



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2021**

Agency for Toxic Substances and
Disease Registry

*Justification of
Estimates for
Appropriation Committees*

TABLE OF CONTENTS

| | |
|--|-----------|
| MESSAGE FROM THE ADMINISTRATOR..... | 4 |
| INTRODUCTION AND MISSION..... | 5 |
| ATSDR ORGANIZATIONAL CHART | 6 |
| AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY..... | 8 |
| AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE..... | 18 |
| HIGHLIGHTS OF AGENCY ACCOMPLISHMENTS | 18 |
| BUDGET EXHIBITS | 22 |
| APPROPRIATIONS LANGUAGE..... | 24 |
| AMOUNTS AVAILABLE FOR OBLIGATION..... | 25 |
| SUMMARY OF CHANGES | 26 |
| AUTHORIZING LEGISLATION | 27 |
| APPROPRIATIONS HISTORY | 28 |
| SUPPLEMENTAL TABLES..... | 30 |
| OBJECT CLASS TABLE – DIRECT | 32 |
| SALARIES AND EXPENSES..... | 33 |
| DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE) | 34 |
| ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT..... | 35 |
| DETAIL OF POSITIONS..... | 36 |

MESSAGE FROM THE ADMINISTRATOR

We are pleased to present the Fiscal Year 2021 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal public health agency within the U.S. Department of Health and Human Services with a unique focus on the impact of hazardous substances on human health. ATSDR also responds to environmental health emergencies; investigates emerging environmental health threats; conducts research on the health impacts of hazardous waste sites; and builds the capabilities of, and provides actionable guidance, to state and local health partners.

Performance improvement is a critical aspect of our work. We evaluate our progress in reducing exposures at the most hazardous sites while closely tracking programmatic activities.

ATSDR is the only federal agency that works directly with concerned citizens and communities to address environmental hazards. Our scientific and programmatic experts ensure a safe and healthy environment in which to work, play and live while using science, surveillance, and service to meet the public needs of the American people.



Robert R. Redfield, MD
Director, Centers for Disease
Control and Prevention
Administrator, ATSDR



Patrick Breyse, PhD
Director, ATSDR

INTRODUCTION AND MISSION

About

The Agency for Toxic Substances and Disease Registry (ATSDR) is a non-regulatory, environmental public health agency of the U.S. Department of Health and Human Services.

Congress established ATSDR under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980—more commonly known as CERCLA or the Superfund law. The Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR is the lead federal public health agency for determining, preventing, and mitigating the human health effects of toxic exposures.

In 1984, amendments to the Resource Conservation and Recovery Act authorized ATSDR to conduct public health assessments at the request of the Environmental Protection Agency (EPA), states, or individuals. Congress also authorized ATSDR to assist the EPA in determining which substances may pose a threat to human health. Passage of the Superfund Amendments and Reauthorization Act of 1986 authorized ATSDR to maintain toxicological databases, disseminated information, and provide medical education.

ATSDR maintains a joint director's office with the National Center for Environmental Health at the Centers for Disease Control and Prevention. In addition to its Atlanta, Georgia headquarters, ATSDR has staff in each of the 10 EPA regional offices and at EPA headquarters in Washington, D.C. ATSDR experts provide a 24/7 response to toxic chemical exposure, hazardous leaks and spills, environmentally related poisonings, natural disasters, and terrorist acts.

Mission

ATSDR protects people's health from environmental hazards that can be present in the air we breathe, the water we drink, and the world that sustains us. We do this by investigating the relationship between environmental factors and health, developing guidance, and building partnerships to support healthy decision making.

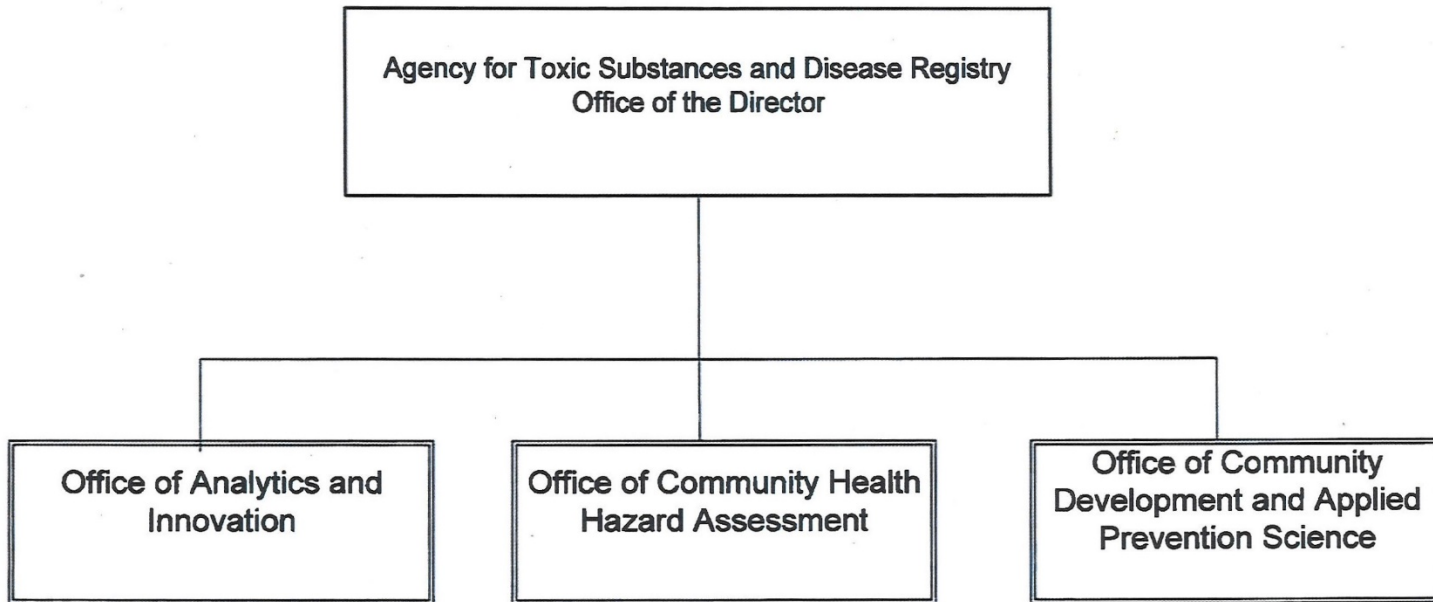
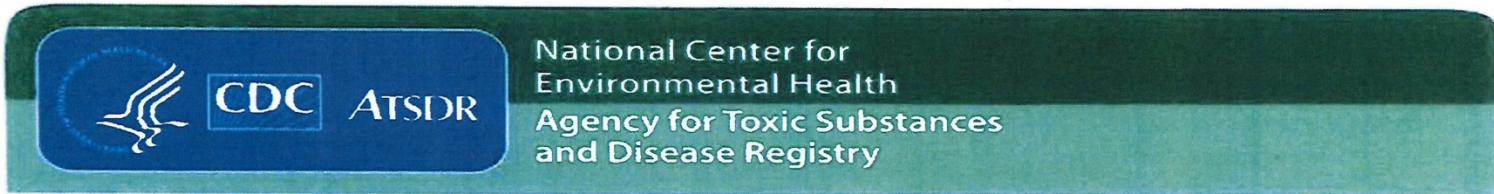
Goals

Implement environmental health programs and interventions to protect and promote health.

