

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

(dollars in millions)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
NIOSH Discretionary Total	\$332.363	\$334.863	\$283.418	-\$51.445
<i>Budget Authority</i>	\$220.363	\$334.863	\$283.418	-\$51.445
<i>PHS Evaluation Transfer</i>	\$112.000	\$0.000	\$0.000	\$0.000
EEOICPA – Mandatory ¹	\$49.933	\$50.099	\$55.358	+\$5.259
World Trade Center – Mandatory ^{1,2}	\$235.740	\$243.350	\$267.680	+\$24.330
Total	\$618.036	\$628.312	\$606.456	-\$21.856
FTEs	1,137	1,137	1,137	0
Occupational Safety and Health				
- National Occupational Research Agenda	\$112.000	\$114.500	\$90.500	-\$24.000
- Other Occupational Safety and Health ³	\$220.363	\$220.363	\$192.918	-\$27.445

¹ Reductions in FY 2014 and FY 2015 reflect the sequester of mandatory funds.

² The FY 2016 President's Budget Appendix includes erroneous data for the World Trade Center Health Program for FY 2015 and FY 2016; the above estimates are accurate.

³ The FY 2014 and FY 2015 Other OSH structure is comparably adjusted to reflect FY 2016 proposed budget structure.

Summary

CDC's [Occupational Safety and Health](http://www.cdc.gov/niosh/)³⁷⁴ efforts help protect the nation's 155 million workers and provide the only dedicated federal investment for research needed to prevent injuries and illnesses that cost the United States \$250 billion annually. This work supports CDC's goal to Keep Americans safe from environmental and work-related hazards. The National Institute for Occupational Safety and Health (NIOSH) was established by the Occupational Safety and Health Act of 1970 and is the only federal entity responsible for conducting research and making recommendations for the prevention of work-related injury and illness. Research efforts are aligned under the National Occupational Research Agenda (NORA), which uses partnerships to maximize the impact of occupational safety and health research. CDC's Other Occupational Safety and Health activities involve areas such as surveillance, Health Hazard Evaluations, and basic laboratory research. CDC also receives mandatory funding for the Energy Employees Occupational Illness Compensation Program Act and the World Trade Center Health Program.

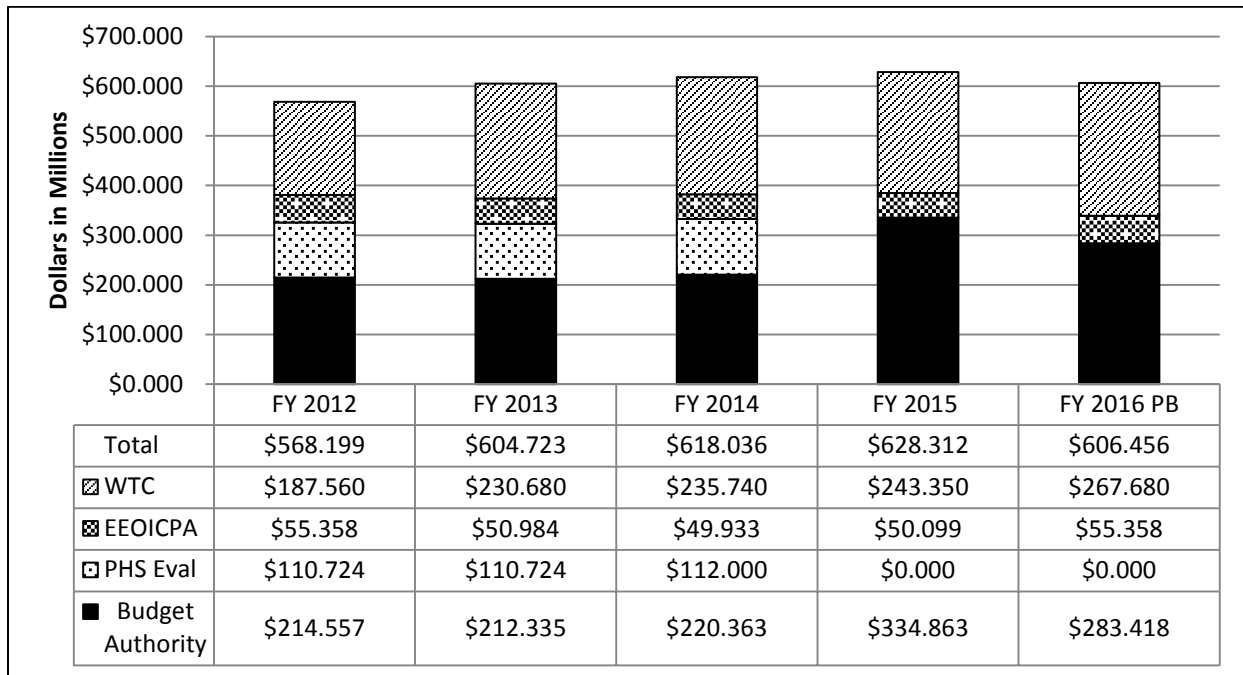
CDC's FY 2016 request of **\$606,456,000** for NIOSH, including funding from all discretionary and mandatory sources, is \$21,856,000 below the FY 2015 Enacted level. This FY 2016 request includes \$267,680,000 in mandatory funding for the World Trade Center Health Program, maintaining the addition of certain cancers to the list of related conditions and the program inclusion of responders from the Shanksville, Pennsylvania, and Pentagon sites. The FY 2016 request also includes \$55,358,000 in mandatory funding for the Energy Employees Occupational Illness Compensation Program Act. The FY 2016 request of \$283,418,000 in discretionary funds for Occupational Safety and Health is a decrease of \$51,445,000 from the FY 2015 Enacted level, and proposes elimination of funding for the NORA Agriculture, Forestry and Fishing sector and Education and Research Centers.

