DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2017

Agency for Toxic Substances & Disease Registry

Justification of Estimates for Appropriation Committees

MESSAGE FROM THE ADMINISTRATOR

We are pleased to present the FY 2017 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). The budget request provides funding for ATSDR's congressionally mandated programs and activities.

ATSDR's unique focus is on the impact of hazardous substances on human health. Our scientific and programmatic experts ensure Americans have a safe and healthy environment in which to work, play, and live. We use sound science and ethical principles to meet real public needs.

Performance improvement is a critical aspect of our work. We evaluate our progress in reducing exposures at the most hazardous sites and closely track programmatic activities. Unless otherwise noted, ATSDR's reported performance data are accurate, complete, and reliable.

We are confident this Congressional Justification will support ATSDR's essential work.

Sincerely,

Thomas R. Frieden, MD, MPH

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic

Substances and Disease Registry

Patrick Breysse, PhD

Director, Agency for Toxic
Substances and Disease Registry

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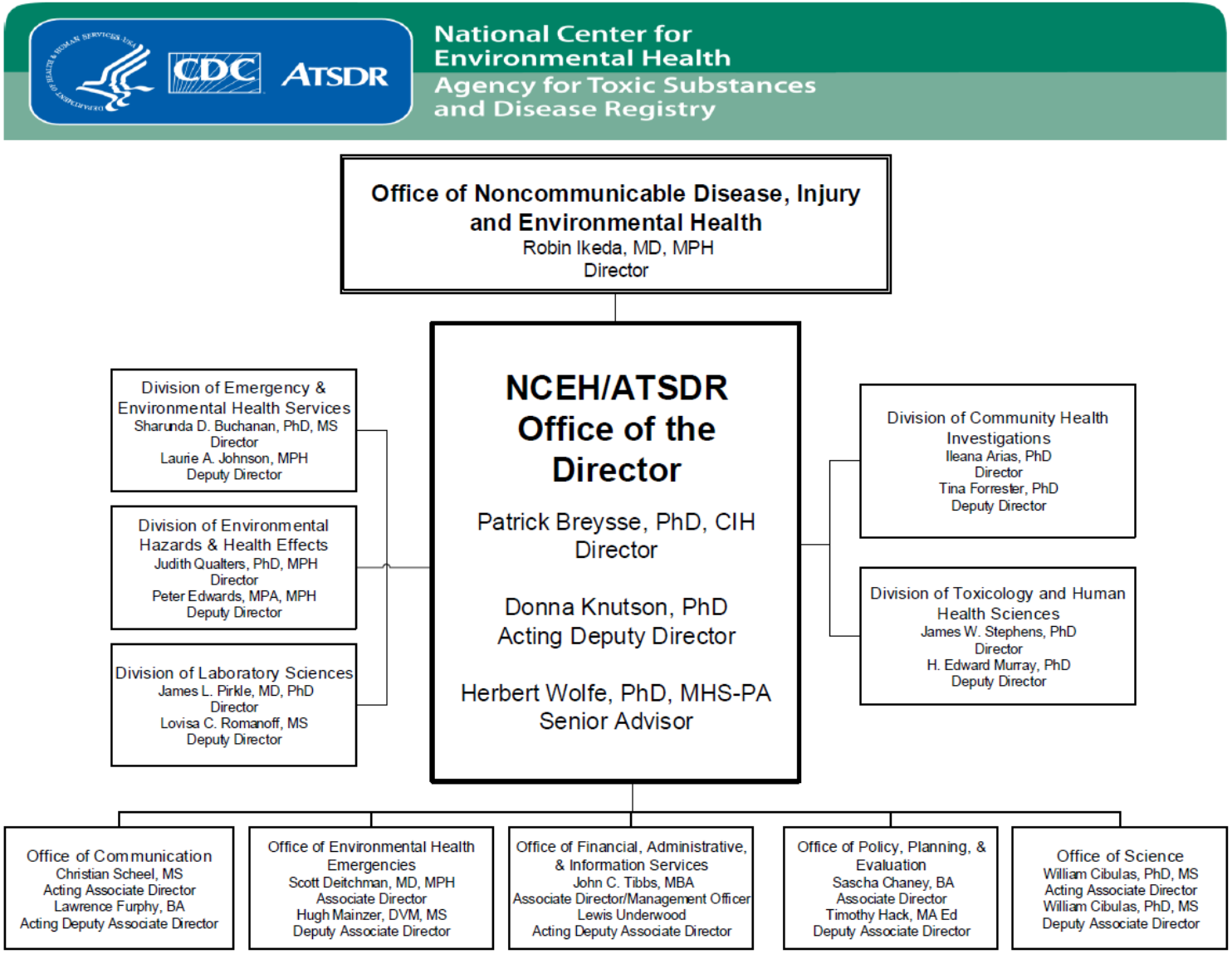
ATSDR ORGANIZATIONAL CHART



October 1, 2015

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.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY BUDGET REQUEST

(dollars in millions)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	**$74.691**	**$74.691**	**$74.691**	**$0.000**
ACA (mandatory)[1]	$18.540	$0.000	$0.000	$0.000
FTEs	265	265	265	0

[1]The Patient Protection and Affordable Care Act (P.L. 111-148) appropriated $23,000,000 for the period of FY 2010-FY 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.

Summary

The Agency for Toxic Substances and Disease Registry (ATSDR) promotes healthy and safe environments and prevents harmful exposures through responsive public health actions. ATSDR's FY 2017 request of **$74,691,000** is level with the FY 2016 Enacted level. This maintains ATSDR's scientific and programmatic capabilities to safeguard human health. The request includes resources to continue epidemiological studies of health conditions caused by non-occupational exposures to uranium released from mining and milling operating at the Navajo Nation.

Performance Highlights

- In FY 2015, ATSDR collaborated with the U.S. Virgin Islands (USVI) Department of Health, U.S. Environmental Protection Agency, and USVI Department of Planning and Natural Resources to provide consultation after methyl bromide, a pesticide, was inappropriately used for fumigation in a condominium resort. ATSDR identified 41 persons potentially exposed to methyl bromide and provided them with information about the pesticide, created a webpage about the incident for the ATSDR website, and published the findings of the investigation in a308.1. The collective response brought national visibility to the dangers of illegal pesticide use. A stop-use order was issued to the responsible entity and all methyl bromide in USVI was removed from use and returned to the manufacturer, proactively protecting more than 100,000 USVI residents and vacationers visiting USVI from additional exposures to methyl bromide.
- ATSDR's Navajo Birth Cohort Study was chosen as the Journal of Environmental Health's spotlight article and the column was published in the September 2015 issue of the journal. To date, over 535 pregnant women have been enrolled in the study.
- In FY 2015, ATSDR's Toxicological Profiles have informed state exposure policy actions throughout the policy-making process, such as the following:

State policymakers most often used ToxProfiles to inform policy implementation

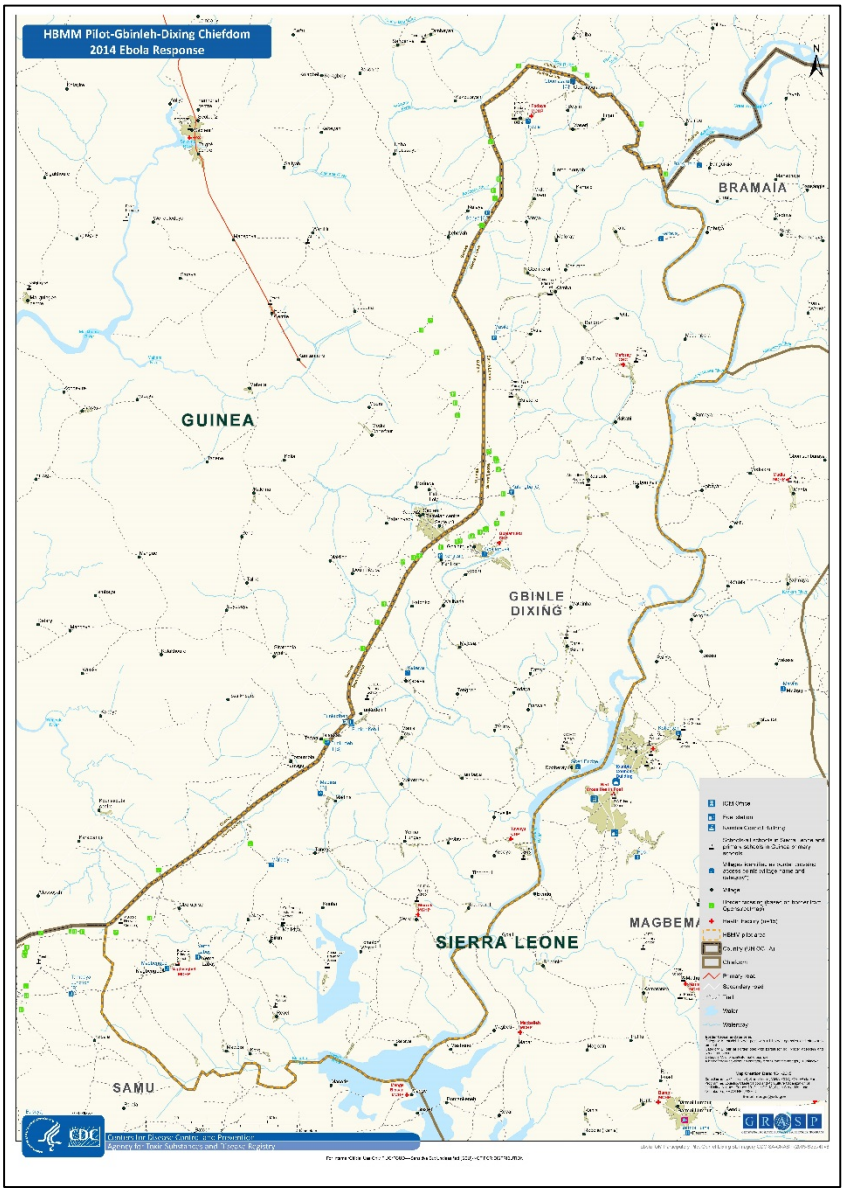
Policy phase # of ToxProfile uses (FY 14)	Examples (FY 15)
Implementation 37	The California Office of Environmental Hazard Assessment (OEHHA) and California EPA used data from ATSDR's Toxicological Profile for Toxaphene to update the state's "public health goal" (PHG). California calculates PHGs for unregulated substances to set exposure reduction goals and potentially derive formal regulatory standards. They selected resources like the Toxicological Profiles to ensure that their safety levels remain informed by the best and most up-to-date science.
Adoption 12	Connecticut used the Toxicological Profile's non-cancer risk assessment information to justify its adoption of a more protective maximum contaminant level (MCL) for Trichloroethylene (TCE) than the current federal standard. Two months later, the state's Department of Public Health followed up by informing industry/employers about TCE's reproductive risks, using Toxicological Profile information to publish a "Health Alert" fact sheet.
Agenda-Setting, Formulation 9	Cambridge Environmental Consulting analyzed a drinking water MCL for Perfluorononanoic Acid (PFNA) proposed by the New Jersey Drinking Water Quality Institute. Based on analysis results, the consulting group proposed a lower, more protective MCL to protect children from adverse health effects. This analysis and alternative MCL were based in part on information from the Toxicological Profile for Perfluoroalkyls, including exposure route, environmental fate, and health effects.

- ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) continues to support many aspects of the Ebola outbreak response by developing and distributing detailed country maps to CDC staff deployed to West Africa. These maps include locations of villages, treatment units, health facilities and laboratories, and serve as an accurate resource to aid decision-making in the field. GRASP also prepared 124 detailed maps of two Sierra Leone chiefdoms bordering Guinea to identify population movement between these two countries. This data was shared with the International Organization for Migration and the World Health Organization to carry out a pilot participatory mapping project. These detailed maps provide useful information that can be used by the Ministry of Health in Sierra Leone for future surveillance and rapid response to potential emerging threats.
- In FY 2015, GRASP provided subject matter expertise on the Social Vulnerability Index (SVI) during preparation of the published white paper, "Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups. A guidance document for Emergency Managers."[1] The SVI assists state and local partners with identifying and supporting communities that are vulnerable to disasters by social factor ranking based on socioeconomic status, household composition, race/ethnicity/language, and housing/transportation.

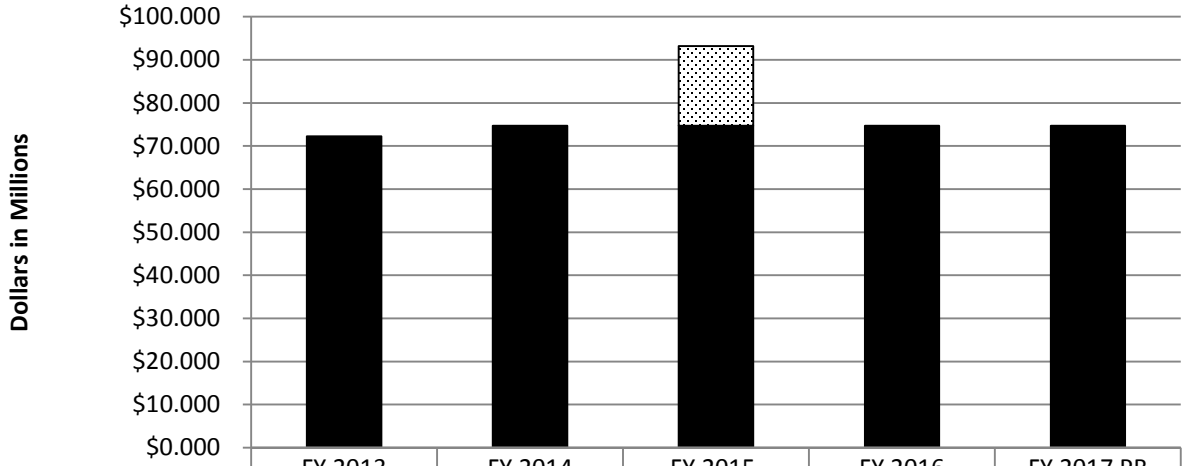
[1] http://stacks.cdc.gov/view/cdc/32996/Share

Overview Map of the Gbinle-Dixing Chiefdom, Sierra Leone Pilot Participatory Mapping Project

In this project, two chiefdoms in Sierra Leone were mapped, Gbinleh Dixing and Kaffu-Bullom, resulting in the preparation of a total of 124 detailed maps in 5 km by 5km segmented areas.