Prepare for and respond to public health emergencies, including chemical, biological, radiological, and nuclear incidents; natural disasters; and extreme weather events.

Identify, characterize, and monitor health outcomes and environmental exposures to guide actions that protect and promote health.

ATSDR ORGANIZATIONAL CHART



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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

| (dollars in millions) | | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget | FY 2021 +/- FY 2020 Enacted |
|-----------------------|------------------|---------------|-----------------|----------------------------|-----------------------------|
| | Budget Authority | \$74.691 | \$76.691 | \$62.000 | -\$14.691 |
| | FTEs | 229 | 229 | 229 | 0 |

Enabling Legislation Citation: Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (42 U.S.C. 9604(i))*; The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); Section 2009 of the Social Security Act (42 U.S.C. 1397h)

Enabling Legislation Status: Permanent

Authorization of Appropriations for FY 2021: Indefinite; Expired/Expiring noted with *

Allocation Methods: Direct Federal/Intramural, Contracts, Competitive Grants/Cooperative Agreements

For three decades, the Agency for Toxic Substances and Disease Registry (ATSDR) has protected American communities from exposures to harmful substances in our soil, water, and air. ATSDR works to better understand the human health effects of hazardous substances and supports local efforts to investigate and take action to reduce harmful exposures in our communities. ATSDR is the only federal health agency that works directly with concerned citizens to address environmental hazards and responds to requests for assistance from communities across the nation. In addition to protecting human health, ATSDR's efforts mitigate the economic burdens commonly associated with environmental contamination, including the cost of treatment, lost productivity, and decreased lifetime earnings for those affected, and even reduced property value and business liability.

ATSDR is based in Atlanta and has staff located in regional offices across the country, ready 24/7 to respond to environmental threats from natural disasters, chemical spills, and other emergencies. ATSDR staff represent a variety of disciplines and have extensive experience in addressing some of the most significant and difficult environmental health hazards in the United States, including dioxin/furans, per- and polyfluoroalkyl substances (PFAS), radiation, lead, trichloroethylene, and ethylene oxide (EtO).

Several of ATSDR's core focus areas include:

Public Health Assessments: Assess current and emerging environmental health threats and provide actionable recommendations to protect health at hazardous waste sites and in response to environmental public health emergencies.

Health Studies: Assesses exposure to per- and polyfluoroalkyl substances (PFAS) in communities and the potential associations between PFAS exposure and health outcomes.

Children's Environmental Health: Help states promote and implement initiatives to protect children in childcare and early learning facilities from environmental hazards and provide specialized environmental exposure medical knowledge to pediatric healthcare professionals through the Pediatric Environmental Health Specialty Units.

Land Reuse and Redevelopment: Expand the capacity of state, local, and tribal partners to assess and safely redevelop brownfields and land reuse sites. The utility and economic value of a site is improved and community health is protected by ensuring redevelopment occurs in a healthy manner.

Protection of Tribal Nations: Help tribal governments identify and address environmental contaminants and investigate exposures on American Indian/Alaskan Native lands.

State-of-the-Art Science: Strengthen the application of toxicological science to inform public health actions, address emerging contaminants, and conduct health studies and surveillance to understand health effects of environmental exposures.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

BY THE NUMBERS...

- **1,700**—Children protected by ATSDR actions from harmful exposures to lead. These actions potentially saved **\$90 million** in lifetime earnings that could have been lost due to lowered IQ.
- **715**—Community, state, and Federal requests responded to by ATSDR in FY 2019, addressing the potential health risk of over 2 million people around the country.
- **31,647**—Health professionals educated by ATSDR in FY 2019 on ways to diagnose and treat conditions related to hazardous exposures.
- **Over 40**—Communities across the nation where ATSDR is currently working to examine the impact of exposure to PFAS, which are a large group of man-made chemicals.
- **14**—Toxicological profiles published by ATSDR in FY 2018 for substances that are hazardous to human health. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 455 minimum risk levels (MRLs), which are health guidance values used to make health decisions.
- **16,583**—Number of participants in the National Amyotrophic Lateral Sclerosis (ALS) Registry diagnosed with the disease. As of FY 2019, CDC/ATSDR has connected over 1,000 patients with more than 45 clinical trials and epidemiological studies, collected specimens from more than 1,000 patients nationally for the biorepository, and funded 17 research grants.

*References:

*Unless otherwise noted, all information and calculations are from ATSDR program data.

| Agency For Toxic Substances and Disease Registry Funding History¹ | |
|---|------------------------------|
| Fiscal Year | Dollars (in millions) |
| 2017 | \$74.549 |
| 2018 | \$74.691 |
| 2019 | \$74.691 |
| 2020 | \$76.691 |
| 2021 President's Budget | \$62.000 |

¹ P.L. 111-148 appropriated \$23,000,000 for the period of FY 2010-2014, and \$20,000,000 for each five-year period thereafter, in no-year funding for the early detection of certain medical conditions related to environmental health hazards.

Budget Request

ATSDR's FY 2021 request of \$62,000,000 is \$14,691,000 below FY 2020 Enacted. At this level, ATSDR will support the highest priority community requests for public health assessments and consultations involving ongoing exposures posing severe risks to human health. Efforts to develop new scientific information involving health effects of toxic substances will be fewer in number and the timeline for completion of some on-going work is uncertain. In the last 10 years, ATSDR's mission has become increasingly complex with communities around the United States concerned about possible exposure to hazardous substances including PFAS, ethylene oxide and lead. Working within existing resources to meet this complexity has required prioritization of ATSDR's technical and scientific resources. For example, ATSDR is mandated by law to respond to health concerns at all sites that are on or proposed for the National Priorities List (NPL). Currently, the NPL includes over 1,300 sites, and last year, EPA placed 15 new sites on the list, with 53 more proposed to be added. Although increasingly challenging, ATSDR continues to work to close the gap between communities' needs to protect themselves from harmful environmental exposures and current capacity to respond, provide assistance, and prevent harmful effects.

