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The Centers for Disease Control and Prevention (CDC)

During the Coronavirus Disease 2019 (COVID-19) pandemic, the monkeypox outbreak, and other recent health crises, 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 “protect America from health, safety and security threats, both foreign and in the [United States].” CDC’s mission extends beyond addressing 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.

Organization and Programs

Two features characterize CDC’s mission and programs. First, CDC programs tend to focus on *prevention* of adverse health outcomes, rather than treatment or clinical care after a health issue arises. Second, CDC programs promote health on a *population and community-wide* basis. CDC is organized into several centers, institutes, and offices (CIOs). Some of these CIOs focus on specific public health challenges (e.g., immunization and respiratory diseases; injury prevention), while others focus on public health capabilities (e.g., surveillance and laboratory services).

Activities

CDC CIOs administer public health programs focused on a wide array of health topics, including infectious diseases, noninfectious diseases, injury, disability, occupational health, environmental health, and public health emergency preparedness and response. Even with the wide range of topics, a few key activities are common across CDC programs:

Technical Assistance to and Coordination with State, Local, Territorial, and Tribal (SLTT) Public Health Agencies. In the U.S. federalist system, many public health laws and programs are administered at the SLTT level. CDC provides leadership and coordination among public health agencies across the country. CDC also administers several fellowship and workforce programs to fund staff at SLTT agencies. CDC staff may also take temporary placement positions within SLTT agencies to provide support.

Public Health Program Grants. CDC administers many public health program grants. 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 or to nonprofit or other private organizations. In FY2019, CDC awarded 5,010 grants totaling over \$5.9 billion in obligations (including research and program

grants). Grant recipients included SLTT governments, nonprofit organizations, foreign governments and organizations, for-profit organizations, and tribal entities. The majority of the grants were awarded to government entities (66%), and state government agencies accounted for 92% of such grants. Grants to SLTT governments generally fund the programs and operations of SLTT public health agencies. CDC administers many of its grant programs with SLTT agencies as *cooperative agreement* programs, where CDC staff have substantial involvement with the grantee in program implementation. (Note: CRS used FY2019 data, instead of more recent FY2020 and FY2021 data, because the latter include substantial pandemic supplemental funding and therefore are not reflective of typical grant making practices.)

Surveillance. 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, which typically do not include personally identifiable information. Much of the data are collected at the SLTT level, and many CDC grants support surveillance. These data help inform an understanding of when, how, where, and to whom disease cases and other health events occur.

Laboratory Science. CDC manages federal laboratories that can perform specialized testing to detect new or unusual diseases. 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 laboratories. Several program grants can also support public health laboratory operations and testing.

Surveys and Statistics. CDC also administers several national health surveys, like the National Health Interview Survey. CDC’s National Center for Health Statistics is one of 12 principal federal statistical agencies (or units).

Research. CDC employs researchers who inform the science of disease prevention and health promotion. CDC experts include epidemiologists, statisticians, laboratory scientists, and infectious disease biologists, among others. Many CDC research publications are published in the agency’s *Morbidity and Mortality Weekly Report*. CDC also awards some research grants and contracts to universities and other research institutions.

Education and Outreach. CDC conducts education and outreach to many audiences, including the general public, health care providers, and public health practitioners, among others. CDC also regularly develops educational materials for SLTT agencies and health care providers. In

addition, CDC informs the science and practice of public health communication as a part of its mission.

Guidelines and Best Practice Promotion. CDC develops public health and clinical guidelines based on its expertise in health science and practice. During the COVID-19 pandemic, CDC guidance for pandemic mitigation measures, such as masking and physical distancing, received high visibility. As official recommendations, CDC guidelines are not legally binding. CDC also develops and disseminates information on public health and clinical best practices, for example, for youth violence prevention programs or for health care provider conversations about vaccines with parents and families.

