <i>Prevention Research Centers - PPHF</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$0</i>	<i>-\$10,000</i>
-- Heart Disease and Stroke	\$54,975	\$3,787	\$58,762	\$58,870	\$108
-- Diabetes	\$64,434	\$4,686	\$69,120	\$69,260	\$140
-- National Diabetes Prevention Program	\$0	\$0	\$0	\$10,000	\$10,000
-- <i>National Diabetes Prevention Program - PPHF</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$0</i>	<i>-\$10,000</i>
-- Cancer Prevention and Control	\$358,304	\$13,240	\$371,544	\$329,660	-\$41,884
-- <i>Cancer Prevention and Control - PPHF</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$173,064</i>	<i>\$163,064</i>
-- Cancer Prevention and Control - BA	\$348,304	\$13,240	\$361,544	\$156,596	-\$204,948
-- Breast and Cervical Cancer - BA and PPHF	\$214,779	\$7,784	\$222,563	\$184,560	-\$38,003
-- Breast and Cervical Cancer	\$204,779	\$7,784	\$212,563	\$110,249	-\$102,314
-- <i>WISEWOMAN (non-add)</i>	<i>\$20,629</i>	<i>\$784</i>	<i>\$21,413</i>	<i>\$21,413</i>	<i>\$0</i>
-- Breast and Cervical Cancer - PPHF (non-add)	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>	<i>\$74,311</i>	<i>\$64,311</i>
-- Colorectal Cancer	\$42,830	\$1,628	\$44,458	\$40,577	-\$3,881