Public Health Assessments

ATSDR reviews environmental and health data, provides guidance, health education, and technical expertise to people living near hazardous waste sites, including elderly adults, children, and American Indians and Alaska Natives. ATSDR is currently working in 40 communities across the nation to examine the impact of exposure to PFAS, which are a large group of man-made chemicals. In addition, ATSDR evaluated a site near an industrial facility in Phoenix, Arizona, where residents were exposed to trichloroethylene (TCE) vapors entering their homes. At ATSDR's recommendation, vapor mitigation systems were installed which removed the hazard from the homes.

ATSDR protects people who are at risk of harmful exposures which cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. In FY 2019, ATSDR conducted more than 100 assessments in communities across the country to evaluate the health risks of over 2 million people potentially exposed to harmful substances. ATSDR responded to more than 700 community, state, and federal requests to address potential health risks. In FY 2021, ATSDR will continue to support public health assessments, evaluating health risks as requested by communities, state and federal partners. Also in FY 2021, ATSDR will identify modifications to the process used to evaluate requests for community health assessments to allow for more transparency and evaluate all requests to determine when they are necessary and feasible and to help dismiss meritless requests as expeditiously as possible..

The information ATSDR provides to communities helps people take protective action to prevent harmful exposures. When working at contaminated sites, ATSDR:

- Speaks face-to-face with concerned community members;

- Assesses human health risks posed by potential exposures;
- Provides public health evaluation results and recommended actions to protect health;
- Develops site-specific and chemical-specific information to provide to community members; and
- Follows up on recommendations to determine whether they are implemented by partners and effectively protecting health.

In rare circumstances where critical information is unavailable, such as information on exposures, ATSDR may conduct an investigation which includes collecting and analyzing biological samples (e.g., urine and blood) along with environmental data. These data are then used to better characterize past, current, and possible future human exposures to hazardous substances and to evaluate possible exposure-related health effects. For example, ATSDR and its state health partners are investigating exposure to and possible health effects associated with PFAS in multiple communities across the United States.

Health Studies

Per- and polyfluoroalkyl substances (PFAS) are a class of thousands of man-made chemicals that have been used in industry and consumer products worldwide since the 1950s. Exposure to these chemicals is widespread, with the CDC's National Health and Nutrition Examination Survey (NHANES) detecting PFAS in the blood of more than 95% of the U.S. population. More research is needed to determine the health effects in humans, but some studies suggest exposure may affect cholesterol levels, affect the immune system, and increase the risk for some cancers. ATSDR has worked to address community concerns about PFAS since 2009, with the development of the first health assessment that looked at PFAS exposure in Decatur, Alabama. In addition to ATSDR's site work, the National Defense Authorization Act (NDAA) of 2018 authorized ATSDR to complete exposure assessments and a health study to look at PFAS exposure in communities.

In FY 2020 ATSDR began to conduct exposure assessments in ten communities near current or former military bases across the U.S. that are known to have had PFAS in their drinking water. An exposure assessment provides information to communities about the levels of PFAS in their bodies. This information can be used to help reduce exposures. Work in six communities is underway, with work in an additional four scheduled to begin in the first half of 2020. ATSDR will continue to conduct the assessments through FY2020, with analysis and releasing of results to the community through FY 2021.

In addition, ATSDR is conducting a national health study that will look at the relationship between PFAS exposures through drinking water and health outcomes, the Pease Study in New Hampshire will serve as the first site in the multi-site health study. Recruitment for the Pease Study is currently underway and in September 2019, ATSDR awarded research cooperative agreements to seven recipients for the multi-site health study. This groundbreaking study will provide information about the health effects of PFAS exposure that can be used in all communities to protect peoples' health.

Children's Environmental Health

During community consultations, ATSDR observed that early childcare and education centers are often located on or adjacent to hazardous sites, exposing children to environmental contaminants. Children's exposure to environmental hazards such as lead, arsenic, asbestos, mercury, and radon can slow childhood growth and development and affect lifelong health. An estimated 8.3 million children nationwide are in programs that warrant additional evaluation to ensure safe placement. To address this significant concern, in FY 2017 ATSDR created the Choose Safe Places for Early Care and Education (CSPECE) program, which protects the health of children by reducing their risk of being exposed to dangerous chemicals during their time in childcare facilities. ATSDR will continue to fund 25 state health departments through this state cooperative agreement program in FY 2021. These states will continue to screen potential childcare locations, educating childcare providers, and integrating protective steps into existing processes to ensure children learn and grow in healthy, safe places.

The 25 state partners have already achieved the following to help protect children where they live and play:

- Formed 150 local partnerships with licensing, environmental, zoning, childcare, health, non-profit, academic, economic, and business partners for successful program design.
- Developed over 60 tools and resources to promote sustainability.
- Reached 79,000 childcare stakeholders through educational materials and 1,100 through direct training.
- Screened 2,300 childcare locations for potential hazards to directly protect children and staff.
- Screened childcare locations to identify issues that lead to process changes in the state.
 - For example, in FY 2018, a state funded by this program screened childcare locations that use private wells and found that many had not been testing their wells for contaminants and bacteria. The state tested 14 private wells at childcare facilities and worked with them to ensure the water was safe to drink, protecting 231 children. Going forward, the state plans to ensure childcare facilities meet annual well testing requirements.
- Executed or pending execution for 17 state-specific systems changes to improve processes for integration of environmental contamination considerations in the state or locality ECE system to protect children.

As a part of the Choose Safe Places for Early Care and Education Program, the Site Assessment Section of the California Department of Public Health (CDPH) collaborated with the California Department of Social Services (CDSS) and the CDPH Indoor Radon Program to educate and leverage resources for early care and education (ECE) providers. Through collaboration, CDSS sent over 10,000 ECE providers notices in English and Spanish that recommended that they test their facility for radon gas and provided information on obtaining a free radon test kit. Mass distribution of 10,000 notices is expected to increase awareness, increase access to and action on testing for radon, and protect staff and children from exposure to radon.

ATSDR manages a national network of Pediatric Environmental Health Specialty Units (PEHSUs), located in each federal region across the United States, to advise parents and reproductive and pediatric healthcare providers on protecting and caring for children potentially exposed to harmful chemicals. Regional PEHSU units are available to respond to requests for information, offer advice on environmentally-related health effects for pregnant women and children, and provide education to healthcare providers, other health professionals, and community members.