³⁷⁴ <http://www.cdc.gov/niosh/>

Performance Highlights

- In 2014, field evaluations of 46 facilities involved in the manufacture or use of engineered nanomaterials, CDC found that 85% used containment-based engineering controls and 89% used some form of Personal Protective Equipment (PPE). Both are recommended, although engineering controls are strongly preferred.
- The Mine Safety and Health Administration (MSHA) recognized published data from CDC demonstrating that “Black Lung” remains an important problem for underground and surface coal miners. MSHA also recognized new technology developed by CDC to measure coal mine dust exposures in real time. CDC’s contributions influenced MSHA’s rulemaking to establish new regulations to prevent diseases in miners caused by coal mine dust exposure.
- Since its release in June 2013, the NIOSH Ladder Safety Smartphone app has been downloaded more than 22,000 times and was a finalist for the 2014 HHS Innovates Award. The app provides graphical guidance on safe ladder use and includes a patented innovation that allows users to set safe ladder angles more accurately and quickly than other methods.

National Institute for Occupational Safety and Health (NIOSH) Funding History^{1, 2, 3}



¹ FY 2012 and FY 2013 are comparably adjusted to reflect the FY 2014 BSS transfer to implement the Working Capital Fund.

² Reductions in FY 2013 reflect the sequester of both mandatory and discretionary funds, and reductions in FY 2014 and FY 2015 reflect the sequester of mandatory funds.

³ All years for World Trade Center (WTC) Health Program represent federal share only.

National Occupational Research Agenda (NORA) Budget Request

(dollars in millions)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
PHS Evaluation Transfer	\$112.000	\$114.500	\$90.500	-\$24.000
Agriculture, Forestry, Fishing (non-add)	\$24.000	\$24.000	\$0.000	-\$24.000
Total	\$112.000	\$114.500	\$90.500	-\$24.000

Overview

The [National Occupational Research Agenda](http://www.cdc.gov/niosh/nora/)³⁷⁵ (NORA) is a research framework for NIOSH and the nation. This partnership program is designed to stimulate innovative research and improved workplace practices, while also addressing emerging issues. NORA provides guidance to the occupational safety and health community on research priorities within the following industry sectors:

- Agriculture, Forestry, and Fishing (proposed for elimination in FY 2016)
- Construction
- Healthcare and Social Assistance
- Manufacturing
- Mining
- Oil and Gas Extraction
- Public Safety
- Services
- Transportation, Warehousing, and Utilities
- Wholesale and Retail Trade

All intramural and extramural projects CDC funds under NORA must be consistent with research-to-practice principles, such as focusing on research with a high probability for short- or long-term impact; bringing innovative interventions to the commercial market; transferring knowledge and products to employers, workers, and policymakers; and evaluating programs using qualitative or quantitative data.

NORA research identifies health and safety risks and recommends prevention measures. Recent accomplishments include:

- The NIOSH Alert, "Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings" was updated on September 2014. Approximately 8 million U.S. healthcare workers are potentially exposed to hazardous drugs. The update adds 27 drugs and provides guidance on personal protective equipment and engineering controls for various scenarios that may be encountered when handling hazardous drugs.
- In FY 2014, the NIOSH Dampness and Mold Assessment Tool was used by the School District of Philadelphia to prioritize renovations in school buildings. This computer-based tool provides valuable information for motivating remediation, prioritizing intervention, and evaluating remediation effectiveness.
- A free smartphone application for ladder safety was downloaded 28,902 times between June 2013 and October 2014. This smartphone app was integrated into the CDC/Occupational Safety and Health Administration (OSHA) national campaign to prevent falls in construction.

