President's Budget for 2017

Centers for Disease Control and Prevention

February 2016

The President's budget for 2017 would eliminate the prostate cancer program at CDC.

Some other programs would be cut or significantly reduced. Examples include the Breast and Cervical Cancer programs to be cut \$40.8 million and a cut to the Colorectal Cancer screening program of \$3.8 million.

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Overview of the Budget Request

Cancer Screenings (-\$44.6 million)

The FY 2017 budget request reduces funding for Breast and Cervical Cancer activities by \$40.8 million and the Colorectal Cancer screening activities by \$3.8 million. As the Affordable Care Act (ACA) increases access to cancer screening services, which began in 2014, the public health need to provide these clinical services has diminished. The ACA has increased access to cancer screening services for many low-income, underserved women and men through expanded insurance coverage, similar to the populations covered by CDC's National Breast Cancer and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program. (Emphasis added.)

Prostate Cancer (-\$13.2 million)

The FY 2017 budget request eliminates funding for prostate cancer activities. While the evidence on prostate cancer screening remains unclear, CDC has conducted extensive research and developed materials to help doctors better communicate with their patients about informed decision making related to prostate cancer screening and treatment. The proposed elimination will not impact CDC's ability to collect data on national prostate cancer incidence through the National Program of Cancer Registries. (Emphasis added.)

You can view the Chronic Disease Prevention and Health Promotion recommendations, as well as the recommendations for other programs, in the tables on the following pages.

The tables are taken from the CDC FY 2017 Justification of Estimates for Appropriation Committees.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

| | FY 2015 | FY 2016 | FY 2017 President's | FY 201' +/ |
|---|------------------------|-------------|------------------------|---------------|
| (dollars in millions) | Final | Enacted | Budget | FY 201 |
| Budget Authority | \$747.220 | \$838.146 | \$679.745 | -\$158.40 |
| ACA/PPHF | \$452.000 | \$338.950 | \$437.400 | +\$98.45 |
| Total Request | \$1,199.220 | \$1,177.096 | \$1,117.145 | -\$59.95 |
| FTEs | 929 | 929 | 929 | , |
| Tobacco Prevention and Control | ¢216.402 | \$210.000 | \$210.000 | \$0.00 |
| ACA/PPHF (non-add) | \$216.492 \$111.000 | \$126.000 | \$126.000 | \$0.00 |
| Nutrition, Physical Activity and Obesity | \$111.000 | \$49.920 | \$49.920 | \$0.00 |
| High Obesity Rate Counties (non-add) | \$7.500 | \$10.000 | \$10.000 | \$0.00 |
| ACA/PPHF (non-add) | \$35.000 | \$0.000 | \$0.000 | \$0.00 |
| School Health | \$15.383 | \$15.400 | \$15.400 | \$0.00 |
| Health Promotion | \$19.970 | \$13.400 | \$13.400 | \$0.00 |
| Prevention Research Centers | \$25.461 | \$25.461 | \$25.461 | \$0.00 |
| Heart Disease and Stroke | \$130.037 | \$160.037 | \$160.037 | \$0.00 |
| ACA/PPHF (non-add) | \$73.000 | \$73.000 | \$73.000 | \$0.0 |
| Diabetes | \$140.129 | \$170.129 | \$170.129 | \$0.00 |
| ACA/PPHF (non-add) | \$73.000 | \$73.000 | \$73.000 | \$0.0 |
| National Diabetes Prevention Program | \$10.000 | \$20.000 | \$20.000 | \$0.0 |
| Cancer Prevention and Control | \$352.649 | \$356.174 | \$302.173 | -\$54.0 |
| ACA/PPHF (non-add) | \$104.000 | \$0.000 | \$119.400 | +\$119.4 |
| Breast and Cervical Cancer – PL | \$206.993 | \$210.000 | \$169.204 | -\$40.7 |
| ACA/PPHF (non-add) | \$104.000 | \$0.000 | \$119.400 | +\$119.4 |
| WISEWOMAN (non-add) | \$21.114 | \$21.120 | \$21.120 | \$0.00 |
| Colorectal Cancer | \$43.294 | \$43.294 | \$39.515 | -\$3.7 |
| Prostate Cancer (non-add) | \$13.205 | \$13.205 | \$0.000 | -\$13.2 |
| All Other Cancer (non-add) | N/A | N/A | \$3.779 | +\$3.7 |
| Oral Health | \$15.749 | \$18.000 | \$18.000 | \$0.0 |
| Safe Motherhood and Infant Health | \$45.473 | \$46.000 | \$46.000 | \$0.0 |
| Arthritis and Other Chronic Diseases | \$23.342 | \$25.000 | \$25.000 | \$0.00 |
| Community Programs | \$130.950 | \$50.950 | \$30.000 | -\$20.9 |
| Racial and Ethnic Approaches | ¢50.050 | ¢50.050 | ¢20.000 | ¢20.01 |
| to Community Health (REACH) | \$50.950 | \$50.950 | \$30.000 | -\$20.9 |
| ACA/PPHF (non-add) | \$30.000 | \$50.950 | \$30.000 | -\$20.9 |
| Partnerships to Improve | \$80.000 | \$0.000 | \$0.000 | ¢0.00 |
| Community Health | \$80.000 | \$0.000 | ŞU.UUU | \$0.00 |
| Million Hearts® (ACA/PPHF) | \$4.000 | \$4.000 | \$4.000 | \$0.00 |
| Workplace Wellness (ACA/PPHF) | \$10.000 | \$0.000 | \$0.000 | \$0.00 |
| National Early Child Care Collaboratives (ACA/PPHF) | \$4.000 | \$4.000 | \$4.000 | \$0.00 |
| Hospitals Promoting Breastfeeding (ACA/PPHF) | \$8.000 | \$8.000 | \$8.000 | \$0.00 |
| Good Health and Wellness in Indian Country | \$0.000 | \$0.000 | \$15.000 | +\$15.00 |