Success stories involving PEHSUs and the need for environmental health information include the Pediatric Environment Health Toolkit which is a web-based reference that provides everyday environmental interactions for children and steps clinicians and parents can take to decrease harmful exposure. Additionally, with a focus on childhood cancer and asthma, PEHSU partners helped create A Story of Health—a multimedia eBook that explores how our environments interact with our genes to influence health across the lifespan. Each story features the latest scientific research about disease origin and helpful facts about disease prevention.

In 20 years, over 353,000 community members and more than 470,000 health professionals received educational consultations from PEHSUs. PEHSUs play a vital role because most healthcare professionals do not receive proper training to recognize, manage, treat, and prevent environmentally-related conditions in children and pregnant women. Children from their earliest stages of development through puberty are most vulnerable to environmental toxicants such as lead, mold, pesticides, air pollution, and many other contaminants.

Land Reuse and Development

Brownfields and land reuse sites are areas that may be contaminated with chemicals from past or current uses. When these properties are redeveloped with community health in mind, they can become community assets,

capable of generating new revenues and preventing significant medical costs related to acute and chronic contaminant exposure.

ATSDR provides scientific and programmatic expertise for incorporating health considerations into land redevelopment and reuse decisions. The agency has developed an action model and a site tool that can be used to analyze sampling data in order to identify when levels may be unsafe. In FY 2021, ATSDR will continue to provide expertise and assistance to communities and local agencies directly. For example, when residents of Baraboo, Wisconsin were interested in redeveloping an old industrial area along the Baraboo River, ATSDR worked with the Wisconsin Department of Health Services to evaluate environmental hazards to health. ATSDR recommended actions to protect people from exposure to environmental contaminants, such as covering sites with vegetation to prevent exposure to polychlorinated biphenyls (PCBs). Outcomes included the clean-up of environmental hazards, the conversion of vacant buildings, and a \$3,000,000 increase to the city's tax base.

Tribal Environmental Health

ATSDR collaborates with its tribal partners to identify and evaluate environmental health concerns and empower tribes to make informed decisions that benefit their people and their communities. For example, members of the Yakutat Tlingit Tribe, fearing health effects from dioxin exposure, stopped harvesting clam and crab for food in the Ankau Saltchuk and closed their native culture camp for 14 years. Alaska's Environmental Public Health Program partnered with ATSDR to assess cancer and non-cancer risks from eating dioxin-contaminated seafood, conduct risk communication and health education in the community, and conduct a survey to evaluate the initiative's effectiveness. The initiative proved successful when a year later, the majority of the community resumed harvesting seafood.

As part of the Choose Safe Places for Early Care and Education Program (CSPECE), the Wisconsin Department of Health Services (DHS) contracted with local and tribal health departments to supplement their statewide CSPECE program with education adapted to localities to best serve early care and education (ECE) stakeholders with services that fit their needs. Local and tribal health departments worked in their areas with providers to educate, conduct one-on-one environmental assessments, and provide resources to assess and protect children, such as environmentally friendly cleaning supplies, radon test kits, and carbon monoxide detectors. Over 200 families and providers were provided education and resources to protect children from common environmental health concerns.

State-of-the-Art Science

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. ATSDR currently maintains scientific data health information on 184 profiles and has developed 455 Minimal Risk Levels (MRLs), which are health guidance values used to make public health decisions. Healthcare and environmental professionals around the world use ATSDR's suite of toxicological materials—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and reducing the toxic effect for people exposed to hazardous substances. In addition, ATSDR scientists are working to identify private wells that may be contaminated with per- and polyfluoroalkyl substances (PFAS). In FY 2019, 88% of public health assessments used tox profile (MRLs) health guidance values.

Funding State Cooperative Agreements

ATSDR's state cooperative agreement program funds 25 states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. In FY 2021, ATSDR will continue to fund all 25 states at a reduced level. Funding health departments increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites and respond to local issues more quickly. ATSDR provides technical assistance and support for state experts to investigate community health

concerns and implement state-level policies and practices to protect people from harmful exposures. For example, ATSDR partnered with EPA and the Arkansas Department of Health (ADH) to successfully identify chemical hazards in residential neighborhoods near the former Hope Iron and Metal site in Hope, Arkansas. Children living near the site were at risk for exposure to hazardous chemicals such as antimony, cadmium, and lead. ADH provided health education to local residents on how to protect themselves from the chemical hazards and tested blood lead levels of children living in the area. Ultimately, ATSDR/ADH recommendations led to the removal of the contaminated soil to prevent further exposure of the residents.

ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Grants^{1,2}

| (dollars in millions) | FY 2019 | FY 2020 | FY 2021 |
|-----------------------|-----------------|----------------|---------------------------|
| | Final | Enacted | President's Budget |
| Number of Awards | 25 | 25 | TBD |
| - New Awards | 25 | 0 | TBD |
| - Continuing Awards | 0 | 25 | TBD |
| Average Award | \$0.414 | TBD | TBD |
| Range of Awards | \$0.212-\$0.856 | TBD | TBD |
| Total Awards | \$10.468 | TBD | TBD |

¹ Included for each program the percentage of funds awarded by formula and non-formula.

² These funds are not awarded by formula.