³⁷⁵ <http://www.cdc.gov/niosh/nora/>

- On Workers' Memorial Day, April 28, 2014, OSHA, along with CDC and other stakeholders, formally announced [National Safety Stand-Down to Prevent Falls in Construction](https://www.osha.gov/StopFallsStandDown/index.html).³⁷⁶ The *Stand-Down* is part of a broader prevention campaign and is a voluntary event for construction-related employers to speak directly to employees about fall hazards and reinforce the importance of fall prevention requirements. As of June 12, 2014, data indicated that 729,032 workers were engaged through the stand-downs and that there were 186,324 page views on the stand-down web page.
- More than 5,700 healthcare workers completed the free NIOSH online violence recognition course between August 2013 and November 2014, obtaining continuing education credit. This course was built upon research illustrating that nurses were infrequently trained on their risk for workplace violence and prevention measures, despite the risk violence poses to healthcare workers.

Budget Request

CDC's FY 2016 request of **\$90,500,000** for NORA is a \$24,000,000 decrease from the FY 2015 Enacted level and reflects elimination of the Agriculture, Forestry and Fishing (AgFF) program. AgFF is one of ten NORA industry sectors. Although this program has made positive contributions, given the relation to CDC's mission and the ability to have a national impact on improved outcomes, the AgFF has been proposed for elimination in a limited-resource environment. CDC will use FY 2016 funds to address high priority occupational hazards in the other nine industry sectors, as well as emerging issues that may require new approaches to prevention, such as nanotechnology. Examples of high-priority occupational hazards include mining hazards (see "Mine Safety" below); chemicals used or generated in healthcare establishments; noise in manufacturing; and stress in police officers, firefighters, and other public safety occupations.

Mine Safety and Health

CDC funding supports the NORA mining sector to address key areas such as disaster prevention and response, respiratory-dust hazards, communication and tracking, oxygen supply, refuge alternatives, and training. CDC's Mining Research program also collaborates with partners in industry, labor, academia, and government to conduct research on health hazards, safety hazards, and disaster prevention in mining.

In April 2014, the U.S. Department of Labor's Mine Safety and Health Administration announced the release of a final rule to lower miners' exposure to respirable coal mine dust in all underground and surface coal mines. The new rule reduces the overall dust standard from 2.0 to 1.5 milligrams per cubic meter of air and cuts in half the standard from 1.0 to 0.5 for certain mine entries and miners with pneumoconiosis. The rule went into effect on August 1, 2014. FY 2016 funding will be used to expand CDC's Coal Worker's Health Surveillance Program to include surface coal miners, as required by the rule. Required health surveillance also added a lung function test called spirometry to the screening that is offered to coal miners.

Safer Mines

CDC has partnered with a machining manufacturer to develop and test a stand-alone respirable coal mine dust collector through a contract that fulfills the MINER Act technology mandate. This is a new technology to reduce worker respirable dust exposures in an effort to eliminate coal workers pneumoconiosis.

In FY 2016, CDC will continue a project in Spokane, WA designed to characterize the burden of disease and opportunities for health promotion among western miners. Researchers will conduct health surveillance, including assessments of respiratory and cardiovascular function, and develop strategies to formally integrate worker health promotion into an occupational health surveillance program. This work will have a significant and direct impact on improving the health of metal and nonmetal mineworkers, as formal health surveillance and

³⁷⁶ <https://www.osha.gov/StopFallsStandDown/index.html>

health promotion systems do not currently exist for this industry. It will also provide critical data to inform research planning for the development of exposure assessment methods and engineering controls in these mines.

A six-year history of mining research funding and FTE by type of mine research, in particular the proportion of resources dedicated to coal and metal/non-metal research, is presented below.

Mine Research Funding (in millions) and FTEs¹

Fiscal Year	Total Mining		Coal		Metal/Non-metal		Stone, Sand, & Gravel	
	Funding	FTE	Funding	FTE	Funding	FTE	Funding	FTE
2010	\$53.705	235	\$30.323	132	\$14.248	62	\$9.134	41
2011	\$52.687	237	\$26.702	126	\$14.523	59	\$11.462	52
2012	\$52.360	220	\$26.719	122	\$14.962	56	\$10.679	42
2013	\$49.638	208	\$21.701	110	\$15.115	57	\$12.822	41
2014	\$51.657	201	\$22.710	97	\$16.446	63	\$12.501	41
2015	\$51.857	197	\$22.702	93	\$16.605	65	\$12.550	39

¹CDC Investment in the mining sector is driven by demand factors, including surveillance and injury data and the sector population.

