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Centers for Disease Control and Prevention (CDC) Funding Overview

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Centers for Disease Control and Prevention (CDC) Funding Overview

The Centers for Disease Control and Prevention (CDC) works to protect public health by providing leadership, information, and scientific expertise in preventing and controlling diseases, including outbreaks of infectious diseases. CDC also works to promote health and quality of life, by supporting and undertaking efforts that aim to prevent and control injury, disability, and environmental health threats. In addition, the Agency for Toxic Substances and Disease Registry (ATSDR), headed by the CDC Director, is tasked with identifying potential public health effects from exposure to hazardous substances. This CRS report provides an overview of CDC's budget and appropriations, with a focus on FY2026 enacted appropriations, including ATSDR. The report also discusses supplemental appropriations for CDC.

This report divides CDC's *program level*, or annual funding from all sources of budget authority, into two categories, with a focus on the first:

- A core public health program level that funds most of the agency's main public health programs. This is made up of discretionary and mandatory appropriations that are mostly provided or allocated through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations act.
- Other mandatory programs that include several CDC-administered health services, compensation-related, and user fee programs. These include the World Trade Center Health Program and user fees for cruise ship inspection, among others.

CDC's enacted FY2026 core public health program level is \$9.227 billion, which represents a \$21 million (-0.2%) decrease from the FY2025 final core public health program level. Accounting for mandatory funding for FY2026, CDC is estimated to receive \$16.266 billion in FY2026, a decrease of \$459 million (-2.7%) compared with the FY2025 level inclusive of mandatory funding.

The Trump Administration has proposed an FY2027 CDC core public health program level of \$5.485 billion and has also proposed to move several CDC programs to different HHS agencies and offices, and to eliminate other CDC programs.

In terms of trends, CDC saw relatively flat funding from FY2011 to FY2021, where CDC's core public health funding level remained between approximately \$6.5 and \$8 billion until the increases provided in FY2022 and FY2023 (not adjusted for inflation). Since FY2023, CDC's core public health funding level has remained relatively flat; CDC saw slight decreases in its core public health program level in FY2024 and FY2026 relative to the prior year.

CDC also frequently receives one-time supplemental appropriations in response to specific incidents—such as infectious disease threats, natural disasters, or screening and health support to refugees. In response to some incidents, such as the Coronavirus Disease 2019 (COVID-19) pandemic, supplemental appropriations have been substantial and were tied to short-term funding increases for overall public health capacity at the federal, state, and local level.

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Introduction

The Centers for Disease Control and Prevention (CDC) works to protect public health by providing leadership, information, and scientific expertise in preventing and controlling diseases, including outbreaks of infectious diseases. CDC also works to promote health and quality of life, by supporting and undertaking efforts that aim to prevent and control injury, disability, and environmental health threats. Its stated mission is “protecting Americans from infectious and communicable diseases and investing in innovation to prevent, detect, and respond to such public health threats.”¹ In addition to its role supporting ongoing public health activities, the agency has played a major role in disease outbreaks and public health emergencies, including during the federal response to the Coronavirus Disease 2019 (COVID-19) pandemic. The Agency for Toxic Substances and Disease Registry (ATSDR), a separate operating division headed by the CDC Director, is tasked with identifying potential public health effects from exposure to hazardous substances.

CDC focuses on supporting science-based disease prevention and health promotion on a population-wide basis. CDC also administers some health services and compensation-related programs as discussed later in this report. CDC is organized into a number of centers, institutes and offices (CIOs) as shown in **Figure 1**. Some of these CIOs focus on specific public health challenges (e.g., injury prevention), while others focus on general public health capabilities (e.g., surveillance and laboratory services).²

CDC was established in 1946 as the Communicable Disease Center.³ Through administrative actions, CDC has since been reorganized and renamed. Most of CDC’s programs are authorized in the Public Health Service Act (PHSA). Many CDC programs and activities are not explicitly mentioned in the PHSA, but CDC carries out those programs on the basis of general and permanent statutory authorities granted to the HHS Secretary.⁴ Some CDC programs have specific authorizations, mostly in the PHSA.

Given CDC’s mix of general and specific authorizations, appropriations play a central role in guiding the agency’s policy priorities.

A large portion of CDC’s annual budget is awarded as external financial assistance (typically in the form of grants or cooperative agreements)—especially to state⁵ and local health departments.⁶ CDC also awards funding to a variety of other entities, including foreign governments and international organizations; tribal governments and organizations; academic and research institutions; and nonprofit organizations.

This report reviews CDC’s budget and appropriations from FY2024 to FY2026 and its funding history for core public health programs from FY2011 to FY2026. It also discusses CDC

¹ Centers for Disease Control and Prevention (CDC), “CDC Priorities,” <https://www.cdc.gov/about/cdc/>.

² CDC, “CDC Organization and Leadership,” January 23, 2025, <https://www.cdc.gov/about/organization/index.html>.

³ CDC, “Our History-Our Story,” April 19, 2023, <https://www.cdc.gov/museum/history/our-story.html>.

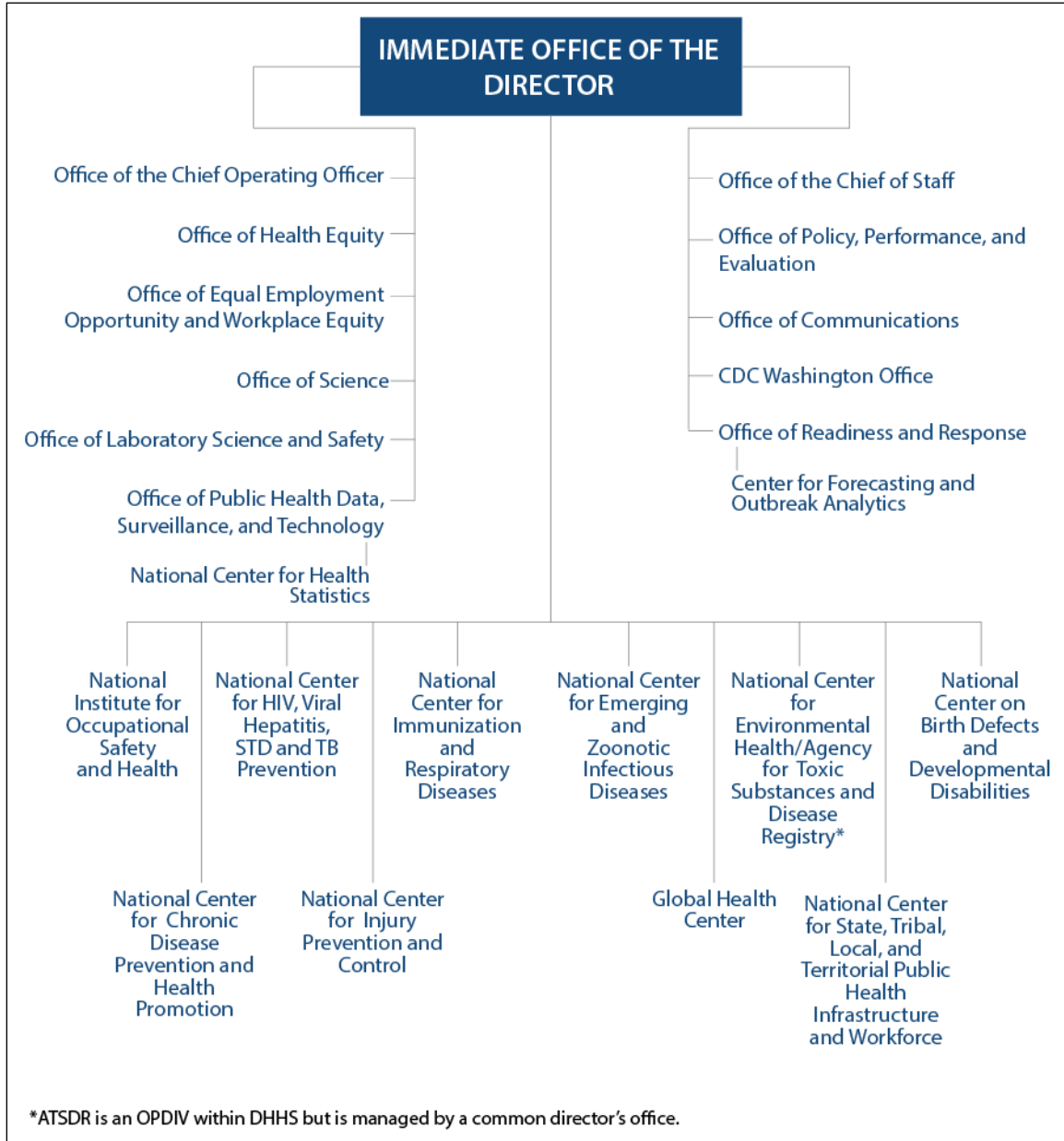
⁴ CRS Report R47981, *Centers for Disease Control and Prevention (CDC): History, Overview of Domestic Programs, and Selected Issues*.