ATSDR State Funding 2019–2021

| | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget | FY 2021 +/- FY 2020 |
|----------------------|--------------------------|----------------------------|---|------------------------------------|
| Alabama | \$0 | \$0 | \$0 | \$0 |
| Alaska | \$404,570 | \$404,467 | \$342,646 | -\$61,821 |
| Arizona | \$0 | \$0 | \$0 | \$0 |
| Arkansas | \$419,585 | \$419,585 | \$355,453 | -\$64,132 |
| California | \$856,060 | \$856,060 | \$725,214 | -\$130,846 |
| Colorado | \$1,385,451 | \$385,451 | \$326,536 | -\$58,915 |
| Connecticut | \$528,752 | \$528,752 | \$447,934 | -\$80,818 |
| Delaware | \$0 | \$0 | \$0 | \$0 |
| District of Columbia | \$0 | \$0 | \$0 | \$0 |
| Florida | \$443,878 | \$443,878 | \$376,033 | -\$67,845 |
| Georgia | \$227,087 | \$239,040 | \$202,504 | -\$36,536 |
| Hawaii | \$0 | \$0 | \$0 | \$0 |
| Idaho | \$212,073 | \$212,073 | \$179,658 | -\$32,415 |
| Illinois | \$3,087,750 | \$1,859,399 | \$1,598,915 | -\$260,484 |
| Indiana | \$0 | \$0 | \$0 | \$0 |
| Iowa | \$0 | \$0 | \$0 | \$0 |
| Kansas | \$0 | \$0 | \$0 | \$0 |
| Kentucky | \$0 | \$0 | \$0 | \$0 |
| Louisiana | \$299,803 | \$299,810 | \$253,985 | -\$45,825 |
| Maine | \$0 | \$0 | \$0 | \$0 |
| Maryland | \$0 | \$0 | \$0 | \$0 |
| Massachusetts | \$1,420,000 | \$420,000 | \$355,804 | -\$64,196 |
| Michigan | \$2,005,853 | \$1,005,853 | \$852,112 | -\$153,741 |
| Minnesota | \$469,654 | \$469,654 | \$397,869 | -\$71,785 |
| Mississippi | \$0 | \$0 | \$0 | \$0 |
| Missouri | \$380,338 | \$380,338 | \$322,205 | -\$58,133 |
| Montana | \$2,736,694 | \$2,736,724 | \$2,318,425 | -\$418,299 |
| Nebraska | \$0 | \$0 | \$0 | \$0 |
| Nevada | \$0 | \$0 | \$0 | \$0 |
| New Hampshire | \$500,000 | \$500,000 | \$500,000 | \$0 |
| New Jersey | \$1,640,498 | \$640,498 | \$542,600 | -\$97,898 |
| New Mexico | \$0 | \$0 | \$0 | \$0 |
| New York | \$1,445,455 | \$1,073,050 | \$884,376 | -\$159,563 |
| North Carolina | \$1,319,116 | \$319,084 | \$270,313 | -\$48,771 |
| North Dakota | \$0 | \$0 | \$0 | \$0 |
| Ohio | \$499,456 | \$499,456 | \$423,116 | -\$76,340 |
| Oklahoma | \$0 | \$0 | \$0 | \$0 |
| Oregon | \$484,352 | \$484,352 | \$410,320 | -\$74,032 |
| Pennsylvania | \$980,284 | \$980,284 | \$830,451 | -\$149,833 |
| Rhode Island | \$0 | \$0 | \$0 | \$0 |
| South Carolina | \$0 | \$0 | \$0 | \$0 |
| South Dakota | \$0 | \$0 | \$0 | \$0 |
| Tennessee | \$305,258 | \$305,258 | \$258,600 | -\$46,658 |
| Texas | \$373,764 | \$392,173 | \$332,231 | -\$59,942 |
| Utah | \$235,314 | \$235,314 | \$199,347 | -\$35,967 |
| Vermont | \$0 | \$0 | \$0 | \$0 |
| Virginia | \$276,218 | \$276,218 | \$233,999 | -\$42,219 |
| Washington | \$0 | \$0 | \$0 | \$0 |
| West Virginia | \$0 | \$0 | \$0 | \$0 |
| Wisconsin | \$437,058 | \$458,843 | \$388,710 | -\$70,133 |

ATSDR FY 2021 Congressional Justification

| | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget | FY 2021 +/- FY 2020 |
|------------------------|--------------------------|----------------------------|---|------------------------------------|
| Wyoming | \$0 | \$0 | \$0 | \$0 |
| Total Resources | \$24,195,128 | \$18,392,574 | \$15,676,800 | -\$2,715,774 |

¹ This table is a compilation of ATSDR grant programs and represents all funding within a jurisdiction (including funding to local, tribal, and other grantees). For a more comprehensive view of grant and cooperative agreement funding to grantees by jurisdiction, visit <http://wwwn.cdc.gov/FundingProfiles/FundingProfilesRIA/>.

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

HIGHLIGHTS OF AGENCY ACCOMPLISHMENTS

- In FY 2018, ATSDR conducted more than 100 investigations in communities across the country to assess the health risks of nearly 1 million people potentially exposed to harmful substances and responded to more than 600 community, state, and federal requests to investigate potential health risks
- In FY 2019, ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) provided geospatial support for over 35 sites or communities that experienced many types of environmental concerns. Support ranged from providing demographic maps of nearby communities and spatial analysis of environmental or biometric data, to professional visualizations communicating the Agency's findings to its stakeholders. This work supported site investigations, public health assessments, health consultations, exposure investigations, community surveys, and emergency response. GRASP will continue to be a significant tool to provide expertise in the application of geospatial science into such practices as the development of a Lead Elevation Risk Index (LERI) and the assessment of PFAS exposures nationwide.
- As of July 2019, ATSDR's National Amyotrophic Lateral Sclerosis (ALS) Registry has informed and connected over 1,000 patients with more than 45 clinical trials and epidemiological studies. The Registry's National ALS Biorepository where patients can donate their blood, saliva, and urine (in home collections) as well as participate in a post-mortem component (brain, spinal cord, tissue, muscle, and CSF) has collected specimens from more than 1,000 patients to date. Patients from every state have contributed specimens resulting in thousands of available samples for researchers to better understand the areas of ALS genetics, biomarkers, and disease etiology. Additionally, in FY 2019, the Registry funded one grant and a total of 17 research grants/contracts. Information from these and future studies will help ATSDR and its stakeholders better understand the risk factors and etiology of ALS.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Performance Measures for Long Term Objective: Protect Americans from harmful exposures by recommending and taking responsive public health actions

| Measure | Most Recent Result and Target | FY 2020 Target | FY 2021 Target | FY 2021 +/-FY 2020 |
|---|--|----------------|----------------|--------------------|
| 14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output) | FY 2019: 14 Target: 6 (Target Exceeded) | 6 | 6 | Maintain |
| 14.B Number of requests ATSDR and cooperative agreement partners have responded to from environmental agencies, health agencies, policy makers and community members (Output) | FY 2019: 715 Target: 425 (Target Exceeded) | 700 | 715 | +15 |
| 14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output) | FY 2019: 119 Target: 110 (Target Exceeded) | 115 | 119 | +4 |
| 14.L Number of health professionals trained on environmental health topics (Output) | FY 2019: 31,647 Target: 36,000 (Target Not Met but Improved) | 36,000 | 36,000 | Maintain |

Performance Trends: ATSDR investigates exposures to harmful substances in communities and recommends actions to protect people’s health. ATSDR effectively protects Americans from dangerous exposures by recommending and taking responsive public health actions, and meeting or exceeding annual targets.

Each year, ATSDR receives more than 500 requests for public health assessments, consultations and technical assistance from the Environmental Protection Agency, state and local governments, and the public. The number of products and community services that ATSDR provides aligns with the varying number of requests for assistance that ATSDR receives each year and the resources available. Between FY 2014 and FY 2019, ATSDR responded on average to over 500 requests annually for public health assessments, consultations, and technical assistance from stakeholders and community members nationwide, exceeding performance targets (Measure 14.B). The FY 2021 target will increase with ATSDR responding to at least 715 requests from environmental agencies, health agencies, policy makers, and community members per year.