Agency for Toxic Substances and Disease Registry Funding History[2]



	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017 PB
Total	$72.228	$74.691	$93.231	$74.691	$74.691
ACA - Mandatory1	$0.000	$0.000	$18.540	$0.000	$0.000
Budget Authority	$72.228	$74.691	$74.691	$74.691	$74.691

[2]The Patient Protection and Affordable Care Act (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.

Overview

The Agency for Toxic Substances and Disease Registry[2] (ATSDR) is a non-regulatory, environmental public health agency that investigates public health concerns from possible harmful exposures in communities. Last year, ATSDR responded to nearly 600 requests from environmental agencies, health agencies, policy makers and community members across the country, protecting an estimate of more than 250,000 people from exposures to harmful levels of trichloroethylene (TCE), asbestos, lead, vinyl chloride, or other substances in the environment. ATSDR provides funds to 25 state health departments and supports environmental health professionals in 10 regional offices[3] and field offices in Alaska and Montana. Along with Atlanta-based headquarters staff, ATSDR experts are ready for a 24/7 response to environmental health threats from natural disasters, chemical spills, and other emergency events. ATSDR also maintains formal, consultative relationships with American Indian and Alaska Native tribes.

ATSDR's Cadre of Environmental Health Professionals

ATSDR Experts	What They Do
Toxicologists	Study how chemicals affect health.
Health Assessors and Environmental Scientists	Examine environmental and biological data to determine whether people have an increased risk of health problems.
Engineers and Physical Scientists	Provide expertise on hydrology, radiation, air flow, modeling, geospatial analysis, and statistics.
Health Education and Communication Specialists	Educate people and inform the media on how to avoid harmful exposures.
Environmental Health Clinicians	Advise physicians through consultations and educate health providers about harmful exposures.
Epidemiologists	Conduct studies and maintain registries to identify associations between harmful exposures and health outcomes.

Budget Proposal

ATSDR's FY 2017 request of **$74,691,000** is level with the FY 2016 Enacted level to maintain ATSDR's scientific and programmatic capabilities to safeguard human health.

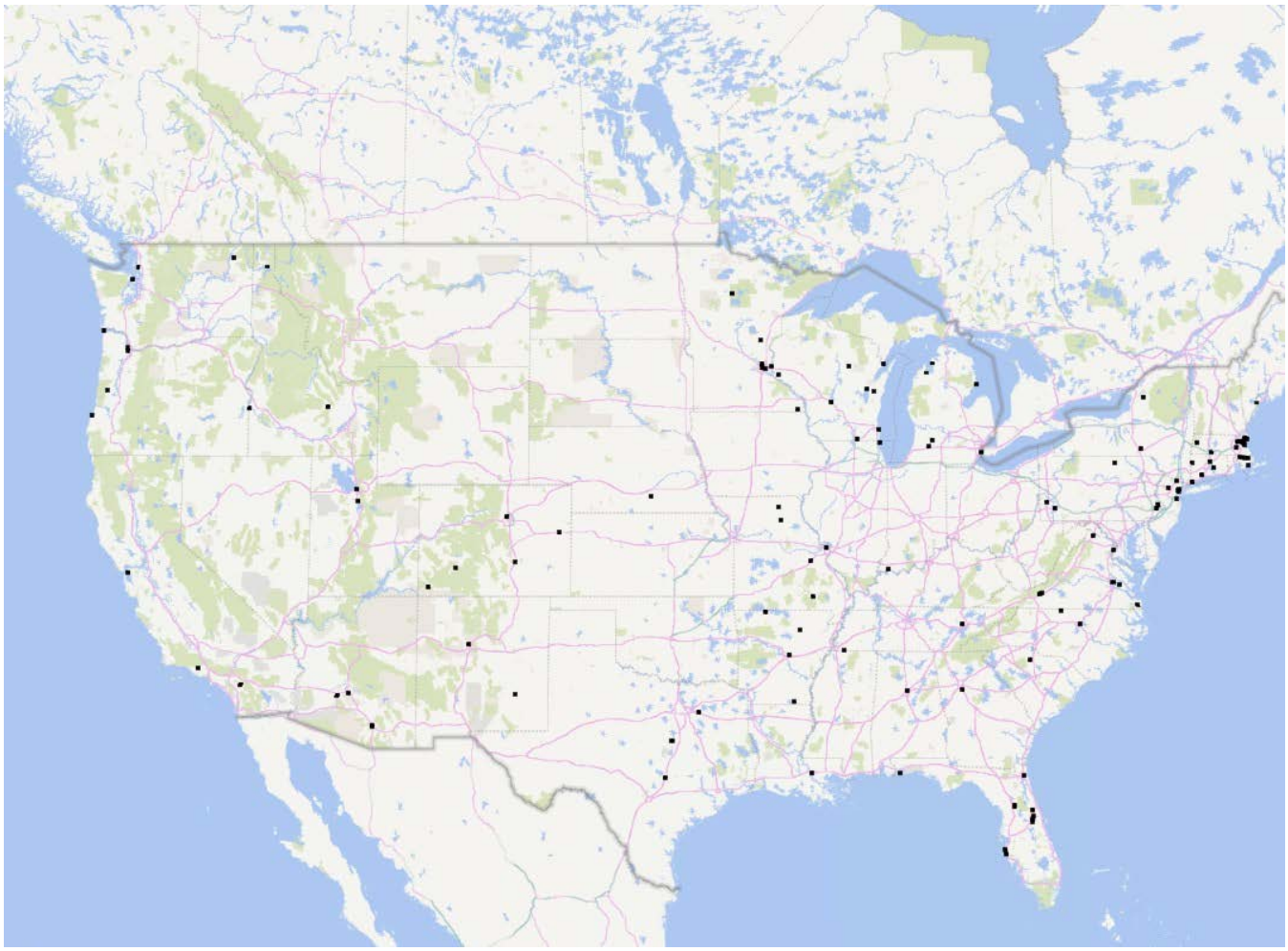
ATSDR's projected contributions in FY 2017 include:

- Providing 24/7 response to protect America from health and safety threats
- Investigating potential exposure to harmful substances and educating residents in 450 communities
- Responding to approximately 50 environmental emergency events
- Maintaining toxicological publications on 180 substances, including 22 new publications or updates
- Supporting 32 cooperative agreements
- Protecting Human Health in Communities

[2] http://www.atsdr.cdc.gov/
[3] http://www.atsdr.cdc.gov/DRO/index.html

ATSDR supports federal, state, and local efforts to protect human health from environmental threats. Its work in communities includes investigating hazards in towns with a legacy of industrial pollution, and responding to environmental public health emergencies like acute chemical spills. ATSDR responds to requests for health expertise from the Environmental Protection Agency (EPA), state and local governments, and the public. Before investigating, ATSDR prioritizes sites based on the extent of potential exposures and the likelihood that ATSDR's contribution will lead to protective actions. In FY 2015, ATSDR conducted 148 public health assessments and consultations in 142 communities, evaluating the health risks of more than a million people potentially exposed to harmful substances. In FY 2017, ATSDR anticipates conducting more than 125 formal evaluations of health risks in communities across the nation.

Communities where ATSDR conducted health assessments in FY 2015



ATSDR's work in communities follows a standard process. ATSDR begins by reviewing environmental and health data to determine if people are being exposed to chemicals that put their health at risk. ATSDR then makes recommendations and works with federal, state, and local partners to protect people from health risks. Throughout its work, ATSDR educates local residents and clinicians about the health risks of harmful substances and how to prevent exposure in the future.