⁵ For the purposes of this report, U.S. territories are included in the term, “state,” consistent with the definition of “state” in the PHSA (Section 2, 42 U.S.C. §201).

⁶ For example, in FY2023, CDC obligated more than \$12.5 billion in grants for public health programs and research, including more than \$6.7 billion for non-COVID-19 related awards and over \$5.8 billion for COVID-19 related awards. See CDC, “Office of Financial Resources: FY2023 Assistance Snapshot at CDC,” <https://www.cdc.gov/funding/documents/fy2023/fy-2023-ofr-assistance-snapshot-508.pdf>.

supplemental and emergency reserve funding. ATSDR appropriations are included within the overall discussion of CDC funding. This CRS report summarizes appropriated budget authority available to CDC in each of the fiscal years covered and does not summarize information on obligations and outlays (or expenditures) from this appropriated budget authority.⁷

Figure I. Centers for Disease Control and Prevention Organization Chart



Source: Adapted by CRS from CDC, “CDC Organization Chart,” <https://www.cdc.gov/about/pdf/organization/cdc-org-chart.pdf>, updated as of September 13, 2024.

Notes: HIV = Human Immunodeficiency Virus; STD = Sexually Transmitted Disease; TB = Tuberculosis; OPDIV = Operating Division.

⁷ For more on the relationship between budget authority, obligations, and outlays, see CRS Report WMR10007, *CRS Guide to the Federal Budget Process*.

Understanding CDC Funding

This CRS report divides CDC’s annual *program level*⁸ into two categories, as shown in **Figure 2**:

- core public health program level, funded mostly by annual discretionary Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations and the mandatory Prevention and Public Health Fund (PPHF), and
- other mandatory programs, including CDC-administered health services, compensation-related, and user fee programs.

CRS has divided CDC’s program level into the two categories to allow for valid year-to-year comparisons of programmatic funding levels for the agency. The core public health program level reflects both (1) funding for the main public health program activities conducted by CDC CIOs and ATSDR in support of the agencies’ core missions, and (2) funding that is largely subject to the annual appropriations process, and therefore reflects the legislative decisions made by Congress each year to fund CDC and ATSDR programs. The CDC “core public health program level” in this CRS report aligns with CDC and ATSDR program levels presented in FY2026 explanatory statements accompanying CDC and ATSDR annual appropriations.⁹

The other mandatory programs excluded from the core public health program level have funding levels that are mostly controlled by their program authorizations. The two largest programs—the Vaccines for Children (VFC) program and the World Trade Center Health Program (WTCHP)—primarily finance specific health services for eligible populations. Changes in annual spending reflect usage and demand for the program services. These programs’ funding levels are therefore presented separately from CDC’s core public health program level and are excluded from analysis of funding trends for the agency’s main programmatic and operating expenses. These other mandatory programs are also generally presented separately from the rest of CDC’s budget in the agency’s own budget presentations.¹⁰

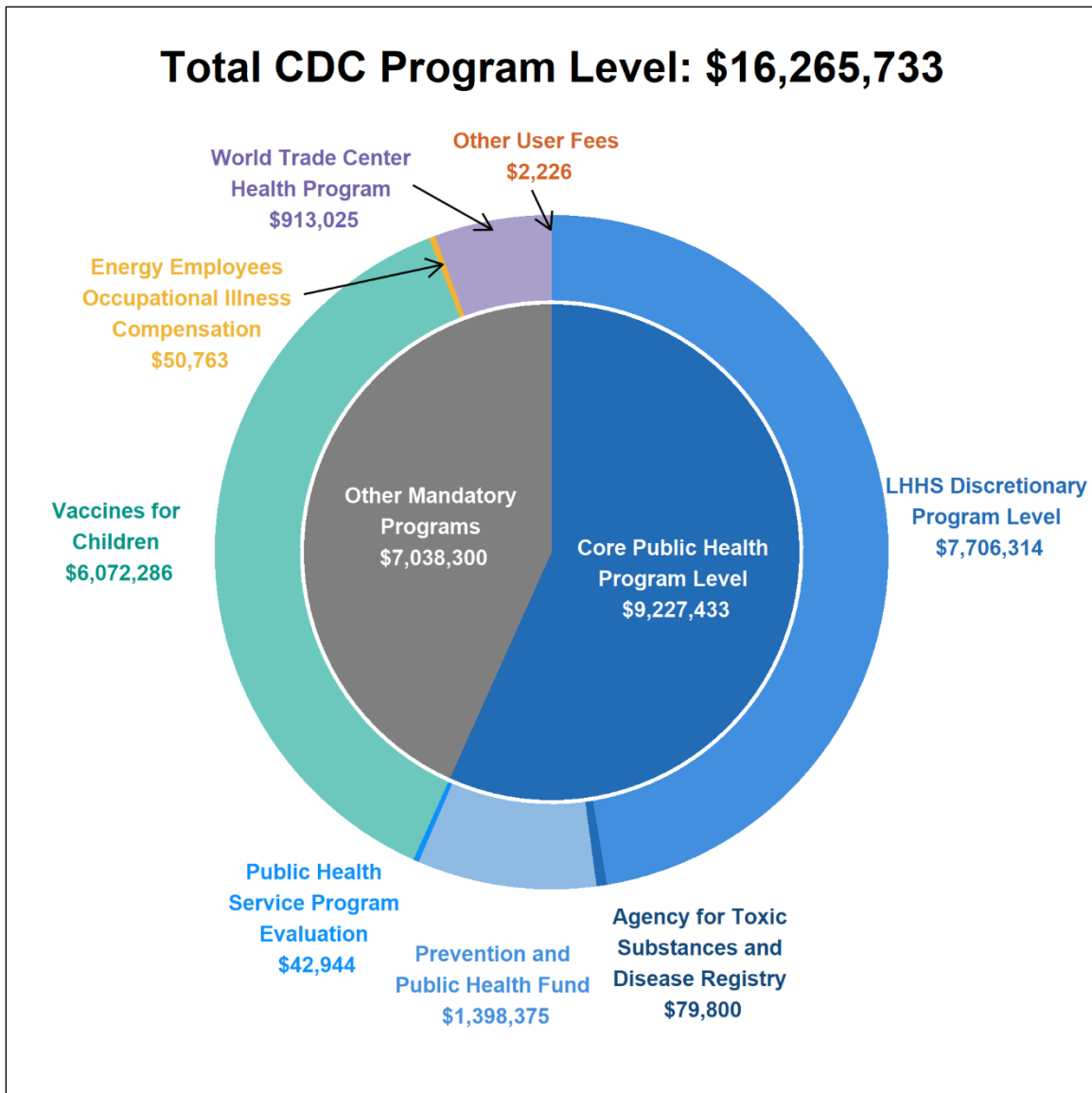
⁸ For the purposes of this report, CDC’s program level is the sum of the agency’s funding for a fiscal year reflecting all sources of budget authority.