ATSDR prioritizes its site work, focusing resources on producing quality assessments that address the highest priority public health problems. Through FY 2016, ATSDR consistently exceeded performance targets for the number of public health assessments and health consultations completed (Measure 14.C). In FY 2019, ATSDR conducted 119 public health assessments and health consultations in communities across the U.S. to assess the

health risks of over two million people potentially exposed to harmful substances, exceeding the performance target. ATSDR will complete 119 health consultations and public health assessments in FY 2021.

ATSDR provides important information to families, local community leaders, and health care providers on potential health risks from environmental hazards and steps they can take to protect families and patients in their communities. In FY 2019, ATSDR and funded partners educated over 31,000 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measure 14.L), and directly provided health education about preventing harmful exposures and other environmental health topics to more than 37,000 community members. Additionally, social media and indirect education efforts reached more than 8.2 million community members. Although the FY 2019 performance target was not fully met, ATSDR continues to focus on pediatric environmental health and proposes targets based on that focus. FY 2021 targets remain level with FY 2020.

Through the toxicological profiles (ToxProfiles™), and accompanying educational materials, ATSDR provides key scientific information for health and environmental professionals around the world to make decisions about cleaning up hazardous waste sites, responding to emergencies, and treating people exposed to harmful substances. Since 2015, ATSDR has met or exceeded the target for toxicological profiles (Measure 14.2.1). The toxicological profile development program anticipates similar performance to previous years and has kept targets level for FY 2021.

As part of the ToxProfile™ development process, ATSDR produces health guidance values (i.e., minimal risk levels [MRLs]), which are peer-reviewed health-based screening values designed to help health assessors identify which substances and exposure routes pose a potential human health risk, particularly among susceptible populations. ATSDR will retire its measure related to health guidance values because of changes to the information management systems used to collect data and because the measure has nearly reached its maximum performance. ATSDR will continue to explore ways to improve and measure the usability and impact of its health guidance values.

FY 2019 DISCONTINUED MEASURES TABLE

Measure ID 14.2.3: Protect Americans from harmful exposures by recommending and taking responsive public health actions (Outcome)

| FY | Target | Result |
|------|--------------|---------------------------|
| 2020 | Discontinued | N/A |
| 2019 | N/A | N/A |
| 2018 | 80 % | 91 % (Target Exceeded) |
| 2017 | 80 % | 85 % (Target Exceeded) |
| 2016 | Set Baseline | 77 % (Baseline) |

ATSDR will retire this measure because of changes to the information management systems used to collect data and because the measure has nearly reached its maximum performance.

BUDGET EXHIBITS

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APPROPRIATIONS LANGUAGE

Comparison to the FY 2019 Continuing Appropriations Act

Agency for Toxic Substances and Disease Registry Toxic substances and environmental public health

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA and section 3019 of the Solid Waste Disposal Act, \$62,000,000: Provided, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited healthcare providers: Provided further, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: Provided further, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year 2021, and existing profiles may be updated as necessary.

Analysis of Changes

No significant changes requested for FY 2021.

AMOUNTS AVAILABLE FOR OBLIGATION

| | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget |
|---|--------------------------|----------------------------|---|
| Discretionary Appropriation: | | | |
| Enacted | \$74,691,000 | \$76,691,000 | \$62,000,000 |
| ATB Rescission | N/A | N/A | N/A |
| Subtotal, adjusted Appropriation | \$74,691,000 | \$76,691,000 | \$62,000,000 |
| Mandatory and Other Appropriations: | | | |
| | \$0 | \$0 | \$0 |
| Subtotal, adjusted Mandatory Appropriation | \$74,691,000 | \$74,691,000 | \$62,000,000 |
| Recovery of prior year Obligations | \$270 | \$0 | \$0 |
| Unobligated balance start of year | \$22,771,996 | \$7,404,794 | \$6,915,850 |
| Unobligated balance expiring | \$307,300 | \$0 | \$0 |
| Unobligated balance end of year | (\$7,404,794) | (\$6,915,850) | (\$5,631,024) |
| Total Obligations | \$90,365,773 | \$77,179,944 | \$63,284,825 |

SUMMARY OF CHANGES

| (dollars in thousands) | | Dollars | FTEs | |
|---|----------------------------------|------------------------|-------------------|----------------------------|
| FY 2020 Enacted (Program Level) | | \$76,691 | 229 | |
| FY 2021 President's Budget (Program Level) | | \$62,000 | 229 | |
| Net Change | | (\$14,691) | 0 | |
| | FY 2020 FTE | FY 2020 Enacted | FTE Change | FY 2021 +/- FY 2020 |
| Increases: | | | | |
| | | \$0 | --- | \$0 |
| | Total Increases | \$0 | --- | \$0 |
| Decreases: | | | | |
| ATSDR | --- | \$76,691 | --- | (\$14,691) |
| | Total Decreases | \$76,691 | --- | (\$14,691) |
| Built-In: | | | | |
| 1. Annualization of 2020 Pay Raise | --- | --- | --- | \$0 |
| 2. FY 2021 Pay Increases | | | | \$0 |
| 3. Changes in Day of Pay | --- | --- | --- | \$0 |
| 4. Rental Payments to GSA and Others | --- | --- | --- | \$0 |
| | Total Built-In | \$0 | --- | \$0 |
| Absorption of Current Services | | | | \$0 |
| | Total | --- | --- | \$0 |
| | Total Increases (Program) | N/A | 0 | \$0 |
| | Total Decreases (Program) | \$76,691 | 0 | (\$14,691) |
| | NET CHANGE – Program | \$76,691 | 0 | (\$14,691) |

AUTHORIZING LEGISLATION

(dollars in thousands)

| Enabling Legislation Citation | Enabling Legislation Status | Allocation Methods | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget |
|--|-----------------------------------|--|------------------|--------------------|----------------------------------|
| ATSDR | | | | | |
| Sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. 9604(i) and 42 U.S.C. 9611*); The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); The Clean Air Act, as amended (42 U.S.C. 7401 et seq), Consolidated Appropriations Act, 2018 PL 115-141 | Permanent Indefinite | Direct Federal/ Intramural; Competitive Cooperative Agreements/ Grants, including Formula Grants; Contracts; and Other | \$74,691 | \$76,691 | \$62,000 |