Nanotechnology

As a part of the manufacturing sector program, CDC provides national and international leadership on evaluating and controlling worker exposure to nanoparticles and nanomaterials. Nanotechnology is the manipulation of matter on a near-atomic scale to produce new structures, materials and devices. The technology promises scientific advancement in many sectors such as medicine, consumer products, energy, materials and manufacturing. Nanomaterials are defined as materials that have a length scale between 1 and 100 nanometers. Workers within nanotechnology-related industries have the potential to be exposed to uniquely engineered materials with novel sizes, shapes, and physical and chemical properties. Because of their distinctive physical and chemical properties, little is known about what possible health effects these properties may have on workers.

In FY 2016 CDC will invest \$11 million in a complete research program that will help businesses and government agencies develop effective nanotechnology risk-management programs. CDC’s Nanotechnology Research Center will continue to work with private sector partners to conduct field investigations. These investigations will provide evidence of effective interventions to control worker exposure, with specific prevention recommendations for employers that will support responsible development of the technology, resulting in sustainable economic growth and job creation through increased investments in nanotechnology. These activities build on advancements achieved to date under the CDC nanotechnology research program. Critical issues still to be addressed include predictive hazard assessment, worker surveillance, and risk management.

Examples of recent nanotechnology safety research activities include:

- Providing new recommended exposure limits and risk management practices to control work-related exposures to carbon nanotubes and carbon nanofibers to reduce certain work-related lung effects
- Developing guidance on engineering controls and safe practices for handling engineered nanomaterials in research laboratories and developing partnerships with private companies to evaluate manufacturing process controls

- Publishing [Current Strategies for Engineering Controls in Nanomaterial Production and Downstream Handling Processes](#)³⁷⁷, which discusses approaches and strategies to protect workers from potentially harmful exposures during nanomaterial manufacturing, use, and handling processes. This resource is intended to be used as a reference by plant managers and owners who are responsible for making decisions regarding capital allocations, as well as health and safety professionals, engineers, and industrial hygienists who are specifically charged with protecting worker health in this new and growing field.

NORA Grant Funding

CDC funds occupational safety and health research grants that address a wide range of NORA topics, including hazards for home healthcare workers and fall protection for construction workers. CDC uses a competitive, peer-reviewed process to award grants. Grantees are typically located in academic settings. These grants add to the occupational safety and health scientific evidence base and contribute to translating research into practice to prevent injury, disease, and death in the workplace. The reduction in the number of grants after FY 2015 reflects the proposed elimination of the Agriculture, Forestry and Fishing grants.

NORA Grants¹

(dollars in millions)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	
	Actual	Actual	Final	Estimate	President's Budget	2016 +/-2015
Number of Awards	130	113	111	115	90	-25
- New Awards	25	25	19	35	39	+4
- Continuing Awards	105	88	92	80	51	-29
Average Award	\$0.44	\$0.51	\$0.50	\$0.480	\$0.383	N/A
Range of Awards	\$0.057-\$5.750	\$0.057-\$5.750	\$0.020-\$5.750	\$0.020-\$5.750	\$0.020-\$5.750	N/A
Total Grant Awards	\$57.490	\$57.490	\$54.994	\$55.240	\$34.479	-\$20.761

¹These funds are awarded partially by formula.

³⁷⁷ <http://www.cdc.gov/niosh/docs/2014-102/>

Other Occupational Safety and Health Budget Request

(dollars in millions)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority ¹	\$220.363	\$220.363	\$192.918	-\$27.445
Education and Research Centers (non-add)	\$27.445	\$27.445	\$0.000	-\$27.445
Total	\$220.363	\$220.363	\$192.918	-\$27.445

¹ The FY 2014 and FY 2015 Other OSH structure is comparably adjusted to reflect FY 2016 proposed budget structure.

Overview

CDC's Other Occupational Safety and Health activities cut across NORA industry sectors, providing tools for state-based occupational safety and health programs. These activities include the Health Hazard Evaluation (HHE) program, which responds to requests to determine if workers are exposed to workplace hazards, and CDC's efforts to conduct and support occupational safety and health surveillance. A recent HHE program accomplishment was the finding of a high rate of carpal tunnel syndrome in a poultry processing plant, which received national media attention and helped support OSHA activities, including expanded enforcement and updated guidelines for the industry.

The Personal Protective Technology program is also included in Other Occupational Safety and Health activities. An estimated 20 million workers who use Personal Protective Equipment (PPE) will benefit from CDC's research on respirators and other personal protective technologies. Through audits and certified respirator decisions, CDC improves the quality and inventory of respiratory protection for workers in multiple industries. In FY 2014, CDC completed 560 certified respirator decisions, including 396 new approvals, and 311 complete respirator audits.