⁹ See “Explanatory Statement Accompanying the Consolidated Appropriations Act, 2026,” *Congressional Record*, vol. 172 (January 22, 2026), pp. H1591-H1593; and “Explanatory Statement Accompanying the Commerce, Justice, Science; Energy and Water Development; and Interior and Environment Appropriations Act, 2026,” *Congressional Record*, vol. 172 (January 8, 2026), p. H483.

¹⁰ See, for example, CDC, “FY2025 Budget Detail Table,” <https://web.archive.org/web/20250130140026/https://www.cdc.gov/budget/documents/fy2025/FY-2025-CDC-Budget-Detail.pdf>.

Figure 2. FY2026 Enacted Centers for Disease Control and Prevention Program Level by Category and Budget Authority

Thousands of Dollars



Sources: FY2026 discretionary amounts are from P.L. 119-75 and *Congressional Record*, vol. 172, no. 15, book II (January 22, 2026), H1591-H1593; ASTDR discretionary amount from P.L. 119-74; and other mandatory program amount estimates from CDC, “All Purpose Table,” FY2027 Congressional Budget Justification, p. 14, Fiscal Year 2027 CDC Congressional Justification.

Notes: Amounts reflect some post-appropriations adjustments. Acronyms: CDC = Centers for Disease Control and Prevention.

Core Public Health Program Level

CDC’s core public health program level funds the main programs that CDC CIOs implement in their efforts to prevent and control disease and to improve public health. Types of funded activities include but are not limited to developing expertise and best practices in disease prevention and control; conducting and supporting public health research; supporting and

conducting public health surveillance and data collection; developing and supporting public health laboratory capacity; supporting and conducting health education and promotion efforts; funding, coordinating, and providing technical assistance to public health programs at the global, state and local level; supporting some preventive health services programs (e.g., some vaccination and cancer screening programs); and supporting public health emergency preparedness and response efforts. Many of the programs fund and support public health activities at the global, state, and local level.¹¹

CDC's core public health program level is made up of (1) discretionary appropriations; (2), mandatory funding from the Prevention and Public Health Fund (PPHF); and (3) some other funding sources, such as transfers from other accounts.

Discretionary Funding (FY2026: \$7.706 billion in LHHS budget authority; \$80 million for ATSDR). CDC receives discretionary funding through annual LHHS appropriations, while ATSDR is separately funded by Interior/Environment appropriations. Within LHHS appropriations, CDC funding is specified by the text that is under several headers, which fund thematically aligned program activities.

For example, the appropriations text under the header included in LHHS appropriations language in **Figure 3** provides funding for CDC's chronic disease prevention and health promotion budget activities as authorized by several PHS Act titles. Many of the headers align with CDC CIOs. The appropriations under the Chronic Disease Prevention and Health Promotion header fund budget activities at CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

Some appropriations provided under certain headers fund programs through multiple CIOs; for example, appropriations provided under the Public Health Scientific Services header fund budget activities for public health surveillance across the agency. Some CDC appropriations provided under other headers are for agency-wide activities, such as the Buildings and Facilities header and the CDC-Wide Activities and Program Support header.

Figure 3. Example of CDC Appropriations Language

From FY2026 LHHS Appropriations

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

For carrying out titles II, III, XI, XV, XVII, and XIX of the PHS Act with respect to chronic disease prevention and health promotion, \$983,830,000: *Provided*, That funds made available under this heading may be available for making grants under section 1509 of the PHS Act for not less than 21 States, Tribes, or Tribal organizations: *Provided further*, That the proportional funding requirements under section 1503(a) of the PHS Act shall not apply to funds made available under this heading.

Source: Consolidated Appropriations Act, 2026, P.L. 119-75, Division B, Title II.

Appropriations report language accompanying CDC appropriations has generally specified the amounts for programs or activities funded under CDC headers in greater detail than the appropriations text itself. In this report, *appropriations report language* refers to any explanatory statement, conference report, or committee report that accompanied CDC appropriations. As shown in **Figure 4**, the FY2026 LHHS explanatory statement and funding table for the Chronic

¹¹ See, for example, CDC, "Grant Funding Profiles," <https://fundingprofiles.cdc.gov/>.

Disease Prevention and Health Promotion header designates funding amounts for specific budget activities. The funding table also includes amounts from the Prevention and Public Health Fund (PPHF) to be transferred to several budget activities.

Figure 4. Example of CDC Appropriations Report Language

From FY2026 LHHS Appropriations Explanatory Statement

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	
Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the agreement includes the following amounts:	
Budget Activity	FY 2026 Agreement
Tobacco	\$246,500,000
<i>Tobacco Appropriations (non-add)</i>	46,500,000
<i>Tobacco Transfer from the Prevention and Public Health Fund (non-add)</i>	200,000,000
Nutrition, Physical Activity, and Obesity appropriations	54,320,000
<i>High Obesity Rate Counties appropriations (non-add)</i>	16,500,000
School Health appropriations	19,400,000
Vision and Eye Health appropriations	4,500,000
Alzheimer's Disease appropriations	41,500,000
Inflammatory Bowel Disease appropriations	3,000,000
Interstitial Cystitis appropriations	2,100,000
Excessive Alcohol Use appropriations	3,000,000
Chronic Kidney Disease appropriations	4,500,000
Chronic Disease Education and Awareness appropriations ..	4,500,000
Prevention Research Centers appropriations	28,961,000
Heart Disease and Stroke	156,105,000
<i>Heart Disease and Stroke appropriations (non-add)</i>	45,000,000
<i>Heart Disease and Stroke Transfer from the Prevention and Public Health Fund (non-add)</i>	111,105,000
Diabetes	163,130,000
<i>Diabetes appropriations (non-add)</i>	45,000,000
<i>Diabetes Transfer from the Prevention and Public Health Fund (non-add)</i>	118,130,000
National Diabetes Prevention Program appropriations	37,300,000
Breast and Cervical Cancer appropriations	236,500,000
<i>WISEWOMAN appropriations (non-add)</i>	34,620,000
Breast Cancer Awareness for Young Women appropriations	6,960,000
Cancer Registries appropriations	53,440,000
Colorectal Cancer appropriations	44,294,000
Comprehensive Cancer appropriations	22,425,000
Johanna's Law appropriations	12,000,000
Ovarian Cancer appropriations	15,500,000
Prostate Cancer appropriations	16,205,000
Skin Cancer appropriations	5,000,000
Cancer Survivorship Resource Center appropriations	725,000
Oral Health appropriations	21,250,000
Safe Motherhood/Infant Health appropriations	113,500,000
Arthritis appropriations	2,000,000
Epilepsy appropriations	11,500,000
National Lupus Registry appropriations	14,000,000
Racial and Ethnic Approaches to Community Health (REACH) appropriations	68,950,000
<i>Good Health and Wellness in Indian Country (non-add)</i>	27,000,000
Million Hearts Transfer from the Prevention and Public Health Fund	5,000,000
National Early Child Care Collaboratives Transfer from the Prevention and Public Health Fund	5,000,000
Hospitals Promoting Breastfeeding Transfer from the Prevention and Public Health Fund	9,750,000

Source: "Explanatory Statement Accompanying Consolidated Appropriations Act, 2026," *Congressional Record*, vol. 172 (January 22, 2026), p. H1591.

Prior to FY2026, the set-asides specified in report language under CDC headers typically were not enacted into law. In FY2026, however, the LHHS appropriations act contained a general provision (Section 236) that enacted the funding tables in the accompanying explanatory statement under CDC headings by reference.¹² In other words, FY2026 LHHS appropriations require that funding provided to CDC under its headings is for the budget activities and funding amounts in the explanatory statement that accompanied the law, such as those illustrated in **Figure 4** above.

This CRS report focuses on appropriations provided under each header in **Table 1**. CDC's annual *Operating Plans* reflect programmatic funding levels within each of these appropriations as directed by appropriations report language.¹³ In addition, the appropriations reports include many directives or recommendations from Congress to CDC regarding funded programs.