Budget Activity/Description	FY 2012			2014	
	Enacted	BSS Realignment ¹	Enacted ² (Comparably Adjusted)	President's Budget	President's Budget +/- FY 2012 Enacted (CA)
-- Oral Health	\$14,644	\$1,234	\$15,878	\$15,921	\$43
-- Safe Motherhood/Infant Health	\$43,803	\$5,321	\$49,124	\$49,322	\$198
-- Arthritis and Other Chronic Diseases	\$25,196	\$1,418	\$26,614	\$26,654	\$40
-- Community Grants	\$279,940	\$0	\$279,940	\$146,340	-\$133,600
-- Racial and Ethnic Approach to Community Health	\$13,940	\$0	\$13,940	\$0	-\$13,940
-- <i>Racial and Ethnic Approach to Community Health - PPHF</i>	\$40,000	\$0	\$40,000	\$0	-\$40,000
-- Community Transformation Grants - BA	\$0	\$0	\$0	\$10,000	\$10,000
-- <i>Community Transformation Grants - PPHF</i>	\$226,000	\$0	\$226,000	\$136,340	-\$89,660
-- <i>Million Hearts - PPHF</i>	\$0	\$0	\$0	\$5,000	\$5,000
-- <i>Workplace Wellness - PPHF</i>	\$10,000	\$0	\$10,000	\$0	-\$10,000
-- <i>Healthy Weight Task Force Obesity Activities - PPHF</i>	\$5,000	\$0	\$5,000	\$4,000	-\$1,000
-- <i>Hospitals Promoting Breastfeeding - PPHF</i>	\$7,050	\$0	\$7,050	\$2,500	-\$4,550
Birth Defects, Developmental Disabilities, Disability & Health	\$130,587	\$11,205	\$141,792	\$141,944	\$152
Birth Defects, Developmental Disabilities, Disability & Health - BA	\$130,587	\$11,205	\$141,792	\$67,148	-\$74,644
Birth Defects, Developmental Disabilities, Disability & Health - PPHF	N/A	N/A	N/A	\$74,796	N/A
-- Child Health and Development - BA	\$61,966	\$5,735	\$67,701	\$23,098	-\$44,603
-- Child Health and Development - PPHF	N/A	N/A	N/A	\$44,646	N/A
-- <i>Birth Defects - PPHF</i>	N/A	N/A	N/A	\$21,798	N/A
-- <i>Fetal Alcohol Syndrome - PPHF</i>	N/A	N/A	N/A	\$10,789	N/A
-- <i>Folic Acid - PPHF</i>	N/A	N/A	N/A	\$3,160	N/A
-- <i>Infant Health - PPHF</i>	N/A	N/A	N/A	\$8,899	N/A
-- Autism	\$21,265	\$1,790	\$23,055	\$23,098	\$43
-- Health and Development with Disabilities - BA ⁵	\$49,874	\$3,621	\$53,495	\$23,378	-\$30,117
-- Health and Development with Disabilities - PPHF	N/A	N/A	N/A	\$30,150	N/A
-- Disability and Health, includes Child Development Studies	\$17,779	\$1,134	\$18,913	\$18,941	\$28
-- <i>Limb Loss - PPHF</i>	N/A	N/A	N/A	\$3,095	N/A
-- <i>Tourette Syndrome - PPHF</i>	N/A	N/A	N/A	\$1,842	N/A
-- Early Hearing Detection and Intervention	\$10,630	\$618	\$11,248	\$4,437	-\$6,811
-- <i>Early Hearing Detection and Intervention - PPHF</i>	N/A	N/A	N/A	\$6,816	N/A
-- <i>Muscular Dystrophy - PPHF</i>	N/A	N/A	N/A	\$6,364	N/A
-- <i>Attention Deficit Hyperactivity Disorder - PPHF</i>	N/A	N/A	N/A	\$1,828	N/A
-- <i>Fragile X - PPHF</i>	N/A	N/A	N/A	\$1,802	N/A
-- <i>Spina Bifida - PPHF</i>	N/A	N/A	N/A	\$6,265	N/A
-- <i>Congenital Heart Failure - PPHF</i>	N/A	N/A	N/A	\$2,138	N/A
-- Public Health Approach to Blood Disorders - BA	\$18,747	\$1,849	\$20,596	\$20,672	\$76
Environmental Health	\$139,998	\$18,235	\$158,233	\$155,126	-\$3,107
Environmental Health - BA	\$104,998	\$18,235	\$123,233	\$126,126	\$2,893
Environmental Health - PPHF	\$35,000	\$0	\$35,000	\$29,000	-\$6,000
-- Environmental Health Laboratory	\$42,383	\$8,023	\$50,406	\$50,607	\$201
-- Environmental Health Activities	\$35,322	\$6,613	\$41,935	\$42,096	\$161
-- Built Environment & Health Initiative (non-add)	\$2,628	\$492	\$3,120	\$3,132	\$12
-- Climate Change (non-add)	\$7,359	\$789	\$8,148	\$8,165	\$17
-- <i>Environmental and Health Outcome Tracking Network - PPHF</i>	\$35,000	\$0	\$35,000	\$29,000	-\$6,000
-- Asthma	\$25,298	\$3,074	\$28,372	\$28,435	\$63
-- Healthy Homes/Childhood Lead Poisoning	\$1,995	\$525	\$2,520	\$4,988	\$2,468
-- Healthy Home and Community Environments	\$0	\$0	\$0	\$0	\$0
Injury Prevention and Control	\$137,693	\$8,611	\$146,304	\$181,585	\$35,281
Injury Prevention and Control - BA	\$137,693	\$8,611	\$146,304	\$176,585	\$30,281
Injury Prevention and Control - PHS Evaluation Transfer	\$0	\$0	\$0	\$5,000	\$5,000
-- Intentional Injury	\$93,282	\$5,494	\$98,776	\$114,001	\$15,225
-- Domestic Violence and Sexual Violence	\$31,042	\$1,418	\$32,460	\$32,611	\$151
-- <i>Child Maltreatment (non-add)</i>	\$6,959	\$410	\$7,369	\$7,392	\$23
-- Youth Violence Prevention - BA	\$14,968	\$882	\$15,850	\$15,890	\$40
-- Domestic Violence Community Projects	\$5,411	\$319	\$5,730	\$5,738	\$8
-- Rape Prevention - BA	\$39,389	\$2,320	\$41,709	\$41,729	\$20
-- <i>Rape Prevention - PHS Evaluation Transfer</i>	\$0	\$0	\$0	\$5,000	\$5,000
-- Gun Violence Prevention Research	\$0	\$0	\$0	\$10,000	\$10,000
-- All Other Intentional Injury	\$2,472	\$555	\$3,027	\$3,033	\$6
-- NVDRS - BA	\$3,471	\$99	\$3,570	\$23,570	\$20,000
-- Unintentional Injury	\$30,966	\$2,774	\$33,740	\$33,794	\$54
-- Injury Control Research Centers	\$9,974	\$244	\$10,218	\$10,220	\$2