CDC also engages with international governments and organizations through its global health programs. See CRS In Focus IF11758, *U.S. Global Health Funding: FY2017-FY2022 Request*.

Authorizations

CDC was not established by an organic statute that defines its overall mission and structure. Rather, the agency's programs are authorized by general and program-specific laws, mostly in the Public Health Service Act (PHSA).

General Authorizations

Congressionally approved reorganization plans in 1953 (42 USC §3501) and 1966 (42 USC §202, note) granted authority to determine the organization of PHS agencies to the Secretary of Health, Education, and Welfare (now HHS Secretary). The Secretary established CDC as the Center for Disease Control in 1970, replacing the preexisting National Communicable Disease Center. CDC received its current name in 1992. Many CDC programs have remained authorized under the general PHSA authorities of the HHS Secretary, including

- PHSA Section 301 (42 USC §241): Research and Investigation
- PHSA Section 307 (42 USC §2421): International Cooperation
- PHSA Section 310 (42 USC §242o): Health Conferences and Health Education Information
- PHSA Section 311 (42 USC §243): Federal-State Cooperation in Communicable Disease Control and Public Health Matters
- PHSA Section 317 (42 USC §247b): Project Grants for Preventive Health Services

Program-Specific Authorizations

Four CDC centers and institutes are explicitly authorized in law:

- **National Institute for Occupational Safety and Health**, authorized by the Occupational Safety and Health Act of 1970 (29 U.S.C. §§651 et seq.)
- **National Center on Birth Defects and Developmental Disabilities**, established in PHSA Section 317C (42 U.S.C. §247b-4)
- **National Center for Health Statistics**, established in PHSA Section 306 (42 U.S.C. §242k)

- **Agency for Toxic Substances and Disease Registry (ATSDR)**, established by the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA, the “Superfund” law; 42 U.S.C. §§9601 et seq.)

Some CDC offices are authorized in law, such as the Office of Women’s Health (PHSA §310A). CDC also administers program-specific statutes throughout the PHSA and other laws. Some of these program-specific statutes are directed at CDC (e.g., PHSA §2821). Others are directed at the HHS Secretary, but carried out by CDC by delegation (e.g., PHSA §318).

Regulations

CDC administers several regulations, such as those related to medical examination of immigrants and refugees, possession and use of select biological agents and toxins, and interstate and foreign regulations for the control of communicable diseases. During the pandemic, CDC exercised its statutory authorities in new ways; one example is discussed in CRS Legal Sidebar LSB10632, *Litigation of the CDC’s Eviction Moratorium*.

Appropriations

CDC receives most of its core program funding through the annual Labor, Health and Human Services, Education, and Related Agencies Appropriations Act. ATSDR is funded by the Departments of the Interior, Environment, and Related Agencies Appropriations Act. CDC also administers several programs that are funded by mandatory spending authorities, such as the Vaccines for Children program and the World Trade Health Center Program. Congress has also provided CDC with supplemental emergency funding during public health emergencies and other incidents.

Given that many CDC programs are based in general authorities, Congress often uses the appropriations process to inform CDC’s programs. Appropriations reports accompanying CDC annual appropriations usually specify programmatic funding levels within CDC accounts, though to varying levels of detail depending on the program and account. For more information on CDC funding, see CRS Report R47207, *Centers for Disease Control and Prevention (CDC) Funding Overview*.

Considerations for Congress

In April 2022, CDC Director Dr. Rochelle Walensky launched an agency-wide review based on perceived shortcomings of CDC’s pandemic response. In August 2022, CDC announced lessons learned and next steps, which include reorganization and potential requests for new authorities from Congress. Congress could accept CDC’s reorganization decisions and its proposed authorities. Congress could also consider legislation to more formally authorize CDC and its mission, responsibilities, structure, and activities. Some provisions addressing CDC leadership and authorities are included in S. 3799, as amended and ordered to be reported in March 2022 by the Senate Committee on Health, Education, Labor, and Pensions.

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