Mandatory Funding from the Prevention and Public Health Fund (PPHF) (FY2026 funding: \$1.398 billion). In recent years, some CDC LHHS accounts have received annual allocations of the mandatory PPHF as directed in LHHS appropriations laws. In 2010, the Affordable Care Act (ACA; P.L. 111-148, as amended) established the PPHF, which is a permanent, annual appropriation that was intended to support prevention, wellness, and related public health programs funded through HHS accounts.¹⁴ In recent years, appropriators have directed specific amounts of annual PPHF funding to specific CDC accounts and programs (in addition to other HHS agencies) through LHHS laws and accompanying report language.¹⁵ See **Figure 5** for PPHF allocations for FY2026 appropriations. Under the authorizing law, overall PPHF appropriations increased from \$1.3 billion in FY2025 to \$1.525 billion in FY2026. Thus, in FY2026 enacted appropriations,¹⁶ Congress was subsequently able to increase overall PPHF funding allocated to CDC from this source by \$212 million in FY2026 compared with FY2025.

¹² Specifically, Section 236 of P.L. 119-75, Division B provided that “[f]unds made available in this Act under each of the headings ‘Immunization and Respiratory Diseases,’ ‘HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention,’ ‘Emerging and Zoonotic Infectious Diseases,’ ‘Chronic Disease Prevention and Health Promotion,’ ‘Birth Defects, Developmental Disabilities, Disabilities and Health,’ ‘Public Health Scientific Services,’ ‘Environmental Health,’ ‘Injury Prevention and Control,’ ‘National Institute for Occupational Safety and Health,’ ‘Global Health,’ ‘Public Health Preparedness and Response,’ and ‘CDC-Wide Activities and Program Support’ shall be for the budget activities, and in the amounts specified in the table under each such heading in the explanatory statement.” The headings mentioned in this provision include all CDC headings that have funding tables in the explanatory statement that accompanied CDC appropriations; see “Explanatory Statement Accompanying Consolidated Appropriations Act, 2026,” *Congressional Record*, vol. 172 (January 22, 2026), p. H1591-H1593.

¹³ See CDC, *Operating Plans*, <https://www.cdc.gov/budget/operating-plans/index.html>.

¹⁴ 42 U.S.C. §300u-11(a).

¹⁵ Prior to FY2014, the HHS Secretary determined uses of the PPHF. See CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

¹⁶ The PPHF is subject to sequestration, which reduces overall funding available under the authority. In FY2025, \$74 million was sequestered from the FY2025 PPHF appropriation. In FY2026, \$87 million was ordered to be sequestered from the PPHF appropriation. See OMB, “Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2026,” May 30, 2025, p. 7 of 17, <https://www.whitehouse.gov/wp-content/uploads/2025/04/OMB-Report-to-the-Congress-on-the-BBEDCA-251A-Sequestration-for-Fiscal-Year-2026.pdf>, and White House, “Sequestration Order for Fiscal Year 2026 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, as Amended,” *Federal Register*, vol. 90, no. 107, p. 24045, June 5, 2025.

Figure 5. Example of Prevention and Public Health Fund Allocations

From FY2026 LHHS Appropriations Explanatory Statement

PREVENTION AND PUBLIC HEALTH FUND		
Agency	Budget Activity	FY 2026 Agreement
ACL	Alzheimer's Disease Program	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Elder Falls Prevention	5,000,000
CDC	Hospitals Promoting Breastfeeding	9,750,000
CDC	Diabetes	118,130,000
CDC	Epidemiology and Laboratory Capacity	40,000,000
CDC	Healthcare-Associated Infections	12,000,000
CDC	Heart Disease and Stroke	111,105,000
CDC	Million Hearts Program	5,000,000
CDC	Tobacco	200,000,000
CDC	Preventative Health and Health Services Block Grants.	160,000,000
CDC	Section 317 Immunization Program	596,390,000
CDC	Childhood Lead Poisoning	51,000,000
CDC	National Early Child Care Collaboratives	5,000,000
CDC	Public Health Infrastructure and Capacity	90,000,000
SAMHSA ...	Garrett Lee Smith–Youth Suicide Prevention State Grants.	12,000,000

Source: “Explanatory Statement Accompanying Consolidated Appropriations Act, 2026,” *Congressional Record*, vol. 172 (January 22, 2026), p. H1597.

As shown in **Figure 5**, most of the FY2026 PPHF allocation went to CDC. Additional allocations went to the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Public Health Service Evaluation Tap (FY2026: \$43 million). The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, has the effect of redistributing a certain percentage of eligible appropriations among HHS accounts funded by the LHHS Act (up to 2.5% of eligible appropriations in FY2026).¹⁷ Eligible appropriations potentially subject to the transfer include any programs authorized in the PHSA, with some exemptions.¹⁸ In recent years, appropriations laws have directed specific amounts of PHS tap funds to specific agencies. Until FY2024, CDC had not received directed PHS tap transfers since FY2014 (see **Figure 6**). By convention, appropriations acts direct where specified PHS tap transfers are to be allocated, but do not specify the accounts that are to be the sources of those transfers. Thus, tables in this report show only the amount of PHS tap funds directed to any CDC account, and not the amount transferred out of source accounts.

¹⁷ Authorized by Section 241 of the Public Health Service Act (PHSA). The authorizing law allows the HHS Secretary to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The PHSA limits the set-aside to not less than 0.2% and not more than 1.0% of eligible program appropriations. In recent years, annual appropriations laws have established requirements in addition to those in statute. These include a higher maximum percentage for the set-aside and directing specific amounts of tap funding to selected HHS programs. Since FY2010, and including in FY2026, this higher maximum set-aside level has been 2.5% of eligible appropriations, see Section 204 of Division B, Title II, P.L. 119-75.

¹⁸ Annual appropriations laws have exempted certain appropriations from transfer that would be otherwise eligible. For example, see in the Substance Abuse and Mental Health Services Administration (SAMHSA) appropriation for mental health, “none of the funds provided for section 1911 of the PHS Act shall be subject to section 241 of such Act” in P.L. 119-75.

Other funding. CDC sometimes receives funding for its core public health program level through transfers from other sources, including both discretionary and mandatory appropriations, some subject to specific transfer rules.

Transfers. In some years, CDC has received transfers from other HHS accounts. For example, as shown in **Figure 6**, CDC has received occasional transfers from the Public Health and Social Services Emergency Fund (PHSSEF).¹⁹ CDC has not received a transfer from the PHSSEF since FY2017.

Smaller mandatory appropriations for core public health programs. Some smaller CDC public health programs have been funded by mandatory budget authorities, such as for the Childhood Obesity Demonstration Project.²⁰

Supplemental Appropriations

CDC has also received supplemental appropriations during public health emergencies and other specific incidents, such as during the COVID-19 pandemic, as discussed further in “Supplemental Appropriations for Public Health Emergencies.” Of note, the COVID-19 supplemental appropriations and the American Rescue Plan Act (P.L. 117-2) budget reconciliation measure included several major multiyear funding streams for general public health capabilities that were not specific to the pandemic, such as for data modernization. These additional appropriations are discussed in a separate section in this CRS report to distinguish regular appropriations for CDC’s annual operations from these one-time appropriations.

Other Mandatory Programs

CDC also administers several health services and compensation-related programs that are funded by mandatory budget authorities and are distinct from the agency’s core public health programs. In several cases, the program’s authorizing law determines annual funding levels for these programs. In addition, CDC receives a small amount of user fees through authorized user fee programs.