CDC also lead the national effort to support the use of PPE in the Ebola response by completing initial testing on PPE ensembles used in West Africa to provide additional heat stress mitigation guidance and responded to 110 PPE inquiries since August 1, 2014 to support the Ebola response.

A six-year history of the funding and FTEs supported by Other Occupational Safety and Health Research, broken down by industry and location, is presented below.

Research for Other Occupational Safety and Health, by Industry and Location

(Dollars in Millions)

Industry	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY2014 ¹	Primary Location of Work in FY 2014	FTEs ²
Construction	\$3.33	\$3.12	\$3.84	\$4.10	\$4.12	\$4.29	OH, WV, WDC, GA	24
Healthcare and Social Assistance	\$3.86	\$3.17	\$3.03	\$3.04	\$2.72	\$5.09	OH, WV, GA, PA	31
Manufacturing	\$7.95	\$6.79	\$7.46	\$9.65	\$8.83	\$8.71	OH, WV, GA, PA	52
Mining	\$1.20	\$2.14	\$2.22	\$1.37	\$1.47	\$2.34	GA, WV, WA	9
Oil and Gas	\$0.33	\$0.26	\$0.27	\$0.39	\$0.36	\$0.34	CO, WV, OH	2
Public Safety	\$2.45	\$3.54	\$3.33	\$3.20	\$3.84	\$5.93	OH, WV, GA, PA	37
Services	\$4.51	\$4.43	\$5.14	\$3.55	\$2.59	\$2.41	OH, WV, GA	16
Transportation, Warehousing and Utilities	\$3.30	\$2.20	\$2.40	\$2.64	\$2.39	\$1.91	AK, OH, WV, GA	13
Wholesale and Retail Trades	\$0.99	\$1.27	\$1.23	\$1.23	\$0.92	\$0.77	OH, WV, GA	5
Cross-cutting or multiple Sectors	\$53.77	\$53.75	\$51.41	\$52.40	\$50.64	\$64.71	AK, CO, GA, OH, WV, WDC, PA	327
Total	\$83.85	\$84.71	\$83.84	\$82.52	\$78.40	\$96.50	AK, CO, GA, OH, WV, WDC, PA	516

¹ In FY 2014, the Personal Protective Technology disease line was moved to a non-add under Other Occupational Safety and Health disease line.

² FTEs are based upon FY 2014 employees, but staffing has remained stable over this period of reporting.

Budget Request

CDC’s FY 2016 request of **\$192,918,000** for Other Occupational Safety and Health is \$27,445,000 below the FY 2015 Enacted level and includes elimination of funding for the Education and Research Centers (ERCs). Originally created almost 40 years ago, the ERC program addressed the limited number of academic programs focusing on industrial hygiene, occupational health nursing, occupational medicine, and occupational safety. The ERCs’ reach and impact have grown substantially across the nation since the program’s inception, increasing awareness of the importance of coursework specializing in these areas. Although the FY 2016 request does not include funding for the federal portion of these grants, CDC will continue to provide scientific and programmatic expertise to the ERCs as requested.

CDC will use FY 2016 funding to support the Total Worker Health™ (TWH™) Program. This program supports ground-breaking research in the area of workplace safety, health, and well-being within the context of a changing economy and shifting workplace and population demographics. It also promotes the adoption of proven best-practices that address health risks from both the work/organizational environment and from individual behaviors and health conditions. The TWH™ Program includes an intramural component and an extramural component, the latter comprised of four Centers of Excellence to Promote a Healthier Workforce. Both components will conduct research on the integration of health protection and health promotion to advance overall worker health and safety. They will also translate the research into ready-to-use toolkits and guidance, and use traditional and social media to communicate the latest knowledge on promising practices to our partners and stakeholders. In 2014, TWH™ expanded its research, training, and capacity building efforts through launching the first International Symposium, adding eight new partners in the Affiliate network, and actively engaging over 12,000 participants. The very popular Total Worker Health in Action e-newsletter and associated blogs reach over 60,000 subscribers on a quarterly basis, advancing workplace safety and health solutions and strategies to employers and organizations around the world.

FY 2016 funding will also be used to support public health tools, such as state-based surveillance, Health Hazard Evaluations, and exposure assessment research. CDC will continue providing funding and expertise necessary for states to understand and prevent work-related risks. CDC will fund 14 states to build state health department capacity to conduct occupational safety and health surveillance and to develop intervention and prevention programs. These investments will also support nine state surveillance programs that track and target interventions for state-specific priorities, such as occupational fatalities, silicosis, and hospital worker injuries.

