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The Centers for Disease Control and Prevention (CDC)

During public health crises like the Coronavirus Disease 2019 (COVID-19) pandemic, the Centers for Disease Control and Prevention (CDC) has served as a face of the federal government’s public health response. CDC’s stated mission is to “protect America from health, safety and security threats, both foreign and in the [United States].” CDC’s mission extends beyond infectious diseases—to preventing most of the leading causes of death, injury, and disability, along with promoting health more generally. CDC is based in the Department of Health and Human Services (HHS) and is a U.S. Public Health Service (PHS) agency. The CDC Director also oversees the Agency for Toxic Substances and Disease Registry (ATSDR), a separate operating division. For further information, see CRS Report R47981, *Centers for Disease Control and Prevention (CDC): History, Overview of Domestic Programs, and Selected Issues*.

History

CDC began as the Communicable Disease Center in 1946, focused on assisting states and localities in controlling communicable disease outbreaks. CDC’s role expanded over the decades to include programs aimed at disease prevention and health promotion more broadly. In 1980, when CDC was renamed the Centers for Disease Control (after two prior name changes), its official mission was to serve as HHS’s “focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States.” Congress codified CDC’s current name in 1992 (P.L. 102-531). Throughout the 20th century, CDC evolved along with an *epidemiologic transition*, where the leading causes of death in the United States shifted from infectious diseases to chronic diseases and injuries. CDC also evolved as public health experts and scientists identified the preventable causes of a wide range of health challenges.

Organization and Programs

CDC focuses on supporting science-based disease prevention and health promotion on a population-wide basis. CDC is organized into 23 centers, institutes, and offices (CIOs), some focused on public health challenges (e.g., immunization and respiratory diseases; injury prevention), while others focus on public health capabilities (e.g., surveillance and laboratory services). CDC also supports global health programs that are not a focus here, see CRS In Focus IF11758, *U.S. Global Health Funding: FY2020-FY2023 Appropriations*

Core Activity Areas

CDC CIOs administer programs focused on a range of health topics, including infectious diseases, chronic diseases, injury, disability, occupational health, maternal health, birth defects, environmental health, and public

health emergency preparedness. Even with the range of topics, a few key functions are common across programs:

Support for Public Health Infrastructure. In the U.S. federal system, many public health laws and programs are administered at the state, local, territorial, and tribal (SLTT) level. CDC provides leadership and coordination among public health agencies across the country, along with assistance in investigating and responding to health threats. CDC administers several fellowship and workforce programs to fund staff at SLTT agencies. CDC staff may also take temporary positions within SLTT agencies.

CDC also awards grants to SLTT health agencies and other partners. In FY2023, CDC awarded 6,982, grants totaling over \$12.6 billion in obligations, including \$6.7 billion in non-COVID related awards and \$5.8 billion in COVID-related awards (mostly funded by supplemental appropriations). Recipients included SLTT governments, nonprofit organizations, foreign governments and organizations, for-profit organizations, and tribal entities. The majority of the grant funds were awarded to government entities (70%), and state government agencies accounted for 85.4% of these funds. Some grants, such as the Immunization Cooperative Agreement program and the Preventive Health and Health Services Block Grant program, provide public health funding to all states, territories, and selected local jurisdictions. Others provide funding on a competitive basis to a subset of SLTT agencies. Grants to SLTT health agencies generally fund their programs and operations. CDC administers many of its grant programs with SLTT agencies as *cooperative agreement* programs, where CDC staff have substantial involvement in program implementation and evaluation.

CDC also funds SLTT-based programs to provide preventive health services, such as vaccinations and cancer screenings, targeted at uninsured and underserved populations. For example, CDC administers the Medicaid-financed Vaccines for Children program (VFC), for which CDC purchases childhood vaccines at a discounted rate and distributes them to states, territories, and certain localities to allow participating providers to furnish them at no cost to eligible children. Roughly 52.2% of U.S. children are eligible for VFC.

Science and Data. CDC conducts and funds research and investigation into health challenges, generally with a focus on how they can be prevented and controlled. Many CDC research articles are published in the agency’s *Morbidity and Mortality Weekly Report*, in addition to other agency journals. CDC also awards research grants and contracts to universities and other research institutions. CDC-supported research and science inform its other programs, such as the public health interventions implemented in grant programs or its health education and guidance.