While ATSDR's site-based investigations most often rely on existing environmental data, ATSDR sometimes conducts an exposure investigation[4] to better characterize chemical exposures. Exposure investigations involve collecting biological samples (e.g., urine and blood) from people or testing soil, water, and air in an environment. The approach determines whether people have been exposed to hazardous substances that might impact their health. Examples of ongoing ATSDR investigations include examinations of children near lead smelters in Philadelphia and Colorado. In FY 2017, ATSDR anticipates conducting at least three new exposure investigations.

ATSDR and Funded Partners at Work (FY 2015)

Total People Protected	Examples from the Field
26,000 people protected from harmful exposures in drinking water.	The New Hampshire Department of Environmental Services (DES), detected elevated levels of 1, 4-dioxane, a toxic substance, in 40 private wells around the Town of Atkinson. Based on DES and ATSDR recommendations, the state immediately provided residents with bottled water and connected them to the clean local public water supply.
15,000 people now have backyards where children can play safely without being exposed to harmful soil contaminants.	ATSDR's investigation at a former lead and silver smelter in Colorado identified children with elevated levels of lead in their blood. ATSDR and the local health department connected these children with needed medical care. EPA is using ATSDR's results to target soil replacement in places where it is most needed to protect children.
9,000 people protected from breathing harmful compounds in indoor and outdoor air.	ATSDR's evaluation at an old industrial site identified high levels of trichloroethylene or TCE, a substance that may cause birth defects, in the homes of hundreds of Missouri residents. In response to ATSDR's findings and recommendations, the responsible party installed over 100 vapor mitigation systems that are keeping residents from breathing potentially dangerous air. Residents were able to stay in their homes, and EPA will continue monitoring the site to ensure that health is protected.
More than 40,000 people protected from consuming contaminated fish through updated fishing advisories.	The Texas Department of State Health Services released fishing advisories for a river and reservoir contaminated with Polychlorinated Biphenyls (PCBs) and other chemicals. To follow up, staff shared information with thousands of low-income, minority residents about the risks of eating fish from the river and reservoir, including tips on alternative water bodies where residents could fish.
400,000 people reassured that they don't have to worry about breathing air, drinking water, or playing in their backyards.	The Idaho Health Department reviewed soil contaminant data from the Taft Elementary School playground. Based on the findings, administrators and parents were reassured that the 350 students at the school would be safe during recess and after school activities on the playground.

Getting Information Out about Harmful Substances

During site-specific investigations, ATSDR conducts public meetings, develops factsheets and other reference materials, and speaks face-to-face with concerned community members. The information ATSDR provides helps people take protective action to prevent harmful exposures. ATSDR applies the lessons learned on a site-specific level to help protect people everywhere in the nation. In FY 2017, ATSDR is expanding the tools and information

[4] http://www.atsdr.cdc.gov/hac/products/ei.html

for schools and teachers to protect children by preventing and more quickly responding to elemental mercury spills as part of the Don't Mess with Mercury[5] initiative.

Providing Specialized Medical Information

Whether facing a longstanding, low-level harmful environmental exposure or an acute emergency, people need the best medical information about how to manage potential health effects. Medical professionals, however, often lack training about the health issues associated with harmful environmental exposures. To fill this clinical care gap, in FY 2017, ATSDR will support activities focused on reproductive and pediatric environmental health through the Pediatric Environmental Health Specialty Units (PEHSU) network. PEHSUs will continue to be a unique source of medical information and training about how environmental factors affect the health of children and couples in their reproductive years.

Responding to Environmental Emergencies

ATSDR Emergency Response Teams are available 24 hours a day, and are composed of toxicologists, physicians, and other scientists available to assist during an emergency that involves hazardous substances in the environment. Over the last five years, ATSDR responded to an average of 50 requests for assistance from emergency responders each year. For example, in FY 2015, ATSDR supported local public health authorities and regional Environmental Protection Agency (EPA) officials in addressing the public health impacts of the Colorado Gold King Mine release. In addition to the deployment of staff, ATSDR's website for emergency responders contains information for persons who oversee or respond to emergency events. In FY 2017, ATSDR will continue to support preparedness planning and provide health expertise during responses to environmental emergencies, as requested.

Guiding State and Local Decision Making

ATSDR provides scientific and programmatic expertise[6] to local policy makers, planners, and partners for incorporating health considerations into brownfield and land reuse decisions. These are sites formerly used for commercial and industrial purposes and are complicated by real or perceived contamination. One of seven FY 2014 land reuse and health cooperative agreement recipients, the Oregon Health Authority (OHA), helped convert a retired landfill into a park in a low-income area of Portland, Oregon with few green spaces. The OHA used the funding to sponsor community-led education sessions and encourage community inclusion in the public health risk assessment and park planning processes. In FY 2017, ATSDR will provide guidance to more than 150 communities and directly fund at least four communities to conduct brownfield and health projects.

Providing Scientific Expertise

Science is an essential component of ATSDR's work. The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. Health and environmental professionals around the world use ATSDR's suite of toxicological materials[7]—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and treating people exposed to hazardous substances. As part of the ToxProfiles™, ATSDR developed over 390 human health Minimum Risk Levels[8] (MRLs),

[5] http://ww.atsdr.cdc.gov/dontmesswithmercury

[6] http://www.atsdr.cdc.gov/sites/brownfields/
[7] http://www.atsdr.cdc.gov/toxprofiles/index.asp
[8] http://www.atsdr.cdc.gov/mrls/index.asp

which are screening values that allow health professionals to identify whether exposures could harm human health. In FY 2017, ATSDR intends to develop nine new ToxProfiles™ and update literature databases for 20 of the 172 existing ToxProfiles™.

CERCLA was amended by the Superfund Amendments and Reauthorization Act (SARA), which called for ATSDR to help the Environmental Protection Agency (EPA) with response at each Superfund program site and provide documentation of costs for EPA to collect. In accordance with EPA's continued efforts to enhance and improve CERCLA recovery and ATSDR's recent review of its current efforts, ATSDR will be modifying its cost recovery policy to focus on cases that exceed $0, with a potential dollar level threshold of $200,000. Currently, approximately 70% of ATSDR's cost recovery cases result in a $0 outcome, while less than 2% exceed $200,000 which is the EPA issued guidance to Regions for submitted cost recovery packages.

Studying and Predicting Health Risks

ATSDR conducts epidemiological studies[9] to understand the distribution and causes of disease or health status in a population. Ongoing efforts include a prospective birth cohort study of uranium and other heavy metal exposures at the Navajo Nation and a documented cluster of polycythemia vera in a rural area of northeast Pennsylvania. ATSDR is expanding the use of technological tools and using new methods to increase its effectiveness and timeliness in protecting communities from environmental hazards. Using a new approach for predicting health risks from multiple chemical contaminants, ATSDR researchers will be able to make comparisons of health risk and conduct cost-benefit analyses. The new approach is also harmonizing the examination of cancer-causing and non-cancer causing substances.