Note: Expired/Expiring authorization of appropriations noted with *

APPROPRIATIONS HISTORY

| Fiscal Year | Budget Estimate to Congress | House Allowance | Senate Allowance | Appropriation |
|--------------------|--|------------------------|-----------------------------|----------------------|
| 2010 | 76,792,000 | 76,792,000 | 76,792,000 | 76,792,000 |
| 2011 | 76,337,000 | ----- | 76,337,000 | 76,638,000 |
| 2012 | 76,337,000 | 74,039,000 | 76,638,000 | 76,215,000 |
| 2013 | 76,300,000 | | 76,300,000 | 72,228,000 |
| 2014 | 76,300,000 | -- | -- | 74,691,000 |
| 2015 | 74,691,000 | -- | -- | 74,691,000 |
| 2015 | 20,000,000 | -- | -- | 20,000,000 |
| 2016 | 74,691,000 | -- | -- | 74,691,000 |
| 2017 | 74,691,000 | 74,691,000 | 74,691,000 | 74,691,000 |
| 2018 | 62,000,000 | 72,780,000 | 74,691,000 | 74,691,000 |
| 2019 | 62,000,000 | 74,691,000 | 74,691,000 | 74,691,000 |
| 2020 | 62,000,000 | 79,691,000 | 74,691,000 | 76,691,000 |
| 2021 | 62,000,000 | -- | -- | -- |

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SUPPLEMENTAL TABLES

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OBJECT CLASS TABLE – DIRECT

| (dollars in thousands) | FY 2019 Operating Level | FY 2020 President's Budget | FY 2021 Request | FY 2021 +/- FY 2020 |
|---|-------------------------------|----------------------------------|--------------------|---------------------------|
| Personnel Compensation: | | | | |
| Full-Time Permanent(11.1) | \$19,570 | \$20,094 | \$20,094 | \$0 |
| Other than Full-Time Permanent (11.3) | \$1,791 | \$1,839 | \$1,839 | \$0 |
| Other Personnel Comp. (11.5) | \$568 | \$584 | \$584 | \$0 |
| Military Personnel (11.7) | \$2,545 | \$2,613 | \$2,681 | \$68 |
| Special Personal Service Comp. (11.8) | \$0 | \$0 | \$0 | \$0 |
| Total Personnel Compensation | \$24,474 | \$25,129 | \$25,197 | \$68 |
| Civilian personnel Benefits (12.1) | \$7,156 | \$7,348 | \$7,348 | \$0 |
| Military Personnel Benefits (12.2) | \$1,241 | \$1,274 | \$1,307 | \$33 |
| Benefits to Former Personnel (13.0) | \$264 | \$271 | \$271 | \$0 |
| Subtotal Pay Costs | \$33,135 | \$34,022 | \$34,123 | \$101 |
| Travel (21.0) | \$454 | \$466 | \$350 | -\$116 |
| Transportation of Things (22.0) | \$162 | \$166 | \$125 | -\$41 |
| Rental Payments to GSA (23.1) | \$3 | \$3 | \$2 | -\$1 |
| Rental Payments to Others (23.2) | \$1 | \$1 | \$1 | \$0 |
| Communications, Utilities, and Misc. Charges (23.3) | \$128 | \$132 | \$99 | -\$33 |
| NTWK Use Data TRANSM SVC (23.8) | \$0 | \$0 | \$0 | \$0 |
| Printing and Reproduction (24.0) | \$5 | \$5 | \$4 | -\$1 |
| Other Contractual Services (25): | <u>\$22,339</u> | <u>\$22,938</u> | <u>\$14,709</u> | <u>-\$8,229</u> |
| Advisory and Assistance Services (25.1) | \$4,048 | \$4,156 | \$2,749 | -\$1,407 |
| Other Services (25.2) | \$3,760 | \$3,861 | \$2,554 | -\$1,307 |
| Purchases from Government Accounts (25.3) | \$14,101 | \$14,478 | \$9,113 | -\$5,365 |
| Operation and Maintenance of Facilities (25.4) | \$0 | \$0 | \$0 | \$0 |
| Research and Development Contracts (25.5) | \$0 | \$0 | \$0 | \$0 |
| Medical Services (25.6) | \$0 | \$0 | \$0 | \$0 |
| Operation and Maintenance of Equipment (25.7) | \$404 | \$415 | \$274 | -\$140 |
| Subsistence and Support of Persons (25.8) | \$0 | \$0 | \$0 | \$0 |
| Consultants, other and misc (25.9) | \$26 | \$27 | \$18 | -\$9 |
| Supplies and Materials (26.0) | \$260 | \$267 | \$164 | -\$103 |
| Equipment (31.0) | \$1,028 | \$1,055 | \$751 | -\$304 |
| Land and Structures (32.0) | \$0 | \$0 | \$0 | \$0 |
| Investments and Loans (33.0) | \$0 | \$0 | \$0 | \$0 |
| Grants, Subsidies, and Contributions (41.0) | \$17,177 | \$17,637 | \$11,673 | -\$5,964 |
| Insurance Claims and Indemnities (42.0) | \$3 | \$2 | \$2 | \$0 |
| Interest and Dividends (43.0) | \$0 | \$0 | \$0 | \$0 |
| Refunds (44.0) | \$0 | \$0 | \$0 | \$0 |
| Subtotal Non-Pay Costs | \$41,556 | \$42,669 | \$27,877 | -\$14,792 |
| Total Budget Authority | \$74,691 | \$76,691 | \$62,000 | -\$14,691 |
| Average Cost per FTE | | | | |
| Civilian FTEs | 200 | 200 | 200 | 0 |
| Civilian Average Salary and Benefits | \$145 | \$149 | \$149 | 0 |
| Percent change | N/A | 3% | 0% | -3% |
| Military FTEs | 29 | 29 | 29 | 0 |
| Military Average Salary and Benefits | \$131 | \$134 | \$138 | \$3 |
| Percent change | N/A | 3% | 3% | -0.1% |
| Total FTEs | 229 | 229 | 229 | 0 |
| Average Salary and Benefits | \$145 | \$149 | \$149 | \$0 |
| Percent change | N/A | 3% | 0% | -2% |