Since falls are the leading cause of death in the construction industry, CDC and its partners re-launched the [National Campaign to Prevent Falls in Construction](#)³⁷⁸ in FY 2013. Below are some recent highlights from four of the eight state grantees.

State Based Grantee Highlights—Campaign to Prevent Falls in Construction

Grantee	Highlights
California Department of Public Health	Published new Fall Prevention Tailgate Training Materials (16 bilingual cards) and a new web topic page ‘Preventing Worker Injuries and Deaths from Falls’. Two of the award winning digital stories (Preventing Falls through Skylights, Preventing Falls in the Solar Industry) continues to be highlighted on the joint OSHA and NIOSH Fall Prevention Campaign at www.osha.gov/stopfalls/ .

³⁷⁸ <http://www.cdc.gov/niosh/construction/stopfalls.html>

Grantee	Highlights
New Jersey Department of Health & Senior Services	Conducted evaluation research to determine barriers to the use of fall protection in small residential construction companies. Results confirm that falls remain a concern among small residential construction workers in NJ. Barriers to the use of fall protection equipment include availability, lack of training, ease of use and lack of employer oversight. Staff are working on outreach materials and ways to collaborate with local organizations and universities to train Hispanic workers, in small residential construction companies, on fall protection.
Kentucky Occupational Safety and Health Surveillance Program University of Kentucky, College of Public Health	The Kentucky FACE Report entitled “Roofer Dies after Gust of Wind Knocks Him and a Co-Worker off Roof” was disseminated to 10,000 companies on the list-serve and posted to the website. The report was downloaded from our website 292 times in February 2014 alone.
Massachusetts Occupational Health and Safety Surveillance Program	The Department of Public Safety e-blasted information on fall prevention, campaign information, and the national Stand-Down day to over 20,000 licensed contractors. The campaign was also advertised on 7 digital/electronic billboards along major highways in the state for April through September, 2014.

With funds requested for FY 2016, CDC will respond to requests for assistance through the [Health Hazard Evaluation program](#)³⁷⁹ to determine if workers are being exposed to hazardous materials or harmful conditions and whether these exposures are affecting worker health. In FY 2014, CDC conducted 225 workplace evaluations through the Health Hazard Evaluation program. This is the nation's sentinel program for identifying emerging or previously unrecognized occupational health threats. CDC will evaluate workplace environments and employee health by reviewing records and conducting on-site environmental sampling, performing epidemiologic surveys and medical testing, and making recommendations to reduce workplace hazards.

Reporting exposure results to individuals and industry quickly and inexpensively—without compromising scientific quality—is essential. Toward that end, CDC will conduct intramural and extramural research to develop direct reading instruments and techniques that can be deployed readily in the field or easily read without further sample processing. These direct-reading methods allow for faster identification of hazards and more rapid intervention to protect the safety and health of workers. CDC will develop new methods to measure dusts, gases and vapors, aerosols, noise, radiation, and other hazards in the workplace. These methods provide occupational health professionals with fundamental tools that produce reliable, replicable results.

In FY 2016, CDC will provide funding for [Personal Protective Technology](#)³⁸⁰ (PPT) Program activities that support PPT research, conformity assessment, and respirator certification activities. Funding will also support evaluation of product performance for personal protective equipment used by 20 million workers in all industry sectors to protect them from job hazards. CDC will conduct intramural and extramural research on PPT, including research to advance state-of-the-art technology to understand and improve protection, usability, comfort, fit, and user acceptance, with an emphasis on personal protective equipment for fire fighters and healthcare workers, as well as escape technology for miners. CDC will develop PPT standards and test methods and will pursue continuous improvement of the respirator certification program to support new requirements and requirements under development. These new standards update the agency's requirements for testing and certification of respiratory protective devices to keep workers safe.

³⁷⁹ <http://www.cdc.gov/niosh/hhe/HHEprogram.html>

³⁸⁰ <http://www.cdc.gov/niosh/programs/ppt/>

CDC funds grants for occupational safety and health activities that provide research and tools for public health professionals and other partners. CDC also funds state-based grants to build occupational safety and health capacity. Examples of other grants in this category include statistical method development for analyzing industrial hygiene data and analysis of work-related injury, disease, and death surveillance data from U.S. workers. CDC uses a competitive, peer-reviewed process to award grants. Grantees are typically located in academic settings or state health departments. The reduced awards and funding in FY 2016 reflect the elimination of the Educational Research Center grants.

