



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Fiscal Year  
2022**

Agency for Toxic Substances and  
Disease Registry

*Justification of  
Estimates for  
Appropriation Committees*



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## MESSAGE FROM THE ADMINISTRATOR

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We are pleased to present the Fiscal Year 2022 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 what we do. We evaluate progress in reducing exposures at the most hazardous sites while closely tracking programmatic activities. For example, ATSDR is conducting groundbreaking work to address emerging contaminants, such as the first ever nation-wide Exposure Assessments at sites with high levels of per- and polyfluoroalkyl substance (PFAS) in drinking water. Additionally, ATSDR's PFAS Multi-site Health Study takes place across eight states and will enhance our understanding about the relationship between PFAS exposure and health outcomes among differing populations and sites.

ATSDR 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.



Rochelle P. Walensky, MD, MPH  
Director, CDC  
Administrator, ATSDR



Patrick Breyse, PhD  
Director, ATSDR

## INTRODUCTION AND MISSION

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### **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.

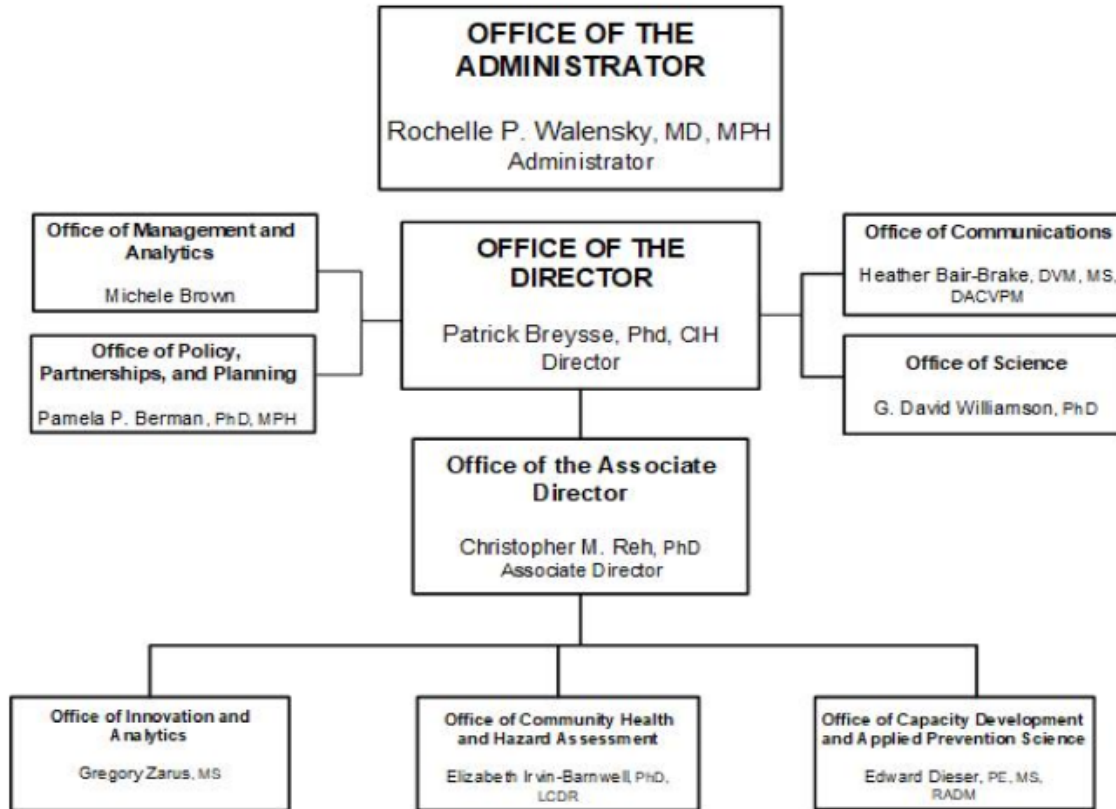
### **Goals**

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

Prepare for and respond to health hazards and toxic exposures, including those caused by public health emergencies such as chemical, biological, radiological, and nuclear incidents; natural disasters; and extreme weather events.

Build additional national, state, local, and tribal capacity to anticipate, assess, and respond to environmental exposures.

**ATSDR ORGANIZATIONAL CHART**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**



Listed personnel are Director of the entity unless otherwise noted.