Summary

CDC's FY 2017 request of \$1,117,145,000 for Chronic Disease Prevention and Health Promotion is \$59,951,000 below the FY 2016 Enacted level. With this funding, CDC will continue to lead U.S. efforts to prevent and control chronic diseases and associated risk factors and reduce health disparities by:

- Implementing chronic disease prevention interventions though state, local, tribal, and territorial health departments; community-based organizations; and non-governmental partners to support a robust public health response at all levels
- Monitoring chronic diseases, conditions, and risk factors to track national trends and evaluate interventions
- Conducting and translating research and evaluation to enhance the uptake of effective strategies
- Providing national leadership and technical assistance to build the evidence-base for prevention
- Communicating to partners and the general public about chronic disease burden, risks, and prevention
- Informing sound public health policies that effectively combat chronic diseases and associated risk factors

This Request includes a decrease of \$44,575,000 below FY 2016 Enacted for Colorectal, Breast, and Cervical Cancer screening programs, reflecting increased coverage for these services through expanded insurance coverage. The FY 2017 Budget also eliminates the Prostrate Cancer program. CDC and other federal agencies follow the prostate cancer screening recommendations set forth by the U.S. Preventive Services Task Force, which recommends against PSA based screening for men who do not have symptoms. The Budget also reduces funding for REACH by \$21 million. In FY 2017, CDC will launch a new REACH cooperative agreement that will promote effective, sustainable approaches to reducing disparities.

Chronic diseases are the leading cause of poor health, disability, and death in the United States. More than half of all adults have at least one chronic disease, and 7 of 10 deaths each year are caused by chronic diseases. The medical costs associated with chronic diseases, including mental and behavioral health and substance abuse, account for 86% of the nation's total health care costs, estimated at \$2.9 trillion annually. Chronic diseases and conditions—such as heart disease, stroke, diabetes, cancer, obesity, and arthritis—are among the most common, costly, and preventable health problems.

The vast majority of chronic diseases result from key risk factors. For example:

- Over 42 million Americans smoke and 480,000 Americans die every year from diseases caused by smoking and exposure to secondhand smoke⁹⁷
- 78.6 million Americans are obese. Only half of American adults and a quarter of adolescents get enough
 physical activity to maintain good health and avoid disease, and 87% do not consume the recommended
 amount of vegetables
- 36 million of the 70 million American adults with high blood pressure do not have it under control

Chronic diseases share causal pathways and are inter-related. For example, tobacco use causes heart disease, many types of cancer, diabetes, and stroke, among many other diseases. Likewise, poor nutrition and associated obesity cause high blood pressure, high cholesterol, diabetes, heart disease, and some cancers, including breast and colorectal cancer. Lack of physical activity compromises health in multiple ways and is causally associated with many chronic diseases and conditions, including heart disease, cancer, and diabetes. Chronic diseases and risk factors are also inter-connected. Diabetes increases the risk of heart disease and cancer. Obesity increases the risk of arthritis and poor reproductive outcomes. And poor oral health can exacerbate diabetes and heart disease.

⁹⁷U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.