The Vaccines for Children (VFC) program (FY2026 estimate: \$6.072 billion) provides vaccines to enrolled health care providers to vaccinate eligible children.²¹ As authorized in SSA Section 1928 (42 U.S.C. §1396s), the HHS Secretary can purchase vaccines as necessary for eligible children at a federally negotiated discounted price and then distribute vaccines to participating state and local health departments. State and local health departments then distribute a portion of the supply to participating health care providers and also administer vaccines through their own programs. VFC is financed by a Medicaid appropriation within the HHS Centers for Medicare & Medicaid Services (CMS) and is administered by CDC.²² Like other Medicaid programs, VFC is an appropriated entitlement, meaning that VFC funding is provided through

¹⁹ The Public Health and Social Services Emergency Fund is an account of the HHS Secretary that has historically funded several offices and programs, including the Administration for Strategic Preparedness and Response (ASPR), the HHS Cybersecurity program, and the Office of National Security. It is also frequently used to provide emergency supplemental appropriations for transfer by the HHS Secretary to agencies in HHS and elsewhere, according to legislative direction.

²⁰ 42 U.S.C. §1320b-9a(e). Funding for CDC’s Childhood Obesity Research Demonstration (CORD) Project was initially authorized through the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA; P.L. 111-3), and the program was extended through several laws until FY2023. CDC, “Report to Congress on the Centers for Disease Control and Prevention’s Childhood Obesity Research Demonstration Project,” <https://www.cdc.gov/obesity/downloads/strategies/report-to-congress-CORD-508.pdf>.

²¹ VFC is funded by Medicaid appropriations that are transferred annually to CDC. See 42 U.S.C. §1396s.

²² See “How the VFC Program is Funded” at CDC, “About the Vaccines for Children Program,” September 30, 2025, <https://www.cdc.gov/vaccines-for-children/about/index.html>.

LHHS appropriations acts, but the funding level is determined based on budget projections for meeting the funding needs of the program as required by the program’s authorization law.²³

The Energy Employees Occupational Illness Compensation Program (EEOICP) (FY2026: \$51 million), administered by the Department of Labor (DOL), provides compensation and medical benefits to eligible civilians (or their survivors) who have performed duties related to the nuclear weapons production and testing programs of the Department of Energy.²⁴ CDC’s National Institute for Occupational Safety and Health (NIOSH) provides support to the program by conducting radiation dose estimates, evaluating certain petitions, and providing other administrative support. DOL uses these estimates in making compensation determinations.²⁵ Annual funding for these CDC activities is generally provided pursuant to Section 151(b) of Division B, Title I of Consolidated Appropriations Act, 2001 (P.L. 106-554), which specifies that annual funding pursuant to that section shall be direct spending (i.e., mandatory funding).²⁶

The World Trade Center Health Program (WTCHP) (FY2026 estimated obligations: \$913 million) provides medical monitoring and treatment to eligible individuals directly affected by the September 11, 2001 attacks for certain incident-related health conditions. This program also funds medical research into health conditions that may develop due to exposure during the attacks.²⁷ The program is authorized by PHS Act Title XXXIII (42 U.S.C. §§300mm et seq.) and funded through appropriations provided by PHS Act Section 3351 (42 U.S.C. §300mm–61).

User fee programs (FY2026 estimate: \$2 million). CDC also receives relatively small amounts of user fees from authorized user fee programs such as the vessel sanitation program,²⁸ which collects fees from cruise ship owners for public health inspections. In addition, the respirator certification program charges fees to respirator manufacturers for certain regulatory activities.²⁹

FY2026 Enacted

As shown in **Table 1**, in FY2026 enacted appropriations, CDC received a total core public health program level of \$9.227 billion, a slight decrease (-\$21 million, or -0.2%) from the comparable FY2025 final funding level. Also, as shown in **Table 1**, most CDC budget activities saw similar funding levels to the prior year funding levels.

The FY2026 enacted LHHS appropriations law (P.L. 119-75, Division B) also included several new accompanying provisions that address CDC or relate to recent developments at the agency:

- **Incorporating explanatory statement funding by law.** A new provision, Section 236, requires that funding provided to CDC under its headings is for the budget activities and funding amounts as directed in the tables of the explanatory

²³ See CRS Report R42640, *Medicaid Financing and Expenditures*.

²⁴ CDC, “NIOSH Radiation Dose Reconstruction Program,” <https://www.cdc.gov/niosh/ocas/faqsact.html>.

²⁵ CDC NIOSH, “About DCAS,” <https://www.cdc.gov/niosh/ocas/ocasabt.html>.

²⁶ P.L. 116-260 See, for example, in FY2026 LHHS appropriations, 140 Stat.264 of Division B, Title II, P.L. 119-75.

²⁷ CDC, “World Trade Center Health Program,” <https://www.cdc.gov/wtc/>.

²⁸ The Vessel Sanitation Program (VSP) at the Centers for Disease Control and Prevention (CDC) assists the cruise ship industry to prevent and control the introduction, transmission, and spread of gastrointestinal (GI) illnesses on cruise ships. See CDC, “Vessel Sanitation Program,” <https://www.cdc.gov/vessel-sanitation/about/index.html>. Operates under authority provided by PHS Act Section 361; 42 U.S.C. §264. CDC collects fees from ship owners for operational inspections, see CDC, “Public Health Operational Inspections,” <https://www.cdc.gov/vessel-sanitation/php/our-role/public-health-inspections.html>.

²⁹ The respirator certification program conducts assessments and NIOSH approval of particulate filtering facepiece respirators. See also CDC, “Respirator Certification Fees Schedules and STPs,” <https://www.cdc.gov/niosh/rap/certification-fees/>. Based on regulations in 42 C.F.R. Part 84.

statement that accompanied the law.³⁰ In recent years, Congress has specified funding for over 160 CDC programs in the explanatory statement tables accompanying CDC appropriations (see example under one header in **Figure 4**). Prior to FY2026, these funding amounts in the explanatory statement were not required by law, but appropriations committees have generally expected agencies to adhere to them.³¹ The new Section 236 now incorporates these funding levels by law.

- **Staffing and reorganization.** A new provision, Section 239 requires HHS to support staffing levels necessary to fulfill its statutory responsibilities. The section also requires that, 60 days prior to initiating any reorganization of CDC programs or functions to another HHS component, HHS is to submit a detailed plan to the appropriations committees and make such plan public.
- **Notification of grant terminations and nonrenewals.** Section 524 was updated to require HHS (and other LHHS-funded agencies) to notify the appropriations committees at least three days in advance of a termination or noncontinuation of any grant, including a short description of the reason for termination or noncontinuation. CRS analysis of HHS data on grant terminations show that as of May 13, 2026, under the second Trump Administration, HHS had terminated 444 CDC grants totaling \$5.78 billion in unliquidated obligations (i.e., funds that had not been spent under the grants).³²

Funding Table

Table 1 provides an overview of CDC/ATSDR-enacted appropriations for FY2024 through FY2026, reflecting all sources of regular budget authority (excludes supplemental appropriations).

Table 1. Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) Appropriations, FY2024-FY2026

(Millions of Dollars)

Program or Activity	FY2024 Final	FY2025 Final	FY2026 Enacted
Immunization and Respiratory Diseases	919	919	913
<i>PPHF Transfer (non-add)</i>	(682)	(682)	(596)

³⁰ Section 236 of P.L. 119-75, Division B provided that “[f]unds made available in this Act under each of the headings ‘Immunization and Respiratory Diseases,’ ‘HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention,’ ‘Emerging and Zoonotic Infectious Diseases,’ ‘Chronic Disease Prevention and Health Promotion,’ ‘Birth Defects, Developmental Disabilities, Disabilities and Health,’ ‘Public Health Scientific Services,’ ‘Environmental Health,’ ‘Injury Prevention and Control,’ ‘National Institute for Occupational Safety and Health,’ ‘Global Health,’ ‘Public Health Preparedness and Response,’ and ‘CDC-Wide Activities and Program Support’ shall be for the budget activities, and in the amounts specified in the table under each such heading in the explanatory statement.” The headings mentioned in this provision include all CDC headings that have funding tables in the explanatory statement that accompanied CDC appropriations; see “Explanatory Statement Accompanying Consolidated Appropriations Act, 2026,” *Congressional Record*, vol. 172 (January 22, 2026), p. H1591-H1593.