APPROVED 10/31/2019  
EFFECTIVE 01/09/2020

Names added 4/14/2021

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## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
<b>Budget Authority</b>	<b>\$76.691</b>	<b>\$78.000</b>	<b>\$81.750</b>	<b>+\$3.750</b>
FTEs	221	228	228	0

**Enabling Legislation Citation:** Sections 104(i) and 111(c)(4) 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) and § 9611)\*; 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); P.L. 114-148; P.L. 115-141

**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 dioxins/furans, per- and polyfluoroalkyl substances, radiation, lead, trichloroethylene, and ethylene oxide.

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:** Health Studies include those that examine the relationship between exposure to substances such as per- and polyfluoroalkyl substances (PFAS) in communities 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.
- **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.
- **28**—State health departments funded through ATSDR's APPLETREE cooperative agreement program. Sixteen recipient states received an additional \$1.4 million in COVID-19 supplemental funding through APPLETREE to provide guidance and community engagement on safe practices for disinfection for home, school, and early learning education centers.
- **110 Million**—Views of the COVID-19 Data Tracker Dashboard since its launch in April 2020. ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) developed the tracker that provides information on COVID-19 cases, deaths, testing, seroprevalence, emergency department visits, societal impact, and other metrics. ATSDR also used GRASP's Social Vulnerability Index (SVI), a tool to identify socially vulnerable populations, to create a Pandemic Vulnerability Index (PVI) to map populations that are more vulnerable to the spread of COVID-19.
- **10**—Number of Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals. PEHSUs and other partners engaged early in the COVID-19 response to deliver timely education and disseminated infographics and guidance on safely disinfecting the home during the pandemic.
- **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.
  - 10—Exposure assessments conducted in communities near current or former military bases across the U.S. that are known to have had PFAS in their drinking water.
  - 8—States with sites for ATSDR's Multi-Site Health Study, a national study that will look at the relationship between PFAS exposure and health effects.
- **17**—Toxicological profiles published by ATSDR in FY 2020 for substances that are hazardous to human health. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 459 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 2020, CDC/ATSDR has connected over 1,000 patients with more than 50 clinical trials and epidemiological studies, collected specimens from more than 1,400 patients nationally for the biorepository, and funded 19 research grants.

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

Agency For Toxic Substances and Disease Registry Funding History <sup>1</sup>	
Fiscal Year	Dollars (in millions)
2018	\$74.691
2019	\$74.691
2020	\$76.691
2021	\$78.000
2022 President's Budget	\$81.750

<sup>1</sup> 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 2022 request of **\$81,750,000** is **\$3,750,000** above the FY 2021 Enacted. New resources in FY 2022 will enable continued and expanded geospatial public health analyses, including COVID-19 variant, cluster, and outbreak analysis. 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. 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.

Since FY 2020, ATSDR has increased the number of states funded through the ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) cooperative agreement to 28. ATSDR was also able to increase support to the 10 Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals.

### **Public Health Assessments**

ATSDR protects people who are at risk of harmful exposures which cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. More specifically, ATSDR reviews environmental and health data and provides guidance, health education, and technical expertise to people living near hazardous waste sites, including elderly adults, children, and American Indians and Alaska Natives.

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 addition, 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 FY 2022, ATSDR will continue to support public health assessments, evaluating health risks as requested by communities, state, and federal partners.

The information that ATSDR provides to communities helps people take protective action to prevent harmful exposures. When working at contaminated sites, ATSDR conducts a variety of community relations activities:

- 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 information needed to conduct Public Health Assessments—such as direct exposure measurements—is unavailable, ATSDR may address a contamination issue by conducting a Health Study.

### **Health Studies**

When necessary, ATSDR will gather biological samples (e.g., urine, blood) and environmental media (e.g., drinking water, dust, air) to better characterize the relationship between how people come into contact with hazardous substances and possible exposure-related health effects in a community.

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. 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 directed ATSDR to complete exposure assessments and a health study to look at PFAS exposure in communities. Currently, ATSDR is investigating exposure to and possible health effects associated with PFAS in more than 40 communities across the United States. Most of these communities have concerns about PFAS in their drinking water connected with PFAS production facilities or fire training areas where aqueous film forming foam (AFFF) was regularly used.

In FY 2020, through an interagency agreement with Department of Defense, ATSDR conducted 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. ATSDR has completed sample collection at all sites and reported results in seven communities, with results for the remaining communities expected to be released in FY 2021. The exposure assessments looked at exposure in more than 2,300 individuals from over 1,400 households. Over 770 people attended in-person or virtual community meetings about the assessments and more than 158,000 people have been reached on social media. In FY 2022, ATSDR will continue to develop summaries of individual site reports and an overall PFAS exposure assessment report covering all sites. ATSDR will also continue to conduct Q&A sessions with community members and complete health care provider information. ATSDR will utilize the information and lessons learned from the exposure assessments to inform ATSDR's overall work in PFAS.

