

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides \$7,054,006,000 in this bill for CDC, which includes \$112,000,000 in transfers under section 241 of the PHS Act, \$55,358,000 in mandatory funds under the terms of EEOICPA and \$887,300,000 in transfers from the PPH Fund.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation's health using sound scientific methods; building the Nation's health infrastructure; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; and providing leadership in the implementation of nationwide prevention strategies that are conducive to improving and maintaining health.

317

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2014	\$782,973,000
Budget estimate, 2015	748,066,000
Committee recommendation	798,735,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,735,000, which includes \$160,300,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

The Committee recommendation includes funding for the following activities in the following amounts:

(In thousands of dollars)

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Immunization	610,847	560,508	611,177
National Immunization Survey (non-add)	(12,864)	(12,864)	(12,864)
Influenza Planning and Response	172,126	187,558	187,558

Cost Estimates.—The Committee is pleased with CDC's report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted not later than February 1, 2015, to reflect fiscal year 2016 cost estimates. The updated report also should include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Immunization Strategy.—As the healthcare delivery system continues to evolve through enhanced health insurance coverage, the Committee encourages CDC to work with State and local public health agencies to develop a strategy to modernize immunization information systems and prepare public health departments for changes in the healthcare delivery system, including new billing procedures related to privately insured patients. The strategy should also address how CDC will maintain and expand partner-

ships with the healthcare sector to provide routine and emergency immunization services.

Influenza.—The Committee recommendation includes an increase of \$15,432,000 above the fiscal year 2014 level, as requested by the administration. These additional funds are provided in recognition that pandemic influenza supplemental balances used in fiscal year 2014 to support CDC's global influenza activity are no longer available. The Committee recommendation is equal to the fiscal year 2014 level after accounting for the use of these balances last year. The Committee is disappointed that use of these balances in fiscal year 2014 was not displayed in the CDC CJ, and expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any remaining supplemental balances are used by CDC in fiscal year 2015.

Registries.—The Committee remains concerned about the low rate of adult immunizations. The Committee encourages CDC to continue supporting States that wish to establish and expand their use of immunization registries, with a particular focus on improving information sharing about patients' vaccination histories across different providers and generating reminders to providers and patients about recommended vaccinations.

Section 317 Immunization.—The Committee rejects the reduction to the Section 317 Immunization Program proposed by the administration and provides funding at the comparable fiscal year 2014 level. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks. The Committee recommendation includes \$8,000,000 requested by the administration to build the capacity of public health departments to bill insurers for immunizations and encourages the continuation of billing demonstration projects in State and local health departments. The Committee recommendation provides funding for the National Immunization Survey through budget authority, rather than through transfers available under section 241 of the PHS Act as in previous years.

Vaccine Purchase Formula.—The Committee notes that the current formula used to determine the State allocation of funds for vaccine purchase uses 2013 U.S. Census data, which may not adequately reflect the current landscape of the uninsured adult population. The Committee requests that CDC update the formula as more recent Census data becomes available to better reflect the variability in insurance coverage from State to State.

Vaccine Safety.—According to recent reports, millions of dollars are lost to the U.S. Government and the private sector due to improper storage of vaccines shipped annually to healthcare providers. These losses occur because of a failure to maintain the critical "cold chain" that originates at the point of manufacturer and ends just prior to a vaccine administration by healthcare providers. The Committee encourages CDC to work with State and local officials, the provider community and the public to ensure that the potency of products are ensured through maintenance of correct temperatures.