³¹ For more background, see CRS Report R44124, *Appropriations Report Language: Overview of Development and Components*.

³² HHS, “HHS Grants Terminated,” retrieved from https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf.

Program or Activity	FY2024 Final	FY2025 Final	FY2026 Enacted
HIV/AIDS, Viral Hepatitis, STI and TB	1,391	1,391	1,384
Emerging & Zoonotic Infectious Diseases	760	760	781
<i>PPHF Transfer (non-add)</i>	(52)	(52)	(52)
Chronic Disease Prevention and Health Promotion	1,434	1,434	1,433
<i>PPHF Transfer (non-add)</i>	(241)	(241)	(449)
Birth Defects, Developmental Disabilities, Disability and Health	206	206	205
Environmental Health	243	243	243
<i>PPHF Transfer (non-add)</i>	(51)	(51)	(51)
<i>PHS Evaluation Transfer (non-add)</i>	—	—	—
Injury Prevention and Control	761	761	761
<i>PHS Evaluation Transfer (non-add)</i>	—	—	—
Public Health Scientific Services	754	754	767
<i>PPHF Transfer (non-add)</i>	—	—	—
<i>PHS Evaluation Transfer (non-add)</i>	(43)	(43)	(43)
Occupational Safety and Health	363	363	367
Global Health	693	693	693
Public Health Preparedness and Response	938	938	913
Crosscutting Activities and Program Support	664	664	647
<i>PPHF Transfer (non-add)</i>	(160)	(160)	(160)
<i>Office of the Director (non-add)</i>	(129)	(129)	(102)
<i>Infectious Diseases Rapid Response Reserve Fund (non-add)</i>	(25)	(25)	(25)
<i>Public Health Infrastructure and Capacity (non-add)</i>	(350)	(350)	(360)
<i>Infrastructure and Capacity PPHF Transfer (non-add)</i>	—	—	(90)
Buildings and Facilities	40	40	40
Agency for Toxic Substances and Disease Registry (ATSDR)^a	82	82	80
Total, Core Public Health Program Level (CPHPL)	9,248	9,248	9,227
Less ATSDR	-82	-82	-80
Total, CDC Public Health Program Level (LHHS total)	9,167	9,167	9,148
Less PPHF (mandatory)	-1,186	-1,186	-1,398
Less PHS Evaluation Transfer	-43	-43	-43
Total, CDC LHHS Discretionary BA	7,938	7,938	7,706
Vaccines for Children (VFC)	7,239	6,576	6,072
Energy Employees Occupational Illness Compensation Program Act (EEOICPA) ^b	51	51	51
World Trade Center Health Program (WTCHP)	768	848	913

Program or Activity	FY2024 Final	FY2025 Final	FY2026 Enacted
User Fees	2	2	2
Total Other Mandatory Programs^c	8,060	7,476	7,038
Total, Core Public Health Program Level + Other Mandatory	17,309	16,725	16,266

Source: FY2024 final amounts from CDC, “FY2024 Operating Plan,” <https://stacks.cdc.gov/view/cdc/177366>; FY2025 final amounts from CDC, “FY2026 Operating Plan,” <https://www.cdc.gov/budget/documents/fy2026/FY-2026-CDC-Operating-Plan.pdf>. Enacted amounts for FY2026 are from *Congressional Record*, vol. 172 (January 22, 2026), pp. H1591-H1593; mandatory amounts for FY2024, FY2025, and FY2026 are from FY2027 and FY2026 budget documents, including the congressional justifications for CDC, Administration for a Healthy America, and the Centers for Medicare & Medicaid Services, as well as the President’s budget appendix. Amounts shown in table do not account for U.S. Department of State transfers to CDC for global health programs. Individual amounts may not add to subtotals or totals due to rounding. Enacted amounts reflect some post-appropriations adjustments. Acronyms: BA = Budget Authority; HIV = Human Immunodeficiency Virus; AIDS = Acquired Immunodeficiency Syndrome; STI = Sexually Transmitted Infection; TB = Tuberculosis; PPHF = Prevention and Public Health Fund; ATSDR= Agency for Toxic Substances and Disease Registry.

- Provided separately in the Interior/Environment Appropriations Act.
- Per the FY2024 and FY2026 operation plans, all amounts for EEOICPA reflect sequestration and therefore differ from appropriated funding levels.
- FY2026 amounts are estimates for VFC, WTCHP, and User Fees.

FY2027 Budget Request: Proposed Funding Changes

The Trump Administration requested a core public health program level of \$5.485 billion for CDC in FY2027.³³ This proposed level is not directly comparable to the FY2026 enacted level because of significant proposed relocations of CDC programs to other HHS components, as summarized below.³⁴

The Administration also proposed to reduce funding for or entirely eliminate a number of CDC programs, including programs proposed for relocation, in the FY2027 budget request.³⁵

- **Eliminate the PPHF.** The FY2027 budget request proposes to eliminate the PPHF, a large source of CDC’s budget authority, as summarized above. In FY2026, CDC received \$1.398 billion from the PPHF to support specific CDC accounts and programs.
- **Eliminate CDC programs.** The FY2027 budget request proposes to eliminate several CDC programs, including Chronic Disease Prevention and Health

³³ CDC, FY2027 Congressional Budget Justification, <https://www.cdc.gov/budget/documents/fy2027/fy-2027-cdc-cj.pdf>.

³⁴ When compared with the FY2026 core public health program level, the FY2027 budget request proposes a decrease of \$3.743 billion (-40.6%) to CDC/ATSDR funding; however, this does not account for the relocations of existing CDC programs to other HHS components. When accounting for the proposed reorganization, the comparable CDC FY2026 funding level is \$6.713 billion, and therefore the FY2027 budget request proposes a decrease of \$1.228 billion (-18.3%) to this FY2026 comparable level. However, this comparable funding level does not fully account for relocated CDC programs proposed for elimination or funding reductions, as described in this report. FY2026 comparable level from “All Purpose Table” and “Summary of Changes” of CDC, FY2027 Congressional Budget Justification, pp. 13, 15-16, <https://www.cdc.gov/budget/documents/fy2027/fy-2027-cdc-cj.pdf>.

³⁵ Administration for a Healthy America (AHA), FY2027 Congressional Budget Justification, <https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf>, pp. 147-149. AHA is a proposed new operating division within HHS.

Promotion activities except for Cancer Prevention and Control programs and Alzheimer’s Disease programs, and the following programs within Injury Prevention and Control: Youth Violence Prevention, Adverse Childhood Experiences, Firearm Injury and Mortality Prevention Research, Elderly Falls, Drowning, Other Injury Prevention Activities, and Injury Control Research Centers.³⁶

As mentioned, the budget also proposes some major HHS reorganizations that would affect CDC programs:

- **Move CDC Programs to Other HHS Components.** The FY2027 budget request proposes to move several major programs and activities out of CDC to the Administration for a Healthy America (AHA), a proposed new operating division within HHS. The activities include those funded under CDC appropriations headers for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention; Chronic Disease Prevention and Health Promotion; Birth Defects, Developmental Disabilities, Disabilities and Health; and Injury Prevention and Control.³⁷ The request also proposes to move the National Center for Health Statistics’ funding and activities to a new Office of Strategy within the HHS Office of the Director.³⁸
- **National Center for Chemicals and Toxins.** The budget also proposes the creation of a new CDC center that would consolidate HHS environmental, toxicological, and chemical programs within a single organizational framework. The center would realign programs, projects, and activities of ATSDR, the National Center for Environmental Health (CDC), the National Institute of Occupational Safety and Health (NIOSH), National Institute of Environmental Health Sciences (relocated from the National Institutes of Health [NIH]), and National Center for Toxicological Research (relocated from the Food and Drug Administration [FDA]).