In FY 2017, ATSDR will continue to collaborate with its partners—the Navajo Nation Department of Health, University of New Mexico, and Indian Health Service—on the Navajo Birth Cohort Study to investigate possible neonatal health effects caused by uranium exposure from past mining and milling operations on the Navajo Nation. To date, the study has enrolled over 535 pregnant women and over 170 fathers. Additionally, over 360 infants have been born and are currently being assessed. Biomonitoring analysis of 36 different metals/metal compounds in blood and urine of participants is being performed. Individual study results will be disseminated to the participants. Summary study results will be presented to the Navajo Nation and published in peer-reviewed scientific literature.

Conducting Environmental Surveillance

ATSDR designs and conducts surveillance and registry programs to help evaluate the adverse health effects on persons exposed to hazardous substances. Existing surveillance activities include examining the public health consequences (e.g., morbidity and mortality) from acute chemical spills and releases that occur around the country each year through the National Toxic Substance Incidents Program (NTSIP). Findings from NTSIP data help safeguard the public, first responders, and employees in the private sector. ATSDR also conducts or collaborates on health registries to follow the health and well-being of people exposed or potentially exposed to harmful substances.

Ongoing health registries created or managed by ATSDR:

- Katrina and Rita Exposures (KARE) Registry[10] – A survey of people who lived or stayed in trailers furnished by the Federal Emergency Management Agency (FEMA) after Hurricanes Katrina and Rita.

[9] http://www.atsdr.cdc.gov/dthhs/branches/environmental_epidemiology_branch.html
[10] https://kareregistry.org/

- National Amyotrophic Lateral Sclerosis (ALS) Registry[11] – A congressionally mandated registry for persons in the United States with ALS. It is the only population-based registry in the United States that collects information to help scientists learn more about who gets ALS and its causes.
- Tremolite Asbestos Registry[12] – A listing of individuals with an asbestos-related disease or those at high risk of developing asbestos-related disease because of exposure to asbestos.
- Rapid Response Registry[13] – Helps local, state, and federal agencies rapidly establish registries of persons who are exposed or potentially exposed to chemicals or other harmful agents during catastrophic events.
- World Trade Center Registry[14] – A comprehensive and confidential health survey of those most directly exposed to the events of September 11, 2001.

State and Local Grants

State Cooperative Agreements

ATSDR's state cooperative agreement program[15] funds health departments to investigate and respond to harmful exposures in communities and teach the public about exposure prevention. Direct funding to states increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites more quickly and respond to local issues. During FY 2017, ATSDR will award new three-year cooperative agreements to approximately 25 states. The funding decisions will be based on a state's projected burden of harmful environmental exposures, technical capacity to conduct investigations, and ability to educate the public.

ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Grants[1, 2]

(dollars in millions)	FY 2013 Actual	FY 2014 Final	FY 2015 Final	FY 2016 Enacted	FY 2017 PB	FY 2017 +/- FY 2016
Number of Awards	28	25	25	25	25	0
- New Awards	0	25	0	0	25	+25
- Continuing Awards	28	0	25	25	0	-25
Average Award	$0.675	$0.404	$0.404	$0.404	$0.404	$0.000
Range of Awards	$0.160-$0.675	$0.201-$0.789	$0.201-$0.789	$0.201-$0.789	$0.201-$0.789	N/A
Total Awards	**$10.223**	**$10.092**	**$10.092**	**$10.092**	**$10.092**	**$0.000**

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

[2]These funds are not awarded by formula.

Brownfields/Land Reuse Cooperative Agreements

ATSDR's Brownfield/Land Reuse Health Initiative[16] grants support communities in identifying health issues prior to redevelopment, and monitoring progress on healthy redevelopment. Grantees are selected competitively based on the quality of planned activities, evaluation efforts, and organizational capacity. State, local, and tribal governments are eligible to apply. In FY 2015, ATSDR funded the New York State Department of Health, the City of Temple, TX, the Philadelphia Department of Public Health, the Panhandle Areas Development District, the

[11]https://wwwn.cdc.gov/ALS/Default.aspx
[12]http://www.atsdr.cdc.gov/asbestos/sites/libby_montana/
[13]http://www.atsdr.cdc.gov/rapidresponse/
[14]http://www.nyc.gov/html/doh/wtc/html/registry/registry.shtml
[15]http://www.atsdr.cdc.gov/states/
[16]http://www.atsdr.cdc.gov/sites/brownfields/

Florida Department of Health in Duval County, the City of Middletown, CT, and the Arizona Department of Health Services. ATSDR plans to award four one-year cooperative agreements in FY 2017.

Brownfield and Health Grants[1, 2]

(dollars in millions)	FY 2013 Actual	FY 2014 Final	FY 2015 Final	FY 2016 Enacted	FY 2017 PB	FY 2017 +/- FY 2016
Number of Awards	4	7	4	4	4	0
- New Awards	0	0	4	4	4	0
- Continuing Awards	4	7	0	0	0	0
Average Award	$0.146	$0.147	$0.150	$0.150	$0.150	$0.000
Range of Awards	$0.130-$0.197	$0.130-$0.150	$0.150–$0.150	$0.150–$0.150	$0.150–$0.150	N/A
Total Awards	**$0.583**	**$1.030**	**$0.600**	**$0.600**	**$0.600**	**$0.000**

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

[2]These funds are not awarded by formula.

Other Grants

Pediatric Environmental Health Specialty Units

ATSDR funds Pediatric Environmental Health Specialty Units[17] (PEHSUs) to ensure healthcare providers have access to specialized environmental medical knowledge and resources regarding the care of children and women of reproductive age. Healthcare providers rely on PEHSUs for guidance on prevention, diagnosis, management, and treatment of health effects from environmental exposures. Regional PEHSUs, typically based at university medical centers, educate more than 35,000 healthcare professionals, 20,000 community members, and 1,600 healthcare providers, parents, and others in the United States annually. In FY 2017, ATSDR plans to support the 10 regional PEHSUs through an award to the American Academy of Pediatrics (regions 1–5) and the American College of Medical Toxicology (regions 6–10).

Navajo Nation

ATSDR funds a birth cohort study at the Navajo Nation to evaluate the potential association between uranium and other heavy metal exposure and birth outcomes. The study results will help mitigate and prevent uranium exposure and increase prenatal care utilization. During FY 2017, the program will continue to collaborate with its partners to investigate the potential neonatal health effects caused by uranium exposure.