To facilitate science, CDC administers many health data programs. CDC uses the data in its own research and also makes data available to outside researchers and the general public. CDC's data collection programs generally fall into two categories: *surveillance systems* and *surveys*. Public health surveillance is "the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice." CDC operates over 100 surveillance systems that collect ongoing data. CDC often receives surveillance data from SLTT health agencies, usually based on voluntary data sharing agreements. CDC also administers several national health surveys, like the National Health Interview Survey, known as the "principal source of health information" on the U.S. civilian population. These data help inform an understanding of when, how, where, and to which populations disease cases and other health events occur, as well as about the overall health of the population.

CDC also manages federal laboratories that can perform specialized testing to detect new or unusual health threats. CDC also oversees the Laboratory Response Network (LRN), a network of laboratories at the federal, state, and local level that can detect biological, chemical, and other threats, including emerging infectious diseases. CDC develops laboratory test kits, protocols, and best practices, and distributes test kits and supplies to LRN and other public health laboratories. Several grants can also support public health laboratory operations and testing.

Health Education and Guidance. Health education is a component of almost all of CDC's programs. CDC conducts education and outreach to many audiences, including the general public, clinicians, and public health practitioners. CDC also regularly develops guidelines educational materials for public health partners and health care providers, including some clinical practice guidelines. In addition, CDC informs the science and practice of public health communication.

Regulations

CDC administers some regulations, though it is not primarily a regulatory agency. These include regulations related to the medical examination of immigrants and refugees, possession and use of select biological agents and toxins, occupational health, and interstate and foreign regulations for the control of communicable diseases known as its quarantine regulations. Among other provisions, CDC's quarantine regulations include rules aimed at preventing the spread of infectious diseases from imported materials, including from human remains, certain animals, and infectious biological materials.

Authorizations

Most CDC programs and regulations are authorized in the Public Health Service Act (PHSA), a longstanding statute that authorizes many HHS public health agencies and programs. In 2022, the PREVENT Pandemics Act (P.L. 117-328; Division FF, Title II) codified the position of the CDC Director at PHSA Section 305 (42 U.S.C. §242c). The provision directs the Director to perform several functions, including implementing relevant PHSA authorities and responsibilities related to the prevention or control of

diseases or conditions; preserving and improving public health domestically and globally; and addressing injuries and occupational and environmental hazards.

Since its inception, CDC has relied on the PHSA's general public health authorities for many of its programs, including those related to research and investigation (PHSA §301; 42 U.S.C. §241), international cooperation (PHSA §307; 42 U.S.C. §242l), health conferences and education (PHSA §310; 42 U.S.C. §242o), federal-state cooperation in public health (PHSA §311; 42 U.S.C. §243); and preventive health grants (PHSA §317; 42 U.S.C. §247b).

Some CDC components are authorized by specific statutory provisions. Of the CIOs, these include (1) the National Institute for Occupational Safety and Health in the Occupational Safety and Health Act of 1970 (29 U.S.C. §§651 et seq.); (2) the National Center on Birth Defects and Developmental Disabilities in PHSA Section 317C (42 U.S.C. §247b-4); (3) the National Center for Health Statistics in PHSA Section 306 (42 U.S.C. §242k). ATSDR is established by the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA; 42 U.S.C. §§9601 et seq.). Several CDC programs (e.g., specific grant programs) and activity areas (e.g., maternal health; oral health) are specifically authorized in law.

Appropriations

In FY2024, CDC had a total program funding level of \$17.3 billion, consisting of \$9.2 billion for its core public health programs and an estimated \$8.0 billion for programs funded by mandatory budget authorities such as the VFC program. Congress has typically directed CDC's funding toward certain disease topics and programs through annual appropriations reports. In FY2024, the explanatory statement directed funding to over 160 budget lines.

CDC has also historically received supplemental appropriations in response to public health emergencies and other incidents. For example, as of April 30, 2024, CDC directly received \$25.2 billion in supplemental funding for COVID-19 response and also administered over \$40 billion on behalf of the HHS Office of the Secretary. For more information see CRS Report R47207, *Centers for Disease Control and Prevention (CDC) Funding Overview*.

Issues for Congress

In the 118th Congress, some Members and stakeholders debated potential CDC reform. Some Members argued that CDC should return to its founding mission and focus on communicable diseases. During the 2024 election cycle, President Trump and the now HHS Secretary argued that CDC should focus more on chronic disease prevention. Others have argued that CDC's focus across health areas reflects the broader public health field and therefore does not warrant change. Aside from disease topics, the 119th Congress might also view CDC in terms of its functions (e.g., science and data, education) and roles (e.g., outbreak response, health promotion) in order to determine the appropriate mission and role for the agency.

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