In addition, through support from the Department of Defense, 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 and sample collection for the Pease Study reopened on October 15 after a pause to ensure safety of participants and staff from COVID-19. In September 2019, ATSDR awarded research cooperative agreements to seven recipients for the Multi-Site Study. This groundbreaking health study will provide information about the health effects of PFAS exposure that can be used in all communities to protect health.

Since there is evidence to suggest that exposure to PFAS may impact the immune system, ATSDR is collaborating with CDC to evaluate COVID-19 in healthcare providers and first responders. Study participants will provide blood samples for serum PFAS concentration testing and participants will be monitored for both symptomatic and asymptomatic infection. In cases where individuals contract COVID-19, their symptom severity, hospitalization status, and antibody titers will be tracked at entry, midpoint, and study's end. This analysis will provide critical insight into the relationship between a widespread environmental exposure and infectious disease.

### **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, 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 to implement CSPECE through its state cooperative agreement program in FY 2022. These states will continue screening 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 CSPECE 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 this collaboration, CDSS sent over 10,000 ECE provider notices in English and Spanish that recommended that they test their facility for radon gas and provided information on obtaining free radon test kits. 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 radon exposure.

ATSDR has awarded COVID-19 supplemental funding to the National Environmental Health Association (NEHA) and the Children's Environmental Health Network (CEHN) to support safe and appropriate disinfection practices

in ECE facilities during the COVID-19 pandemic. ATSDR uses its relationships with NEHA and CEHN, built through normal CSPECE programmatic work, to ensure that environmental health staff, ECE facility owners, and other interested parties are empowered with information to protect young children from both COVID-19 infection and potentially hazardous cleaning product exposures.

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. 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. Childhood, from early development through puberty, is a highly vulnerable period for exposure to environmental toxicants such as lead, mold, pesticides, air pollution, and many other contaminants.

The PEHSU network has produced the Pediatric Environmental Health Toolkit, 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 continue to add new stories to evolve 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.

Uniquely positioned around the U.S. and nationally known as an expert resource in children and women's environmental health, ATSDR's PEHSU and other partners engaged early in the COVID-19 response to deliver timely education and disseminate guidance on safely disinfecting the home during the pandemic and other guidance on chemicals of public health concern. Supplemental COVID-19 funds are helping make this guidance more widely available to communities and the public and will also be adapted to reach other environments with similar needs such as schools and large gatherings. ATSDR and our PEHSU partner, the American College of Medical Toxicology, are providing guidance on school re-openings during COVID-19.

### **Geospatial Research, Analysis, and Services Program (GRASP) and COVID-19**

ATSDR's GRASP engages in geospatial science and GIS research, analysis, support, training, and technology projects with CDC/ATSDR and among the wider public health community to better understand issues specific to health concerns. GRASP has worked on over 70 projects responding to the COVID pandemic, many of which are still active.

To address data needs for the COVID-19 response, GRASP developed a COVID Data Tracker (CDT) Dashboard using technology and data from multiple organizations to increase the understanding of the novel coronavirus, target behaviors and populations that have increased risk, explore the impact and recovery of the existing healthcare system, and to provide timely information to the public. In one week of the response, the Dashboard received nearly 8 million views, and the CDT has recorded an estimated 110 million views overall since it was launched in April 2020.

GRASP has also built upon existing programs to respond to COVID-19. In 2007, GRASP partnered with emergency response planners at ATSDR and CDC's National Center for Environmental Health (NCEH) to develop the Social Vulnerability Index (SVI), a resource to increase the public health community's ability to use data, tools, and communication to identify socially vulnerable populations at-risk of infectious disease related health outcomes, better prepare for emergencies, and for use in its hazardous waste site work. SVI uses U.S. Census tract data to characterize the social vulnerability of every U.S. community and ranks each community on 15 social factors, including poverty, lack of vehicle access, and crowded housing. From FY 2019 to FY 2020, there was a 262% increase in SVI page views. In 2020, the SVI has been used to create a Pandemic Vulnerability Index (PVI) to map

populations that are more vulnerable to the spread of COVID-19. The PVI is linked to the CDT Dashboard. GRASP continues to use new data and technology to improve the utility of the information for public health decision making. ATSDR's [COVID Data Tracker Dashboard](#),<sup>1</sup> [PVI tool](#),<sup>2</sup> and [SVI tool](#)<sup>3</sup> are readily available to officials to help make timely public health decisions.