Other Occupational Safety and Health Grants¹

(dollars in millions)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	2016
	Actual	Actual	Final	Estimate	President's Budget	+/-2015
Number of Awards	69	65	56	57	39	-18
- New Awards	20	12	7	23	5	-18
- Continuing Awards	49	53	49	34	34	0
Average Award	\$0.54	\$0.58	\$0.678	\$0.698	\$0.330	N/A
Range of Awards	\$0.011-\$1.921	\$0.020-\$1.746	\$0.037-\$1.755	\$0.050-\$1.800	\$0.050-\$1.519	N/A
Total Grant Awards	\$37.400	\$33.400	\$37.952	\$39.800	\$12.874	-\$26.926

¹These funds are awarded partially by formula.

Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Budget Request

(dollars in millions)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
EEOICPA – Mandatory	\$49.933	\$50.099	\$55.358	+\$5.259

¹ The reductions in FY 2014 and FY 2015 reflect the sequester of mandatory funds.

Overview

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) is a mandatory federal program that provides compensation to Department of Energy employees or survivors of employees who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis because of their work in producing or testing nuclear weapons. CDC conducts dose reconstructions to estimate an employee’s occupational radiation exposure for certain cancer cases, considers and issues determinations on petitions for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health (Advisory Board). The Department of Labor uses CDC’s estimates in making compensation determinations. In FY 2014, CDC:

- Completed 2,600 dose reconstructions and submitted them to the Department of Labor
- Received six Special Exposure Cohort petitions
- Supported 28 meetings of the Advisory Board, its Subcommittees, and Work Groups
- Based on the recommendations of the Advisory Board, the HHS Secretary added 110 classes of employees to the Special Exposure Cohort as of September 30, 2014

Budget Request

CDC’s FY 2016 estimate of **\$55,358,000** in mandatory funding for EEOICPA is a \$5,259,000 increase from the FY 2015 Enacted level. As mandated by EEOICPA, CDC will use this funding to:

- Estimate 2,600 radiation dose reconstructions to support the Department of Labor's adjudication of claims
- Evaluate an estimated 12 petitions to add classes of employees to the Special Exposure Cohort
- Provide administrative and technical support for the Advisory Board as it reviews technical documents and procedures used for dose reconstruction
- Publicize—to the extent possible—information it has acquired related to radiation exposure at facilities involved with nuclear weapons production, testing, and disposal
- Support health effects research using these data

In accordance with EEOICPA, in FY 2016, CDC will complete radiation dose reconstructions for all claims requiring such information to permit final adjudication of the claim. CDC will use radiation monitoring information provided by the Department of Energy and any relevant information provided by claimants to develop a dose reconstruction report. CDC expects the number of dose reconstructions completed each year to decrease to 2,600 in FY 2016.

CDC will also evaluate petitions to add classes of employees to the Special Exposure Cohort and to present the evaluation reports to the Advisory Board, which makes recommendations to the HHS Secretary concerning whether a class of employees should be added to the Special Exposure Cohort. CDC determines whether a petition qualifies for evaluation and, if so, develops an evaluation report. SEC-related work has increased in response to the need to conduct more long-term evaluations, consider multiple classes of workers included in an individual petition, and re-evaluate previous petitions/reports as new information becomes available. CDC

will engage the Advisory Board to assist in reviewing Special Exposure Cohort evaluation reports and the scientific validity and quality of dose reconstruction efforts.

World Trade Center Health Program Budget Request

(dollars in millions)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
World Trade Center – Mandatory^{1,2,3}	\$235.740	\$243.350	\$267.680	+\$24.330

¹ The reductions in FY 2014 and FY 2015 reflect the sequester of mandatory funds.

² The FY 2016 President's Budget Appendix includes erroneous data for the World Trade Center Health Program for FY 2015 and FY 2016; the above estimates are accurate.

³ Federal portion of WTC Health Program.

Overview

The September 11, 2001 terrorist attacks in New York City, at the Pentagon in Arlington, Virginia, and in Shanksville, Pennsylvania required extensive response, recovery, and cleanup activities. Thousands of responders and survivors were exposed to toxic smoke, dust, debris, and psychological trauma. The James Zadroga 9/11 Health and Compensation Act of 2010 (P.L. 111-347³⁸¹) created the [World Trade Center \(WTC\) Health Program](#)³⁸² to provide healthcare benefits to eligible responders and survivors beginning on July 1, 2011. Pursuant to this statute, the WTC Health Program provides monitoring and treatment benefits to eligible responders and survivors, conducts research on WTC-related health conditions, and maintains a health registry to collect data on victims of the September 11, 2001 terrorist attacks. By October 2014, the WTC Health Program had enrolled a total of approximately 70,400 eligible responders and survivors. In FY 2014, the WTC Health Program paid claims for eligible treatment, including medication, for more than 20,600 of these responders and survivors.