Trends in Core Public Health Program Level

As shown in **Figure 6**, in terms of nominal dollars, from FY2011 to FY2021, CDC’s core public health program level remained mostly between \$6.5 and \$8 billion. From FY2011 to FY2021, CDC saw annual increases and decreases in its core public health funding level ranging from 1% to 6% (except for FY2013). For FY2013—the lowest funding level in the period covered—budget sequestration of nonexempt discretionary spending occurred.³⁹ CDC saw increases provided in FY2022 (+9.0%) and FY2023 (+11.2%; not adjusted for inflation). CDC’s core public health program level has stayed roughly flat from FY2023 through FY2026. CDC saw a slight overall decrease in its program levels in FY2024 (-0.22%) and again in FY2026 (-0.23%).

³⁶ HHS, *FY2027 Budget in Brief*, pp. 44-45, <https://www.hhs.gov/sites/default/files/fy-2027-budget-in-brief.pdf>.

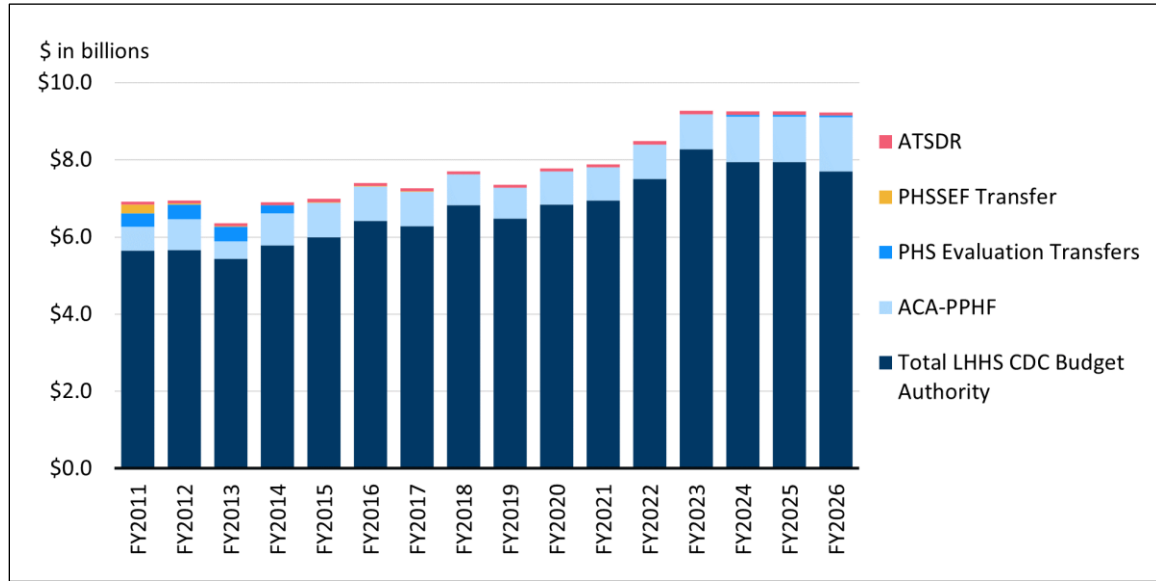
³⁷ HHS, *FY2027 Budget in Brief*, pp. 42-45, <https://www.hhs.gov/sites/default/files/fy-2027-budget-in-brief.pdf>.

³⁸ HHS, *FY2027 Budget in Brief*, pp. 54-57, <https://www.hhs.gov/sites/default/files/fy-2027-budget-in-brief.pdf>.

³⁹ CDC, “Fact Sheet: Impact of Sequestration and other Budget Changes on the Centers for Disease Control and Prevention,” <https://www.cdc.gov/budget/documents/fy2013/fy-2013-sequester-impacts.pdf>.

Figure 6. Trends in Core Public Health Program Level

FY2011-FY2025 final, FY2026 enacted (\$ in billions, nominal)
(Figure is interactive in the HTML version of this report.)



Source: CDC Congressional Budget Justifications, and sources in Table I.

Notes: Amounts are not adjusted for inflation. Acronyms: CDC = Centers for Disease Control and Prevention; LHHS = Labor, Health and Human Services, Education, and Related Agencies appropriations bill; ATSDR = Agency for Toxic Substances and Disease Registry; PPHF = Prevention and Public Health Fund; PHSSEF = Public Health and Social Services Emergency Fund; PHS = Public Health Service; ACA = Affordable Care Act.

CDC Budget in Context

Supplemental Appropriations for Public Health Emergencies and Other Incidents

CDC has regularly received supplemental or one-time appropriations in response to public health emergencies and other incidents. For example, since 2019, CDC has received supplemental appropriations for hurricane and natural disaster response (for example, in P.L. 116-20 and P.L. 117-328), the Coronavirus Disease 2019 (COVID-19) pandemic,⁴⁰ medical screening and supports for Afghan refugees (P.L. 117-70), and funding for domestic and global activities related to the war in Ukraine (e.g., P.L. 117-128). These amounts are not reflected in the other sections of this report as they are not intended to fund the agency's regular operating expenses and programs. While these supplemental funds were, in most cases, primarily intended for the specific incident for which they were appropriated, they were sometimes correlated with cycles of funding increases and decreases for overall public health capacity at the federal, state, and local levels.

Congress has often appropriated emergency supplemental funding to HHS for purposes that are somewhat general, or with the authority for HHS to transfer those funds, and therefore HHS has decided the final allocation of funds among HHS operating divisions (such as CDC). Final data

⁴⁰ See CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress* and CRS Report R46834, *American Rescue Plan Act of 2021 (P.L. 117-2): Public Health, Medical Supply Chain, Health Services, and Related Provisions*.

on HHS supplemental appropriations allocations are not available for all public health emergencies. Large historical supplemental appropriations to the agency and subsequent funding awards to state and local agencies include the following:

- **H1N1 influenza pandemic, 2009.** In response to the H1N1 influenza pandemic, CDC spent \$600 million on its public health response and also administered \$1.4 billion through its Public Health Emergency Response grant program to state and local partners.⁴¹ These funds were made available to CDC from the Supplemental Appropriations Act of 2009 (P.L. 111-32), enacted in June 2009.
- **Ebola outbreak, 2014-2015.** In response to the Ebola outbreak, the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235; Division G), enacted in December 2014, provided CDC with \$1.771 billion for both domestic and international Ebola preparedness and response efforts.⁴² Using these funds, CDC provided several supplemental grants to state and local agencies, including \$145 million through the Public Health Emergency Preparedness (PHEP) cooperative agreement and more than \$114 million through the Epidemiology and Laboratory Capacity (ELC) grant program.⁴³
- **Zika outbreak, 2016.** The Zika Response and Preparedness Appropriations Act, 2016 (P.L. 114-223; Division B) provided \$394 million to CDC in supplemental appropriations for preparedness and response to the Zika outbreak, domestically and internationally.⁴⁴ CDC obligated a portion of the funding to state and local agencies through several grant programs, including more than \$184 million through the ELC grant program.⁴⁵
- **COVID-19 pandemic, 2020-present.** Multiple COVID-19 relief laws provided funding directly to CDC or funding that was later transferred to CDC. As reported by GAO, as of April 2024, CDC has received \$25.2 billion through those appropriations measures to the CDC-Wide Activities and Program Support header.⁴⁶ As part of this total, some of the one-time public health funding for CDC in the American Rescue Plan Act (ARPA; P.L. 117-2) was not tied to the pandemic, but instead was made available for general public health capabilities (see the example of the Public Health Infrastructure grant program in the textbox below). In addition, CDC has administered more than \$40 billion through its grant programs funded by HHS appropriations from the PHSSEF account.⁴⁷ As a result, of the total appropriated to and administered by CDC, \$59.625 billion in CDC COVID-19 grants have been awarded to state, tribal, and local agencies as

⁴¹ U.S. Government Accountability Office, *Influenza Pandemic: Lessons from the H1N1 Pandemic Should be Incorporated into Future Planning*, GAO-11-632, June 2011, pp. 7, 16, <https://www.gao.gov/assets/gao-11-632.pdf>.