[17]http://www.cdc.gov/features/pehsu/

ATSDR State Funding, 2015–2017

	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate	FY 2017 +/- FY 2016
Alabama	--	--	--	--
Alaska	$260,250	$357,639	$357,639	--
Arizona	$353,040	$1,144,234	$1,204,350	$60,116
Arkansas	$226,787	$374,054	$374,054	--
California	$655,364	$789,040	$789,039	-$1
Colorado	$278,038	$336,764	$336,764	--
Connecticut	$431,189	$498,307	$642,277	$143,970
Delaware		--	--	--
District of Columbia	$1,607,034	--	--	--
Florida	$443,878	$443,878	$593,878	$150,000
Georgia	$167,461	$365,802	$215,805	-$149,997
Hawaii	--	--	--	--
Idaho	$219,879	$201,447	$201,477	--
Illinois	$508,692	$835,152	$641,747	-$193,405
Indiana	--	--	--	--
Iowa	--	--	--	--
Kansas	--	--	--	--
Kentucky	--	--	--	--
Louisiana	$268,100	--	--	--
Maine	--	--	--	--
Maryland	--	--	--	--
Massachusetts	$402,895	$402,138	$402,138	--
Michigan	$415,276	$440,581	$440,581	--
Minnesota	$436,860	$451,912	$451,913	$1
Mississippi	--	--	--	--
Missouri	$331,895	$331,895	$331,895	--
Montana	$2,499,256	$2,499,839	--	-$2,499,839
Nebraska	--	--	$113,272	$113,272
Nevada	--	--	--	--
New Hampshire	$299,659	$354,584	$354,586	$2
New Jersey	$524,292	$578,728	$578,728	--
New Mexico	1,000,000	$1,000,000	$1,360,000	$360,000
New York	$675,008	$826,102	$826,166	$64
North Carolina	$263,712	$320,138	$320,138	--
North Dakota	--	--	--	--
Ohio	$465,098	$149,998	--	-$149,998
Oklahoma	--	--	--	--
Oregon	$332,176	$586,950	$436,965	-$149,985
Pennsylvania	$455,685	$455,685	$605,685	$150,000
Rhode Island	--	--	--	--
South Carolina	--	$150,000	--	-$150,000
South Dakota	--	--	--	--
Tennessee	$205,360	$277,550	$277,550	--
Texas	$341,070	$542,173	$542,173	--
Utah	$217,145	$222,845	$222,845	--
Vermont	--	--	--	--
Virginia	$383,412	$256,292	$256,292	--
Washington	$536,552	$533,600	$533,600	--
West Virginia	--	--	--	--
Wisconsin	$442,950	$445,246	$445,246	--

Wyoming	--	--	--	--
Total	**$15,648,013**	**$16,172,603**	**$13,856,803**	**-$2,315,800**

[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/.

PERFORMANCE

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

Highlights of Agency Accomplishments

- Investigated the potential health risks of more than a than 1.2 million people in over 140 communities across the nation who were potentially exposed to harmful substances. The investigations resulted in federal, state, and local actions that protected the health of more than 250,000 people potentially exposed to harmful substances.

- Ensured that 85.5% percent of ATSDR's recommendations were adopted by regulatory agencies, industries, and other partners to prevent and stop hazardous exposures. For example, ATSDR provided analysis and opinion on the levels of lead in a Chicago community and their potential impact on health, while also providing support and education for residents. ATSDR determined that air lead levels were not healthy or safe for residents. That opinion was used by the Environmental Protection Agency (EPA) to leverage action from a local company that went on to install state-of-the-art filtering systems for the community.

- Conducted analyses to help determine risk in a community where pesticides had contaminated drinking wells and surface soil near Fort Valley, Georgia. After advising the EPA to cut off water, provide alternate supplies, and inform residents to stay out of their gardens, ATSDR and its cooperative agreement partners issued a public health assessment and distributed bilingual factsheets to the community.

- In FY 2015, ATSDR collaborated with the U.S. Virgin Islands (USVI) Department of Health, U.S. Environmental Protection Agency, and USVI Department of Planning and Natural Resources to provide consultation after methyl bromide, a pesticide, was inappropriately used for fumigation in a condominium resort. ATSDR identified 41 persons potentially exposed to methyl bromide and provided them with information about the pesticide, created a webpage about the incident for the ATSDR website, and published the findings of the investigation in a Morbidity and Mortality Weekly Report article. The collective response brought national visibility to the dangers of illegal pesticide use. A stop-use order was issued to the responsible entity and all methyl bromide in USVI was removed from use and returned to the manufacturer, proactively protecting more than 100,000 USVI residents and vacationers visiting USVI from additional exposures to methyl bromide.

- ATSDR's Navajo Birth Cohort Study was chosen as the Journal of Environmental Health's spotlight article and the column was published in the September 2015 issue of the journal. To date, over 535 pregnant women have been enrolled in the study.

- ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) continues to contribute to the Ebola outbreak response by developing and distributing detailed country maps to CDC staff deployed to West Africa. These maps include locations of villages, treatment units, health facilities and laboratories, and serve as an accurate resource to aid decision-making in the field. GRASP also prepared 124 detailed maps of two Sierra Leone chiefdoms bordering Guinea to identify population movement between these two countries. This data was shared with the International Organization for Migration and the World Health Organization to carry out a pilot participatory mapping project. These detailed maps provide useful information that can be used by the Ministry.

- In FY 2015, GRASP provided subject matter expertise on the Social Vulnerability Index (SVI) during preparation of the published white paper, "Planning for an Emergency: Strategies for Identifying and

Engaging At-Risk Groups. A guidance document for Emergency Managers."[18] The SVI assists state and local partners with identifying and supporting communities that are vulnerable to disasters by social factor ranking based on socioeconomic status, household composition, race/ethnicity/language, and housing/transportation.

- In FY 2015, ATSDR's Toxicological Profiles have informed state exposure policy actions throughout the policy-making process, such as the following:

State policymakers most often used ToxProfiles to inform policy implementation

Policy phase # of ToxProfile uses (FY 14)	Examples (FY 15)
Implementation 37	The California Office of Environmental Hazard Assessment (OEHHA) and California EPA used data from ATSDR's Toxicological Profile for Toxaphene to update the state's "public health goal" (PHG). California calculates PHGs for unregulated substances to set exposure reduction goals and potentially derive formal regulatory standards. They selected resources like the Toxicological Profiles to ensure that their safety levels remain informed by the best and most up-to-date science.
Adoption 12	Connecticut used the Toxicological Profile's non-cancer risk assessment information to justify its adoption of a more protective maximum contaminant level (MCL) for Trichloroethylene (TCE) than the current federal standard. Two months later, the state's Department of Public Health followed up by informing industry/employers about TCE's reproductive risks, using Toxicological Profile information to publish a "Health Alert" fact sheet.
Agenda-Setting, Formulation 9	Cambridge Environmental Consulting analyzed a drinking water MCL for Perfluorononanoic Acid (PFNA) proposed by the New Jersey Drinking Water Quality Institute. Based on analysis results, the consulting group proposed a lower, more protective MCL to protect children from adverse health effects. This analysis and alternative MCL were based in part on information from the Toxicological Profile for Perfluoroalkyls, including exposure route, environmental fate, and health effects.

[18] http://stacks.cdc.gov/view/cdc/32996/Share

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	FY 2016 Target	FY 2017 Target	FY 2017 +/- FY 2016
14.1.1: Increase percent of EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (Outcome)	FY 2015: 85.5% (Target Exceeded)	85%	85%	Maintain
14.2.1: Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by increasing the number of toxicological profiles for substances hazardous to human health published. (Outcome)	FY 2015: 11 (Target Exceeded)	9	9	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 2015: 577 (Target Exceeded)	500	500	Maintain
14.C: Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2015: 148 (Target Exceeded)	125	125	Maintain
14.L: Number of health professionals trained on environmental health topics (Output)	FY 2015: 24,287 (Target Not Met)	30,000	36,000	+6,000
14.N: Number of ToxProfile citations in peer-reviewed health and environmental literature (Output)	FY 2015: 1,203 (Target Exceeded)	1,000	1,700	+700

Performance Trends: ATSDR investigates harmful exposures in communities and recommends actions to protect health. For the past five years, ATSDR has continually met or exceeded performance targets in protecting Americans from harmful exposures by recommending and taking responsive public health actions. ATSDR expects to continue this trend for FY 2017 while maintaining FY 2016 target levels.