Budget Activity/Description	FY 2012			2014	
	Enacted	BSS Realignment ¹	Enacted ² (Comparably Adjusted)	President's Budget	President's Budget +/- FY 2012 Enacted (CA)
Public Health Scientific Services	\$461,741	\$55,721	\$517,462	\$539,305	\$21,843
Public Health Scientific Services - BA	\$143,972	\$55,721	\$199,693	\$144,416	-\$55,277
Public Health Scientific Services - PHS Evaluation Transfer	\$247,769	\$0	\$247,769	\$324,889	\$77,120
Public Health Scientific Services - PPHF	\$70,000	\$0	\$70,000	\$70,000	\$0
-- Health Statistics	\$138,683	\$20,379	\$159,062	\$181,475	\$22,413
-- Health Statistics - BA	\$0	\$20,379	\$20,379	\$0	-\$20,379
-- Health Statistics - PHS Evaluation Transfer	\$138,683	\$0	\$138,683	\$181,475	\$42,792
-- Surveillance, Epidemiology, and PH Informatics	\$262,129	\$29,583	\$291,712	\$290,799	-\$913
-- Surveillance, Epidemiology, and PH Informatics - BA	\$108,043	\$29,583	\$137,626	\$102,385	-\$35,241
-- Surveillance, Epidemiology, and PH Informatics - PHS Eval	\$109,086	\$0	\$109,086	\$143,414	\$34,328
-- Surveillance, Epidemiology, and PH Informatics - PPHF	\$45,000	\$0	\$45,000	\$45,000	\$0
-- Community Guide - PPHF	\$10,000	\$0	\$10,000	\$10,000	\$0
-- Public Health Research - PPHF	\$0	\$0	\$0	\$5,000	\$5,000
-- Healthcare Surveillance/Health Statistics - PPHF ⁶	\$35,000	\$0	\$35,000	\$30,000	-\$5,000
-- Public Health Workforce and Career Development - BA	\$35,929	\$5,759	\$41,688	\$42,031	\$343
-- Public Health Workforce Capacity - PPHF	\$25,000	\$0	\$25,000	\$25,000	\$0
Occupational Safety and Health	\$292,588	\$32,693	\$325,281	\$271,911	-\$53,370
Occupational Safety and Health - BA	\$181,864	\$32,693	\$214,557	\$0	-\$214,557
Occupational Safety and Health - PHS Evaluation Transfer	\$110,724	\$0	\$110,724	\$271,911	\$161,187
-- NORA - BA	\$642	\$12,980	\$13,622	\$0	-\$13,622
-- NORA - PHS Evaluation Transfers	\$110,724	\$0	\$110,724	\$98,926	-\$11,798
-- Education and Research Centers	\$24,268	\$4,507	\$28,775	\$0	-\$28,775
-- Personal Protective Technology	\$16,791	\$3,128	\$19,919	\$0	-\$19,919
-- Personal Protective Technology - PHS Evaluation Transfer	\$0	\$0	\$0	\$20,021	\$20,021
-- Healthier Workforce Center	\$5,016	\$415	\$5,431	\$0	-\$5,431
-- Healthier Workforce Center - PHS Evaluation Transfer	\$0	\$0	\$0	\$5,433	\$5,433
-- Mining Research - BA	\$52,363	\$9,764	\$62,127	\$0	-\$62,127
-- Mining Research - PHS Evaluation Transfer	\$0	\$0	\$0	\$62,374	\$62,374
-- Other Occupational Safety and Health Research - BA	\$82,784	\$1,899	\$84,683	\$0	-\$84,683
-- Other Occupational Safety and Health Research - PHS Eval	\$0	\$0	\$0	\$85,157	\$85,157
-- NanoTechnology (non-add)	\$9,500	\$1,761	\$11,261	\$11,150	-\$111
Global Health	\$347,594	\$29,014	\$376,608	\$393,024	\$16,416
-- Global AIDS Program	\$117,118	\$14,072	\$131,190	\$131,942	\$752
-- Global Immunization Program	\$160,287	\$7,457	\$167,744	\$183,003	\$15,259
-- Polio Eradication	\$111,286	\$4,618	\$115,904	\$131,053	\$15,149
-- Measles and Other Vaccine Preventable Diseases	\$49,001	\$2,839	\$51,840	\$51,950	\$110
-- Global Disease Detection and Emergency Response	\$41,601	\$3,785	\$45,386	\$45,580	\$194
-- Parasitic Diseases and Malaria	\$19,367	\$2,702	\$22,069	\$22,231	\$162
-- Global Public Health Capacity Development	\$9,221	\$998	\$10,219	\$10,268	\$49
Public Health Preparedness and Response	\$1,329,479	\$52,338	\$1,381,817	\$1,334,316	-\$47,501
Public Health Preparedness and Response - BA	\$1,299,479	\$52,338	\$1,351,817	\$1,334,316	-\$17,501
Public Health Preparedness and Response - PHSSEF	\$30,000	\$0	\$30,000	\$0	-\$30,000
-- State and Local Preparedness and Response Capability	\$657,418	\$8,827	\$666,245	\$658,026	-\$8,219
-- CDC Preparedness and Response Capability	\$138,269	\$28,835	\$167,104	\$166,012	-\$1,092
-- Strategic National Stockpile	\$533,792	\$14,676	\$548,468	\$510,278	-\$38,190
-- Strategic National Stockpile - BA	\$503,792	\$14,676	\$518,468	\$510,278	-\$8,190
-- PHSSEF Strategic National Stockpile Transfer	\$30,000	\$0	\$30,000	\$0	-\$30,000
Cross-Cutting Activities and Program Support	\$659,113	-\$398,618	\$260,495	\$172,603	-\$87,892
Cross-Cutting Activities and Program Support - BA	\$617,913	-\$398,618	\$219,295	\$131,403	-\$87,892
Cross-Cutting Activities and Program Support - PPHF	\$41,200	\$0	\$41,200	\$41,200	\$0
-- Preventive Health and Health Services Block Grants	\$79,545	\$0	\$79,545	\$0	-\$79,545
-- Business Services Support	\$394,682	-\$394,682	\$0	\$0	\$0
-- Building and facilities	\$24,946	\$0	\$24,946	\$14,591	-\$10,355
-- Public Health Leadership and Support	\$118,740	-\$3,936	\$114,804	\$116,812	\$2,008
-- National Prevention Strategy - PPHF	\$1,000	\$0	\$1,000	\$1,000	\$0
-- National Public Health Improvement Initiative - PPHF	\$40,200	\$0	\$40,200	\$40,200	\$0