SUMMARY OF CHANGES

| (dollars in thousands) | | Dollars | | FTEs |
|--|--------------------|--------------------|--------|-----------|
| FY 2016 Enacted (Program Level) | | \$7,178,045 | | 10,886 |
| FY 2017 President's Budget (Program Level) | | <u>\$7,013,846</u> | | 10,886 |
| Net | Change | (\$164,199) | | 0 |
| | | | | TV 004 |
| T | FY 2016 | FY 2016 | FTE | FY 2017 |
| Increases: | FTE1,2 | Enacted | Change | +/· |
| (dollars in thousands) | | | | FY 2016 |
| Increases: | | | | |
| HIV/AIDS, Viral Hepatitis, STI and TB Prevention | | 624.000 | | ć= 000 |
| Viral Hepatitis | - | \$34,000 | | \$5,000 |
| Emerging and Zoonotic Infectious Diseases | :- t | | | |
| Core Infectious Diseases (includes Combatting Antibiotic Res | istance | \$427,913 | | \$40,000 |
| and Lab Safety) | | 624 572 | | Ć4E 000 |
| Quarantine | | \$31,572 | | \$15,000 |
| Chronic Disease Prevention and Health Promotion | | N1 / A | | Ć4E 000 |
| Good Health and Wellness in Indian Country | | ,,, | | \$15,000 |
| All Other Cancer | | · N/A | | \$3,789 |
| Environmental Health | | 21/2 | | 640.000 |
| Hearing Loss | | · N/A | | \$10,000 |
| Injury Prevention and Control | | 21/2 | | ¢20.000 |
| Mental Health Initiative (Mandatory Funding) | | , , . | | \$30,000 |
| Prescription Drug Overdose | | Ψ. 0,000 | | \$10,000 |
| Gun Violence Prevention Research | | ,,. | | \$10,000 |
| National Violent Death Reporting System (NVDRS) | | 410,000 | | \$7,570 |
| Sports Related Concussion Surveillance | | · N/A | | \$5,000 |
| Public Health Scientific Services | | ć270 000 | | Ć4.000 |
| Surveillance, Epidemiology, and PH Informatics | | 7275,000 | | \$4,008 |
| Lab Safety and Training (non-add) | | +0,000 | | \$5,000 |
| Public Health Workforce Capacity (PPHF) | | \$52,200 | | \$5,026 |
| Global Health | | 4 | | 4 |
| Global Health Protection | | φυσ, = σσ | | \$10,000 |
| Polio Eradication | | \$169,000 | | \$5,000 |
| Public Health Preparedness and Response | | | | |
| CDC Preparedness and Response Capability (includes Select | Agent | \$161,800 | | \$5,366 |
| increase) | | . , | | . , |
| Buildings and Facilities | | 4 | | |
| Buildings and Facilities | | \$10,000 | | \$21,221 |
| Total In | creases N/A | \$1,028,051 | N/A | \$202,972 |
| | | | | |
| | | | | DV 0045 |
| Dogwoodog | FW 2047 | EV 2047 | par | FY 2017 |
| Decreases: | FY 2016 | | FTE | +/· |
| (dollars in thousands) | FTE ^{1,2} | Enacted | Change | FY 2016 |
| Immunization & Respiratory Diseases | | 6640.047 | | ĆEO 220 |
| Immunization Program Level | | \$610,847 | | -\$50,339 |
| Emerging and Zoonotic Infectious Diseases | \ | 6427.042 | | ÅE 404 |
| Core Infectious Diseases (Includes Chronic Fatigue Syndrome | | \$427,913 | | -\$5,400 |
| Chronic Disease Prevention, Health Promotion, & Genomics | | de0.050 | | 630.050 |
| Racial and Ethnic Approaches to Community Health (REACH) | | +, | | -\$20,950 |
| Breast and Cervical Cancer | | \$210,000 | | -\$40,796 |