Between FY 2011 and FY 2015, the Environmental Protection Agency (EPA), state regulatory agencies, and private industries accepted 85.5% percent of ATSDR recommendations to stop or reduce harmful exposures (Measure 14.1.1). For example, ATSDR provided analysis and opinion on the levels of lead in a Chicago community and their potential impact on health, while also providing support and education for residents. ATSDR determined that air lead levels were not healthy or safe for residents. That opinion was used by the Environmental Protection Agency (EPA) to leverage action from a local company that went on to install state-of-the-art filtering systems for the community.

The number of products developed and community services provided by ATSDR aligns with requests for assistance and varies from year to year. Between FYs 2010 and 2015, ATSDR has responded to an average of 580 requests from stakeholders and community members nationwide (Measure 14.B). ATSDR has reduced the number of formal evaluations of exposure conducted each year, from 210 in FY 2011 to 148 in FY 2015 (Measure 14.C). The lowered targets for FY 2016-2017, as well as FY 2015 results (Measure 14.C), align with the agency's

efforts to better prioritize site work, focusing resources on producing quality assessments that address the highest priority public health problems.

During ATSDR's site evaluations, ATSDR provides important information to local residents on their health risks and the steps they can take to protect themselves. In FY 2015, ATSDR and funded partners educated 24,287 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measure 14.L), and provided information on preventing harmful exposures and other environmental health topics to over 100,000 community members. In FY 2015, ATSDR awarded a new Pediatric Environmental Health Specialty Units (PEHSU) cooperative agreement to two new partners, the American Academy of Pediatrics and the American College of Medical Toxicology. Due to start-up demands of new partners in FY 2015, outreach to health professionals and community members declined from 32,856 health professionals trained in FY 2014. However, this activity will recover, as reflected in ATSDR's targets FY 2016 and FY 2017 (Measure 14.L). ATSDR also undertook a key initiative with the PEHSU and the American College of Obstetricians and Gynecologists (ACOG) to develop an exposure application for reproductive health care clinicians to use in preconception and prenatal patient care. The application will provide guidance tools to help more than 57,000 reproductive health care clinicians to conduct clinical environmental exposure assessments and talk with patients about reducing their health risks from environmental exposure.

ATSDR provides key scientific expertise for health and environmental professionals around the world through its toxicological profiles (ToxProfiles™) and accompanying educational materials. From 2011 to 2013, ATSDR met or exceeded targets relating to the development and dissemination of the ToxProfiles™ (Measure 14.2.1). However in FY 2014, the agency modified its finalization process and during this transition period profiles were not able to be finalized as quickly as before. As of the conclusion of FY 2015, this process has resolved and is reflected by the finalization of 11 toxicological profiles, exceeding the FY 2015 target of nine profiles. However, due to the fact that some hazardous substances require more time to comprehensively study and develop, ATSDR will maintain current targets (nine) to reflect expected program outcomes. Examples of hazardous substances to be addressed in ToxProfiles™ through FY 2017 include Bromodichloromethane, Pyrethrins, DDT, and Acrolein. ATSDR will also continue implementation and refinement of Systematic Reviews (SR) to enhance transparency, consistency, and efficiency in conducting literature-based evaluations. The ToxProfiles (as well as ToxFAQs) have been cited in state site assessment, policy documents, and peer-reviewed journal articles, with 1,203 citations occurring in FY 2015 (Measure 14.N). Policy applications associated with ToxProfile and ToxFAQs citations include air and fish monitoring programs, regulatory exposure standards, public health goals for chemical-specific exposure levels, non-site specific remediation documents, and other technical guidance.

BUDGET EXHIBITS

APPROPRIATIONS LANGUAGE

Comparison to the FY 2016 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, $74,691,000, of which up to $1,000 per eligible employee of the Agency for Toxic Substances and Disease Registry shall remain available until expended for Individual Learning Accounts: 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 [2016]2017, and existing profiles may be updated as necessary.

Analysis of Changes

No significant changes requested for FY 2017

AMOUNTS AVAILABLE FOR OBLIGATION

(dollars in millions)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Discretionary Appropriation:			
FY 2013 Enacted Amount	$74,691,000	$74,691,000	$74,691,000
Subtotal, adjusted Discretionary Appropriation	**$74,691,000**	**$74,691,000**	**$74,691,000**
Mandatory and Other Appropriations:			
Mandatory Appropriation[1]	$18,540,000	$0	$0
Subtotal, adjusted Mandatory Appropriation	**$18,540,000**	**$0**	**$0**
Recovery of prior year Obligations	$1,063	$0	$0
Unobligated balance start of year	$11,736,268	$27,331,359	$26,564,295
Unobligated balance expiring	$185,048	$0	$0
Unobligated balance end of year	($27,331,359)	($26,564,295)	($26,364,569)
Total Obligations	**$77,822,020**	**$75,458,064**	**$74,890,726**

[1] FY 2015 amount includes mandatory sequestration reduction.

ATSDR – SUMMARY OF CHANGES

(dollars in thousands)		Dollars		FTEs
FY 2016 Enacted		$74,691		265
FY 2017 Request		$74,691		265
Net Change		**$0**		**0**
	FY 2016 Appropriation		**Change from Base**	
	FTE[1]	**Budget Authority**	**FTE**	**Budget Authority**
Increases:				
ATSDR		$74,691	---	$0
Total Increases	**N/A**	**N/A**	**N/A**	**$0**
Decreases:				
ATSDR	---	$74,691	---	$0
Total Decreases	**N/A**	**N/A**	**0**	**$0**
Built-In:				
1. Annualization of 2017 Pay Raise	---	---	---	$107
2. Annualization of 2017 Pay Raise (Jan-Sept)				$321
2. Changes in Day of Pay	---	---	---	$0
3. Rental Payments to GSA and Others	---	---	---	$0
Total Built-In	**265**	**$74,691**	**0**	**$428**
1. Absorption of Current Services	---	---	---	($428)
Total	---	---	---	($428)
Total Increases (Budget Authority)	**265**	**$74,691**	**0**	**$0**
Total Decreases (Budget Authority)	**N/A**	**N/A**	**0**	**N/A**
NET CHANGE - BUDGET AUTHORITY	**265**	**$74,691**	**0**	**$0**
NET CHANGE – Program Level	**265**	**$74,691**	**0**	**$0**

[1] The FY 2017 Congressional Justification reflects 265 FTE versus 275 FTE in MAX. The above estimates are accurate.

AUTHORZING LEGISLATION

(dollars in millions)	FY 2016 Amount Authorized	FY 2016 Appropriations Act	FY 2017 Amount Authorized	FY 2017 President's Budget
ATSDR				
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); The Clean Air Act, as amended (42 U.S.C. 7401 et seq)	Indefinite	$74.691	Indefinite	$74.691

Note: Expired/Expiring authorization of appropriations noted with *

APPROPRIATIONS HISTORY

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				-433,455
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				-613,000
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Rescission[1]				-361,874
2006 Rescission				-756,620
2007	75,004,000	76,754,000	75,004,000	74,905,000
2008	75,004,000	75,212,000	75,004,000	75,212,000
2008 Rescission				-1,173,000
2009	72,882,000	72,882,000	74,039,000	74,039,000
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

[1] FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

SIGNIFICANT ITEMS

There are no significant items for ATSDR.