SALARIES AND EXPENSES

| (dollars in thousands) | FY 2019 Enacted | FY 2020 Enacted | FY 2021 President's Budget | FY 2021 +/- FY 2020 |
|---|--------------------|--------------------|----------------------------------|---------------------------|
| Personnel Compensation: | | | | |
| Full-Time Permanent(11.1) | \$19,570 | \$20,094 | \$20,094 | \$0 |
| Other than Full-Time Permanent (11.3) | \$1,791 | \$1,839 | \$1,839 | \$0 |
| Other Personnel Comp. (11.5) | \$568 | \$584 | \$584 | \$0 |
| Military Personnel (11.7) | \$2,545 | \$2,613 | \$2,681 | \$68 |
| Special Personal Service Comp. (11.8) | \$0 | \$0 | \$0 | \$0 |
| Total Personnel Compensation | \$24,474 | \$25,129 | \$25,197 | \$68 |
| Civilian personnel Benefits (12.1) | \$7,156 | \$7,348 | \$7,348 | \$0 |
| Military Personnel Benefits (12.2) | \$1,241 | \$1,274 | \$1,307 | \$33 |
| Benefits to Former Personnel (13.0) | \$264 | \$271 | \$271 | \$0 |
| Subtotal Pay Costs | \$33,135 | \$34,022 | \$34,123 | \$101 |
| Travel (21.0) | \$454 | \$466 | \$350 | -\$116 |
| Transportation of Things (22.0) | \$162 | \$166 | \$125 | -\$41 |
| Rental Payments to Others (23.2) | \$1 | \$1 | \$1 | \$0 |
| Communications, Utilities, and Misc. Charges (23.3) | \$128 | \$132 | \$99 | -\$33 |
| Printing and Reproduction (24.0) | \$5 | \$5 | \$4 | -\$1 |
| Other Contractual Services (25): | <u>\$22,313</u> | <u>\$22,911</u> | <u>\$14,701</u> | <u>-\$8,210</u> |
| Advisory and Assistance Services (25.1) | \$4,048 | \$4,156 | \$2,749 | -\$1,407 |
| Other Services (25.2) | \$3,760 | \$3,861 | \$2,554 | -\$1,307 |
| Purchases from Government Accounts (25.3) | \$14,101 | \$14,478 | \$9,113 | -\$5,365 |
| Operation and Maintenance of Facilities (25.4) | \$0 | \$0 | \$0 | \$0 |
| Research and Development Contracts (25.5) | \$0 | \$0 | \$0 | \$0 |
| Medical Services (25.6) | \$0 | \$0 | \$0 | \$0 |
| Operation and Maintenance of Equipment (25.7) | \$404 | \$415 | \$274 | -\$140 |
| Subsistence and Support of Persons (25.8) | \$0 | \$0 | \$0 | \$0 |
| Supplies and Materials (26.0) | \$260 | \$267 | \$164 | -\$103 |
| Subtotal Non-Pay Costs | \$23,323 | \$23,947 | \$15,443 | -\$8,504 |
| Rental Payments to GSA (23.1) | \$3 | \$3 | \$2 | -\$1 |
| Total, Salaries & Expenses and Rent | \$56,461 | \$57,972 | \$49,569 | -\$8,404 |
| Direct FTE | 229 | 229 | 229 | 0 |

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)^{1,2}

| | FY 2019 | | | FY 2020 | | | FY 2021 | | |
|---|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| | Civilian | CC | Total | Civilian | CC | Total | Civilian | CC | Total |
| Agency for Toxic Substances and Disease Registry | 200 | 29 | 229 | 200 | 29 | 229 | 200 | 29 | 229 |
| Direct | 198 | 28 | 226 | 198 | 28 | 226 | 198 | 28 | 226 |
| Reimbursable | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 1 | 3 |

¹ ATSDR FTE only.

² FTE displayed reflect updated estimated levels for FY 2019, FY 2020, and FY 2021.

ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

| (dollars in millions) | ACA | 2011 | 2011 | 2012 | 2012 | 2013 | 2013 | 2014 | 2014 | 2015 | 2015 | 2016 | 2016 | 2017 | 2017 | 2018 | 2018 | 2019 | 2019 | 2020 | 2020 | 2021 | 2021 |
|---------------------------------|-------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| | Sec. | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs | Total | FTEs |
| ACA Program ^{1,2} | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Monitoring in Libby, MT | 10323 | \$0.0 | 2.0 | \$0.0 | 2.5 | \$4.0 | 1.1 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 |
| Total | | \$0.0 | 2.0 | \$0.0 | 2.5 | \$4.0 | 1.1 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 | \$4.0 | 0.9 |

¹ Excludes employees or contractors who: Are supported through appropriations enacted in laws other than PPACA and work on programs that existed prior to the passage of PPACA; Spend less than 50% of their time on activities funded by or newly authorized in ACA; or who work on contracts for which FTE reporting is not a requirement of their contract, such as fixed price contracts.

² CDC tracks total contract costs for ACA activities in the Affordable Care Act Object Class Table but does not track individual contract staff.

DETAIL OF POSITIONS^{1,2,3}

| | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget |
|---|---------------------|---------------------|----------------------------------|
| Executive Level | | | |
| Executive level I | - | - | |
| Executive level II | - | - | |
| Executive level III | - | - | |
| Executive level IV | - | - | |
| Executive level V | - | - | |
| Subtotal | - | - | |
| Total-Executive Level Salary | - | - | |
| Total - SES | | | |
| | 0 | 1 | 1 |
| Total - SES Salary | \$0 | \$158,691 | \$177,720 |
| General Schedule | | | |
| GS-15 | 23 | 17 | 16 |
| GS-14 | 76 | 60 | 59 |
| GS-13 | 87 | 68 | 64 |
| GS-12 | 28 | 19 | 18 |
| GS-11 | 8 | 5 | 5 |
| GS-10 | 1 | 1 | 1 |
| GS-9 | 13 | 9 | 9 |
| GS-8 | 2 | 0 | 0 |
| GS-7 | 4 | 2 | 2 |
| GS-6 | 0 | 0 | 0 |
| GS-5 | 2 | 0 | 0 |
| GS-4 | 0 | 0 | 0 |
| GS-3 | 0 | 0 | 0 |
| GS-2 | 0 | 0 | 0 |
| GS-1 | 0 | 0 | 0 |
| Subtotal | 244 | 181 | 174 |
| Total - GS Salary | \$23,054,876 | \$21,250,293 | \$21,349,862 |
| Average ES level | | | |
| Average ES salary | | | |
| Average GS grade | 12.0 | 13.0 | 13.0 |
| Average GS salary | \$94,487 | \$117,405 | \$122,700 |
| Average Special Pay Categories | | | |
| Average Comm. Corps Salary ² | \$84,290 | \$104,806 | \$108,571 |
| Average Wage Grade Salary ³ | | | |

¹ Includes special pays and allowances.

² This table reflects "positions" not full-time equivalent(s) (FTEs)

³ There are no Wage Grade employees in ATSDR