WTC Health Program Enrollment

	Sept. 30, 2013	Dec. 31, 2013	March 31, 2014	June 30, 2014	Sept. 30, 2014
New Members since July 2011 ¹	4,268	5,919	6,733	7,556	8,660
Total Members ²	65,366	66,978	67,788	68,606	69,878

¹New members enrolled under the Zadroga Act requirements (adjustments are made each quarter to account for member records changes), including Pentagon and Shanksville, PA responders who are counted with Nationwide Members if they live outside of the New York City metropolitan area.

²New members and members enrolled prior to 7/1/2011 (adjustments are made each quarter to account for member records changes).

WTC Health Program Paid Claims

Healthcare Services ¹	Sept. 30, 2013	Dec. 31, 2013	March 31, 2014	June 30, 2014	Sept. 30, 2014
Members who had monitoring or screening exams	25,563	26,133	27,292	26,573	22,363
Members who had diagnostic evaluations ²	13,374	14,158	13,982	16,300	17,016
Members who had out-patient treatment	15,220	15,365	15,559	16,823	16,721
Members who had in-patient treatment	128	133	185	260	318
Members who received medications	16,274	17,014	16,730	16,927	17,612

¹ Based on claims for services that were paid during the previous 12-month period (numbers fluctuate between quarterly updates due to annual submitted claims).

² For determining if a member has a WTC condition and for certifying that health condition.

³⁸¹ <http://www.gpo.gov/fdsys/pkg/PLAW-111publ347/pdf/PLAW-111publ347.pdf>

³⁸² <http://www.cdc.gov/wtc/index.html>

Budget Request

CDC's FY 2016 estimate of **\$267,680,000** in mandatory funding for the WTC Health Program is \$24,330,000 above the FY 2015 Enacted level. Funds support the treatment of cancer, as well as the increase in enrollment, including responders from the Shanksville, Pennsylvania and Pentagon sites, who became eligible to enroll in the WTC Health Program in May 2013. The Budget includes nearly \$300 million in FY 2016, including the New York City's contribution, in mandatory funding for the World Trade Center Health Program to support health services for responders and survivors enrolled in the Program. The WTC program provides quality care to the responders and other individuals affected by the events of September 11, 2001. HHS estimates that there are sufficient resources to continue the program through the end of FY 2016.

Mandatory funding will support:

- Monitoring and treatment services, including services for certain types of cancer, for responders and survivors in the WTC Health Program
- Infrastructure costs for the Clinical Centers of Excellence (CCEs) and the Nationwide Provider Network (NPN) to support clinical activities
- Infrastructure costs for the Data Centers
- Extramural research projects
- Outreach and education projects
- WTC Health Registry activities
- WTC Health Program Scientific/Technical Advisory Committee

The WTC Health Program provides monitoring and treatment services via a fee-for-service model of delivery. In FY 2016, CDC will continue contracts with seven CCEs and the National Provider Network to provide administrative and member services that support the provision of health care benefits, and three contracts with Data Centers to provide data collection and analysis. CDC will also renew the intra-agency agreement with the Centers for Medicare and Medicaid Services (CMS) to reimburse the CCEs and the NPN for clinical services provided to the WTC Health Program members. The WTC Health Program provides healthcare benefits through CCEs, which work as a clinical consortium, and the NPN according to standardized medical monitoring protocols and programmatic policies and procedures across the clinical sites. This standardization and the fee-for-service model enable the WTC Health Program to track claims-level data for monitoring and treatment, analyze the data for program compliance, and report on spending at a more detailed level across the WTC Health Program. The WTC Health Program also engages with labor representatives and members of the New York City community to ensure awareness of emerging issues.

CDC will use FY 2016 funds to continue research projects and epidemiologic studies to help answer critical questions about physical and mental health conditions related to the September 11, 2001 terrorist attacks. Additionally, a portion of the FY 2016 funds will continue the cooperative agreement with the New York City Department of Health and Mental Hygiene for the WTC Health Registry activities. The WTC Health Registry will continue to provide a central, unified database to help assess health effects among persons impacted by exposures to the WTC disaster.

Funds will also support the WTC Health Program Scientific/Technical Advisory Committee (Advisory Committee). Upon request from the WTC Program Administrator, the Advisory Committee will make recommendations regarding additional eligibility criteria, the addition of new health conditions to the list of covered conditions, and research priorities. The Advisory Committee plays a critical role in the WTC Health Program, as evidenced by the addition of cancers to the List of WTC-Related Health Conditions in October 2012.