| Prostate Cancer | | \$13,205 | | -\$13,205 |
|---|--------|--------------|-----|-------------|
| Colorectal Cancer | | \$43,294 | | -\$3,789 |
| Environmental Health | | | | |
| Environmental and Health Outcome Tracking Network | | \$34,000 | | -\$10,000 |
| Occupational Safety & Health | | | | |
| Educational and Research Centers | | \$28,500 | | -\$28,500 |
| Agriculture, Forestry, Fishing (AgFF) | | \$25,000 | | -\$25,000 |
| Public Health Preparedness & Response | | | | |
| Academic Centers for Public Health Preparedness | | \$8,200 | | -\$8,200 |
| Cross-Cutting Activities and Program Support | | | | |
| Preventive Health and Health Services Block Grants | | \$160,000 | | -\$160,000 |
| All Other Decreases | | | | -\$992 |
| Total Decreases | N/A | \$1,611,909 | N/A | (\$367,171) |
| Transfers | | \$0 | | \$0 |
| Built-In: | | | | |
| 1. Annualization of Jan - 2016 Pay Raise | | | | \$4,032 |
| 2. FY 2017 Pay Increases | | | | \$12,014 |
| 3. Changes in Day of Pay | | | | \$0 |
| 4. Rental Payments to GSA and Others | | | | \$569 |
| Total Built-In | 10,886 | \$0 | 0 | \$16,615 |
| 1. Absorption of Current Services | | | | (\$16,615) |
| Total | | | | (\$16,615) |
| Total Increases (Program Level) | 10,886 | \$1,028,051 | 0 | \$202,972 |
| Total Decreases (Program Level) | N/A | \$1,611,909 | 0 | (\$367,171) |
| | | | | |
| NET CHANGE - L/HHS/ED Program Level | 10,886 | \$7,178,045 | 0 | (\$164,199) |
| Other Program Level Changes | | | | |
| 1. Vaccines for Children | | \$4,160,726 | | \$225,858 |
| 2. World Trade Center | | \$299,834 | | \$35,643 |
| Energy Employees Occupational Illness Compensation Act (EEOICPA) | | \$55,358 | | \$0 |
| 4. User Fees | | \$2,226 | | \$0 |
| 5. Childhood Obesity Research Demonstration Project (CORD, PL | | | | |
| 114-10) | | \$10,000 | | -\$10,000 |
| Total - Program Level Net Increase | 10,886 | \$4,528,144 | 0 | \$251,501 |
| | | | | |
| NET CHANGE: CDC BUDGET AUTHORITY & PROGRAM LEVEL | 10,886 | \$11,706,189 | 0 | \$87,302 |
| ¹ FTE total is for CDC only.ATSDR FTE total is not included. | | | | |

 $^{^{1}}$ FTE total is for CDC only.ATSDR FTE total is not included.

 $^{^2}$ The FY 2017 Congressional Justification reflects 10,886 FTEs versus 10,876 in MAX. The above estimates are accurate.

BUDGET AUTHORITY BY ACTIVITY

| (dollars in thousands) | | | FY 2017 |
|---|--------------------|-------------|-------------|
| | FY 2015 | FY 2016 | President's |
| Budget Activity/Description | Final ¹ | Enacted | Budget |
| Immunization and Respiratory Diseases - BA | \$573,105 | \$459,055 | \$411,716 |
| HIV/AIDS, Viral Hepatitis, STI and TB Prevention - BA | \$1,117,609 | \$1,122,278 | \$1,127,278 |
| Emerging and Zoonotic Infectious Diseases - BA | \$352,990 | \$527,885 | \$577,485 |
| Chronic Disease Prevention and Health Promotion - BA | \$747,220 | \$838,146 | \$679,745 |
| Birth Defects, Developmental Disabilities, Disability and Health – BA | \$131,781 | \$135,610 | \$67,644 |
| Environmental Health – BA | \$166,404 | \$165,303 | \$167,825 |
| Injury Prevention and Control – BA | \$170,447 | \$236,059 | \$268,629 |
| Public Health Scientific Services - BA | \$481,061 | \$491,597 | \$464,355 |
| Occupational Safety and Health - BA | \$334,863 | \$339,121 | \$213,621 |
| Global Health – BA | \$446,517 | \$427,121 | \$442,121 |
| Public Health Preparedness and Response - BA | \$1,352,551 | \$1,405,000 | \$1,402,166 |
| Cross-Cutting Activities and Program Support - BA | \$113,570 | \$113,570 | \$113,570 |
| Buildings and Facilities - BA | \$10,000 | \$10,000 | \$31,221 |
| Total CDC, Budget Authority - | \$5,998,118 | \$6,270,745 | \$5,967,376 |
| Total CDC, FTEs ^{2,3} | 10,864 | 10,886 | 10,886 |

¹ FY 2015 Enacted includes \$30 million for CR Ebola Funding (PL 113-164) but does not reflect \$1.771 billion in one-time emergency funding appropriated in FY 2015 for the U.S. Government response to contain, treat, and prevent the spread of Ebola.

² CDC FTEs only. Does not include ATSDR.

³ The FY 2017 Congressional Justification reflects 10,886 FTEs versus 10,876 in MAX. The above estimates are accurate.