Increased investment in geospatial analyses will improve CDC/ATSDR's ability to respond to public health events timely and effectively and explore environmental factors that may influence the progression of infectious disease and other health outcomes. With additional funding in FY 2022, ATSDR's GRASP would increase its overall GIS and geospatial analysis activities—improving technology, enhancing science in environmental modeling, and providing support to states. Some of these activities include:

- Improving technology with the goal of creating an *Environmental Health Atlas*, a reporting and visualization online platform to enable partners and the public from the community to the global level to examine the relationship between health and the environment.
- Developing a comprehensive environmental sampling data system to manage, store, and share data to improve data quality, ensure consistency in data used for analysis, and ensure scientists use the same common data.
- Expanding GRASP's capacity in air dispersion modeling and groundwater modeling to enhance ATSDR's construction of complex exposure pathways in communities.
- Developing an Activity Space Index integrating mobile phone data, synthetic population data, and remote sensing images to enable ATSDR scientists to better understand exposure that occurs where people work, learn, play, and worship.
- Expanding the SVI to include an SVI Toolkit designed to promote its use among partners and be potentially implemented at educational institutions.
- Building GIS capacity within state and local health departments for the development of GIS science, analysis, technology and visualization of public health research and practice. This would inform decision making and allow enhance health departments' response to environmental and public health emergencies.

### 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 2022, 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.

<sup>1</sup> <https://covid.cdc.gov/covid-data-tracker>

<sup>2</sup> <https://covid.cdc.gov/covid-data-tracker/#pandemic-vulnerability-index>

<sup>3</sup> <https://svi.cdc.gov/data-and-tools-download.html>

## **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 459 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 FY 2020, ATSDR finalized and published 17 ToxProfiles™. In addition, ATSDR scientists are working to identify private wells that may be contaminated with per- and polyfluoroalkyl substances (PFAS).

## **Funding State Cooperative Agreements**

ATSDR's state cooperative agreement program (APPLETREE) funds 28 states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. In FY 2022, ATSDR will continue to fund all 28 states. 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 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<sup>1</sup>**

(dollars in millions)	FY 2020	FY 2021	FY 2022
	Final Level	Enacted Level	President's Budget
Number of Awards	28	28	28
- New Awards	28	0	0
- Continuing	0	28	28
Awards			
Average Award	\$0.421	\$0.421	\$0.421
Range of Awards	\$0.212-\$0.856	\$0.212-\$0.856	\$0.212-\$0.856
<b>Total Awards</b>	<b>\$11.800</b>	<b>\$11.800</b>	<b>\$11.800</b>

<sup>1</sup> These funds are not awarded by formula.

**ATSDR State Funding FY 2020-2022**

	<b>FY 2020 Final</b>	<b>FY 2021 Enacted</b>	<b>FY 2022 President's Budget</b>	<b>FY 2022 +/- FY 2021</b>
Alabama	\$0	\$0	\$0	\$0
Alaska	\$423,449	\$423,449	\$423,449	\$0
Arizona	\$0	\$0	\$0	\$0
Arkansas	\$0	\$0	\$0	\$0
California	\$512,206	\$512,206	\$512,206	\$0
Colorado	\$352,306	\$352,306	\$352,306	\$0
Connecticut	\$572,985	\$572,985	\$572,985	\$0
Delaware	\$0	\$0	\$0	\$0
District of Columbia	\$0	\$0	\$0	\$0
Florida	\$546,301	\$546,301	\$546,301	\$0
Georgia	\$252,622	\$252,622	\$252,622	\$0
Hawaii	\$0	\$0	\$0	\$0
Idaho	\$222,010	\$222,010	\$222,010	\$0
Illinois	\$5,123,534	\$5,123,534	\$5,123,534	\$0
Indiana	\$0	\$0	\$0	\$0
Iowa	\$0	\$0	\$0	\$0
Kansas	\$0	\$0	\$0	\$0
Kentucky	\$0	\$0	\$0	\$0
Louisiana	\$335,191	\$335,191	\$335,191	\$0
Maine	\$0	\$0	\$0	\$0
Maryland	\$0	\$0	\$0	\$0
Massachusetts	\$800,753	\$800,753	\$800,753	\$0
Michigan	\$508,631	\$508,631	\$508,631	\$0
Minnesota	\$606,688	\$606,688	\$606,688	\$0
Mississippi	\$0	\$0	\$0	\$0
Missouri	\$448,808	\$448,808	\$448,808	\$0
Montana	\$2,840,098	\$2,840,098	\$2,840,098	\$0
Nebraska	\$0	\$0	\$0	\$0
Nevada	\$0	\$0	\$0	\$0
New Hampshire	\$389,452	\$389,452	\$389,452	\$0
New Jersey	\$539,394	\$539,394	\$539,394	\$0
New Mexico	\$339,937	\$339,937	\$339,937	\$0
New York	\$556,029	\$556,029	\$556,029	\$0
North Carolina	\$395,592	\$395,592	\$395,592	\$0
North Dakota	\$0	\$0	\$0	\$0
Ohio	\$501,277	\$501,277	\$501,277	\$0
Oklahoma	\$0	\$0	\$0	\$0
Oregon	\$550,967	\$550,967	\$550,967	\$0
Pennsylvania	\$578,613	\$578,613	\$578,613	\$0
Rhode Island	\$444,790	\$444,790	\$444,790	\$0
South Carolina	\$0	\$0	\$0	\$0
South Dakota	\$0	\$0	\$0	\$0
Tennessee	\$511,441	\$511,441	\$511,441	\$0
Texas	\$542,938	\$542,938	\$542,938	\$0
Utah	\$251,816	\$251,816	\$251,816	\$0
Vermont	\$0	\$0	\$0	\$0
Virginia	\$0	\$0	\$0	\$0
Washington	\$497,868	\$497,868	\$497,868	\$0
West Virginia	\$0	\$0	\$0	\$0
Wisconsin	\$578,356	\$578,356	\$578,356	\$0
Wyoming	\$0	\$0	\$0	\$0