Budget Activity/Description	FY 2012			2014	
	Enacted	BSS Realignment ¹	Enacted ² (Comparably Adjusted)	President's Budget	President's Budget +/- FY 2012 Enacted (CA)
Total CDC, BA (adjusted for proposed ACL transfer)	\$5,648,970	\$0	\$5,648,970	\$5,216,509	-\$432,461
Total CDC, Budget Authority	\$5,655,670	\$0	\$5,655,670	\$5,216,509	-\$439,161
Total CDC, (adjusted for proposed ACL transfer)	\$6,020,327	\$0	\$6,020,327	\$5,834,173	-\$186,154
Total CDC, (Budget Authority & PHS Evaluation Transfers)	\$6,027,027	\$0	\$6,027,027	\$5,834,173	-\$192,854
Program Level, (adjusted for proposed ACL transfer)	\$6,859,327	\$0	\$6,859,327	\$6,589,283	-\$270,044
Program Level (includes BA, PHS Eval, PHSSEF & PPHF)	\$6,866,027	\$0	\$6,866,027	\$6,589,283	-\$276,744
Agency for Toxic Substances and Disease Registry	\$76,215	\$0	\$76,215	\$76,215	\$0
Public Health and Social Services Emergency Fund Transfer (non-add)	\$30,000	\$0	\$30,000	\$0	-\$30,000
Affordable Care Act—Prevention and Public Health Fund Transfer (non-add)	\$809,000	\$0	\$809,000	\$755,110	-\$53,890
Vaccines for Children ⁷	\$4,005,941	\$0	\$4,005,941	\$4,293,383	\$287,442
Energy Employees Occupational Illness Compensation Program Act (EEOICPA)	\$55,358	\$0	\$55,358	\$55,358	\$0
World Trade Center Health Program (Mandatory) ⁸	\$187,560	\$0	\$187,560	\$241,000	\$53,440
PHS Evaluation Transfers (non-add)	\$371,357	\$0	\$371,357	\$617,664	\$246,307
Other User Fees	\$2,226	\$0	\$2,226	\$2,226	\$0
(Total CDC/ATSDR adjusted for proposed ACL transfer)	\$11,186,627	\$0	\$11,186,627	\$11,257,465	\$70,838
Total, CDC/ATSDR Program Level	\$11,193,327	\$0	\$11,193,327	\$11,257,465	\$64,138

Acronyms

ACL – Administration for Community Living

BA – Budget Authority

BSS – Business Services Support

PHS Eval – Public Health Service Evaluation Set-Aside Transfers

PPHF – Affordable Care Act, Prevention and Public Health Fund Transfers

PPSSEF – Public Health and Social Services Emergency Fund Transfer

Notes

¹The BSS Realignment estimates were calculated using FY 2011 consumption data. FY 2012 Consumption data will be available when the FY 2014 appropriations cycle begins and may result in minor changes.

² The FY 2012 amount has been made comparable to FY 2014 to reflect proposed BSS realignment.

³ FY 2012 Domestic HIV lines have been made comparable to FY 2013 PB to reflect the FY 2013 PB proposed structure.

⁴ The Core Infectious Disease line was proposed in FY 2013 PB. This consolidates multiple budget lines under the Emerging and Zoonotic Infectious Diseases budget line. The 2012 Core Infectious Disease amount has been comparably adjusted.

⁵ FY 2012 and 2013 Disabilities and Health line has been comparably adjusted to reflect the transfer of \$6.7 million for Paralysis Resource Center to the Administration for Community Living.

⁶ A portion of Healthcare Surveillance/Statistics funding supports National Center for Health Statistics activities.

⁷ The FY 2012 level reflects an estimated funding level. The FY 2014 level represents the anticipated transfer from Medicaid.

⁸ The FY 2012 through FY 2014 amounts reflect the federal government's estimated obligations.