SUPPORTING INFORMATION

OBJECT CLASS TABLE

Object Class	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Personnel Compensation:			
Full-Time Permanent(11.1)	$21,108	$21,446	$338
Other than Full-Time Permanent (11.3)	$1,701	$1,728	$27
Other Personnel Comp. (11.5)	$601	$611	$10
Military Personnel (11.7)	$3,344	$3,398	$54
Special Personal Service Comp. (11.8)	$0	$0	$0
Total Personnel Compensation	**$26,754**	**$27,182**	**$428**
Civilian personnel Benefits (12.1)	$7,444	$7,563	$119
Military Personnel Benefits (12.2)	$1,491	$1,515	$24
Benefits to Former Personnel (13.0)	$0	$0	$0
Subtotal Pay Costs	**$35,689**	**$36,260**	**$571**
Travel (21.0)	$452	$460	$8
Transportation of Things (22.0)	$37	$38	$1
Rental Payments to GSA (23.1)	$0	$0	$0
Rental Payments to Others (23.2)	$6	$6	$0
Communications, Utilities, and Misc. Charges (23.3)	$113	$115	$2
NTWK Use Data TRANSM SVC (23.8)	$5	$5	$0
Printing and Reproduction (24.0)	$7	$7	$0
Other Contractual Services:			
Advisory and Assistance Services (25.1)	$7,814	$7,616	-$198
Other Services (25.2)	$4,501	$4,387	-$114
Purchases from Government Accounts (25.3)	$10,269	$10,009	-$260
Operation and Maintenance of Facilities (25.4)	$0	$0	$0
Research and Development Contracts (25.5)	$78	$76	-$2
Medical Services (25.6)	$0	$0	$0
Operation and Maintenance of Equipment (25.7)	$391	$381	-$10
Subsistence and Support of Persons (25.8)	$0	$0	$0
Consultants, other and misc. (25.9)	$318	$310	-$8
Subtotal Other Contractual Services	**$23,371**	**$22,780**	**-$591**
Supplies and Materials (26.0)	$98	$102	$4
Equipment (31.0)	$310	$316	$6
Land and Structures (32.0)	$24	$24	$0
Investments and Loans (33.0)	$0	$0	$0
Grants, Subsidies, and Contributions (41.0)	$14,484	$14,484	$0
Insurance Claims and Indemnities (42.0)	$95	$95	$0
Interest and Dividends (43.0)	$0	$0	$0
Refunds (44.0)	$0	$0	$0
Subtotal Non-Pay Costs	**$39,002**	**$38,431**	**-$571**
Total Budget Authority	**$74,691**	**$74,691**	**$0**
Average Cost per FTE			
Civilian FTEs	229	229	0
Civilian Average Salary and Benefits	$135	$137	2
Percent change	N/A	2%	2%
Military FTEs	36	36	0
Military Average Salary and Benefits	$134	$136	2
Percent change	N/A	2%	2%
Total FTEs[1]	**265**	**265**	**0**
Average Salary and Benefits	**$135**	**$137**	**$2**
Percent change	**N/A**	**2%**	**2%**

[1] The FY 2017 Congressional Justification reflects 265 FTE versus 275 FTE in MAX. The above estimates are accurate.

SALARIES AND EXPENSES

	FY 2016 Enacted	FY 2017 Budget	FY 2017 +/- FY 2016
Personnel Compensation:			
Full-Time Permanent(11.1)	$21,108	$21,446	$338
Other than Full-Time Permanent (11.3)	$1,701	$1,728	$27
Other Personnel Comp. (11.5)	$601	$611	$10
Military Personnel (11.7)	$3,344	$3,398	$54
Special Personal Service Comp. (11.8)	$0	$0	$0
Total Personnel Compensation	**$26,754**	**$27,182**	**$428**
Civilian personnel Benefits (12.1)	$7,444	$7,563	$119
Military Personnel Benefits (12.2)	$1,491	$1,515	$24
Benefits to Former Personnel (13.0)	$0	$0	$0
Subtotal Pay Costs	**$35,689**	**$36,260**	**$571**
Travel (21.0)	$452	$460	$8
Transportation of Things (22.0)	$37	$38	$1
Communications, Utilities, and Misc. Charges (23.3)	$0	$0	$0
Printing and Reproduction (24.0)	$6	$6	$0
Other Contractual Services:			
Advisory and Assistance Services (25.1)	$7,814	$7,616	($198)
Other Services (25.2)	$4,501	$4,387	($114)
Purchases from Government Accounts (25.3)	$10,269	$10,009	($260)
Operation and Maintenance of Facilities (25.4)	$0	$0	$0
Research and Development Contracts (25.5)	$78	$76	($2)
Medical Services (25.6)	$0	$0	$0
Operation and Maintenance of Equipment (25.7)	$391	$381	($10)
Subsistence and Support of Persons (25.8)	$0	$0	$0
Subtotal Other Contractual Services	**$23,053**	**$22,470**	**($583)**
Supplies and Materials (26.0)	$98	$102	$4
Subtotal Non-Pay Costs	**$23,646**	**$23,075.36**	**($571)**
Rental Payments to Others (23.2)	$6	$6	$0
Total, Salaries & Expenses and Rent	**$59,341**	**$59,341**	**$0**
Direct FTE[1]	**265**	**265**	**0**

[1]The FY 2017 Congressional Justification reflects 265 FTE versus 275 FTE in MAX. The above estimates are accurate.

DETAIL OF FTE EMPLOYMENT[1]

	FY 2015			FY 2016			FY 2017		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
Agency for Toxic Substances and Disease Registry	**229**	**36**	**265**	**229**	**36**	**265**	**229**	**36**	**265**
Direct	219	36	255	219	36	255	219	36	255
Reimbursable	10	-	10	10	-	10	10	-	10

[1] [1] The FY 2017 Congressional Justification reflects 265 FTE versus 275 FTE in MAX. The above estimates are accurate.

DETAIL OF POSITIONS

	FY 2015 Actual	FY 2016 Base	FY 2017 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**	**0**	**0**
Total - SES Salary	**$0**	**$0**	**$0**
General Schedule			
GS-15	27	23	23
GS-14	76	65	65
GS-13	86	78	73
GS-12	38	21	18
GS-11	17	11	11
GS-10	2	1	1
GS-9	15	14	13
GS-8	4	2	2
GS-7	11	6	6
GS-6	3	3	3
GS-5	9	6	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	**288**	**230**	**215**
Total - GS Salary	**$22,134,092**	**$25,109,931**	**$23,826,903**
Average ES level			
Average ES salary			
Average GS grade	12.0	12.0	12.0
Average GS salary	$78,854	$109,174	$110,823
Average Special Pay Categories			
Average Comm. Corps Salary[2]	$84,374	$94,985	$99,142
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

ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

Program[1, 2] (dollars in millions)	ACA Sec.	2013 Total	2013 FTEs	2014 Total	2014 FTEs	2015 Total	2015 FTEs	2016 Total	2016 FTEs	2017 Total	2017 FTEs
Medical Monitoring in Libby, MT	10323	$4.0	1.1	$4.0	0.9	$4.0	0.9	$4.0	0.9	$4.0	0.9
Totals		**$4.0**	**1.1**	**$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/ATSDR tracks total contract costs for ACA activities in the Affordable Care Act Object Class Table but does not track individual contract staff