⁴² P.L. 113-234, 128 Stat. 2520.

⁴³ CDC, “Ebola Funding,” <https://web.archive.org/web/20220306103011/https://www.cdc.gov/cpr/readiness/funding-ebola.htm>, and data provided by CDC to CRS on April 22, 2022. See also U.S. Government Accountability Office, *Infectious Disease Threats: Funding and Performance of Key Preparedness and Capacity-Building Programs*, May 2018, <https://www.gao.gov/assets/gao-18-362.pdf>.

⁴⁴ P.L. 114-223, 130 Stat. 901-130 Stat. 902.

⁴⁵ U.S. Government Accountability Office, *Zika Supplement: Status of HHS Agencies’ Obligations, Disbursements, and the Activities Funded*, GAO-18-389, May 2018, pp. 33-54, <https://www.gao.gov/assets/gao-18-389.pdf>, and data provided by CDC to CRS on April 22, 2022.

⁴⁶ CDC received funding from five different COVID-19 relief laws: P.L. 116-123, P.L. 116-136, P.L. 116-139, P.L. 116-260, and P.L. 117-2. U.S. Government Accountability Office, *COVID-19: Lessons Can Help Agencies Better Prepare for Emergencies*, GAO-24-107175, August 1, 2024, <https://www.gao.gov/products/gao-24-107175>.

⁴⁷ CDC, “Novel Coronavirus (COVID-19,” <https://www.cdc.gov/budget/covid-19>.

of September 2024 (amount includes some regular appropriations).⁴⁸ Some of the COVID relief dollars were ultimately rescinded. The Congressional Budget Office estimated that the Fiscal Responsibility Act (P.L. 118-5) rescinded \$1.5 billion in CDC budget authority. In addition, FY2024 appropriations and the FY2025 continuing resolution rescinded certain American Rescue Plan Act appropriations for public health; the full impact on CDC is unclear from publicly available sources.⁴⁹ For more information on CDC funding in the COVID-19 relief laws, see, CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress* and CRS Report R46834, *American Rescue Plan Act of 2021 (P.L. 117-2): Public Health, Medical Supply Chain, Health Services, and Related Provisions*.

Spotlight: Public Health Infrastructure Grant Program

CDC began to fund a new Public Health Infrastructure Grant program beginning in FY2023, drawing from roughly \$3.5 billion provided in the American Rescue Plan Act for public health workforce and data modernization programs combined with funding from regular appropriations (GAO-24-105891). Through this program, CDC expects to award \$5 billion over five years to 107 health departments in all 50 states; Washington, DC; eight territories and freely associated states; and 48 large localities. As of December 2025, the award includes \$4.6 billion for health departments and roughly \$382 million for three national public health partners over the five-year grant period. Recipients are to use this award to hire and retain public health staff, strengthen organization systems and processes, and modernize public health data systems. State health department recipients are expected to distribute a portion of grant funds for public health workforce among local health departments that did not receive direct grant funding from CDC. Given that this five-year grant is funded in large part by a one-time appropriation from the ARPA, funds may no longer be available to support hired staff past the end of the five-year period (November 30, 2027).

For further information, see CDC, “Public Health Infrastructure Grant,” <https://www.cdc.gov/infrastructure-phig/about/>.

CDC Infectious Diseases Rapid Response Reserve Fund

FY2019 appropriations (P.L. 115-245) established an Infectious Diseases Rapid Response Reserve Fund (IDRRRF) at CDC.⁵⁰ The IDRRRF is an emergency reserve fund available specifically for infectious disease emergencies. Funds may be drawn from IDRRRF for an infectious disease emergency if the HHS Secretary

- declares a public health emergency pursuant to PHS Act Section 319, or
- determines that the infectious disease emergency “has significant potential to imminently occur and potential, on occurrence, to affect national security or the health, and security of United States citizens, domestically or internationally.”

The CDC Director may transfer IDRRRF funds to other CDC accounts as well as to NIH accounts or the PHSSEF account.⁵¹

⁴⁸ CDC, “CDC COVID-19 State, Tribal, Local, and Territorial Funding,” website last updated September 4, 2024, https://www.cdc.gov/budget/covid-19-funding/?CDC_AAref_Val=https://www.cdc.gov/budget/fact-sheets/covid-19/funding/index.html.

⁴⁹ See Section 529 of Division D of P.L. 118-47 and Section 1101(a)(8) of P.L. 119-4.

⁵⁰ Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, P.L. 115-245, Division B, Title II, Section 231. Codified at 42 U.S.C. §247d-4a.

⁵¹ Per footnote 18, the PHSSEF account historically funded ASPR, the HHS lead operating division for medical and public health preparedness for, response to, and recovery from disaster and public health emergencies. ASPR oversees (continued...)

Since FY2019, the IDRRRF has received the following regular and supplemental appropriations shown in **Table 2**.

Table 2. Appropriations History to the IDRRRF

Fiscal Year	Law and Type of Appropriation	Amount (dollars in millions)
FY2019	P.L. 115-245, regular	\$50
FY2020	P.L. 116-94, regular	\$85
	P.L. 116-123, supplemental	\$300
	P.L. 116-136, supplemental	\$300
FY2021	P.L. 116-260 (Division H), regular	\$10
FY2022	P.L. 117-103, regular	\$20
FY2023	P.L. 117-328, (Division H), regular	\$35
FY2024	P.L. 118-47, (Division D), regular	\$25
FY2025	P.L. 119-4, (Title IX), regular	\$25
FY2026	P.L. 119-75, (Division B), regular	\$25

Source: CRS analysis of appropriations laws.

Note: In FY2025, Congress provided appropriations through continuing resolutions, which generally reflected FY2024 appropriations unless otherwise specified.

IDRRRF funding has been used for multiple responses, including for recent Ebola outbreaks in Africa, the mpox outbreak in 2022-2023, and for the COVID-19 pandemic response.⁵² As of March 2026, the IDRRRF has an unobligated balance of \$541.3 million available for infectious disease emergencies.⁵³

Other reserve fund accounts outside of CDC can also support public health emergency response. These include the (1) Public Health Emergency Fund [PHSA Section 319(b), 42 U.S.C. §247d(b)] and (2) the Disaster Relief Fund at the Department of Homeland Security. (A detailed discussion of these funding sources is outside the scope of this report.) The Public Health Emergency Fund currently has a balance of \$56,508 and has not received appropriations for many years.⁵⁴ Transfers from the Disaster Relief Fund have funded HHS’s response to non-infectious disease emergencies, such as for natural disasters, pursuant to authorities in the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act; 42 U.S.C. §§5721 et seq.). Stafford Act assistance was not available for HHS’s response to three recent infectious disease epidemics prior to the Coronavirus Disease 2019 (COVID-19) pandemic—the H1N1 influenza pandemic in

several programs, including the Biomedical Advanced Research and Development Authority and the Strategic National Stockpile. Beginning in FY2024, ASPR has received its appropriations in a separate account from the PHSSEF.

⁵² U.S. Government Accountability Office, *Public Health Preparedness: HHS Reserve Funding for Emergencies*, GAO-23-106102, August 2023, <https://www.gao.gov/assets/gao-23-106102.pdf>.

⁵³ USASpending.gov, “Infectious Diseases Rapid Response Reserve Fund, Centers for Disease Control, Health and Human Services,” last updated March 30, 2026, https://www.usaspending.gov/federal_account/075-0945.

⁵⁴ USASpending.gov, “Public Health Emergency Fund, Public Health Services, Office of Assistant Secretary for Health, Health and Human Services,” https://www.usaspending.gov/federal_account/075-1104.

2009, the Ebola virus outbreak in 2014, and the Zika virus outbreak in 2016.⁵⁵ Congress subsequently established the IDRRRF in 2018.

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⁵⁵ U.S. Government Accountability Office, *Public Health Preparedness: HHS Reserve Funding for Emergencies*, GAO-23-106102, August 2023, <https://www.gao.gov/assets/gao-23-106102.pdf>.