ATSDR FY 2022 Congressional Justification

	<b>FY 2020 Final</b>	<b>FY 2021 Enacted</b>	<b>FY 2022 President's Budget</b>	<b>FY 2022 +/- FY 2021</b>
<b>Total Resources</b>	<b>\$20,376,620</b>	<b>\$20,376,620</b>	<b>\$20,376,620</b>	<b>\$0</b>

<sup>1</sup> This table is a compilation of ATSDR grant programs ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure, TS20-2001, 93.240/93.136; Early Detection of Certain Medical Conditions Related to Environmental Health Hazards, TS19-1902, 93.534; and Pediatric Environmental Health Specialty Units, TS19-1901, 93.161 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

**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 2021 Target	FY 2022 Target	FY 2022 +/-FY 2021
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2020: 17 Target: 9 (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 2020: 747 Target:700 (Target Exceeded)	715	715	Maintain
14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2020: 61 Target: 115 (Target Not Met)	119	119	Maintain
14.L Number of health professionals trained on environmental health topics (Output)	FY 2020: 21,138 Target: 36,000 (Target Not Met)	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 2020, 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 2022 target will maintain 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). Despite the travel restrictions and other challenges due to the COVID-19 pandemic, ATSDR was able to conduct 61 public health assessments and health consultations in communities across the U.S. in FY 2020. These activities assessed the

health risks of over 200,000 people potentially exposed to harmful substances. It is anticipated that ATSDR will complete 119 health consultations and public health assessments in FY 2022, keeping steady with anticipated resources and FY 2020 levels.

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. Although the COVID-19 pandemic presented logistical complications and challenges due to increased burden on health professionals, in FY 2020 ATSDR and funded partners educated over 21,000 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 nearly 60,000 community members ATSDR continues to focus on pediatric environmental health and proposes targets based on that focus. FY 2022 targets remain level with FY 2020 to reflect similar resources as previous years.

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. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 459 minimum risk levels (MRLs), which are health guidance values used to make health decisions. ATSDR has met or exceeded the target for toxicological profiles (Measure 14.2.1). The toxicological profile development program anticipates similar resources and performance to previous years and has kept targets level for FY 2022.

## 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

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### **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, [\$78,000,000] \$81,750,000: *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 2022, and existing profiles may be updated as necessary

*(Department of the Interior, Environment, and Related Agencies Appropriations Act, 2021.)*

#### **Analysis of Changes**

No significant changes requested for FY 2022.

## AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
<b>Discretionary Appropriation:</b>			
Enacted	\$76,691,000	\$78,000,000	\$81,750,000
ATB Rescission	N/A	N/A	N/A
<b>Subtotal, adjusted Appropriation</b>	<b>\$76,691,000</b>	<b>\$78,000,000</b>	<b>\$81,750,000</b>
<b>Mandatory and Other Appropriations:</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Subtotal, adjusted Mandatory Appropriation</b>	<b>\$76,691,000</b>	<b>\$78,000,000</b>	<b>\$81,750,000</b>
Recovery of prior year Obligations	\$251,215	\$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)
<b>Total Obligations</b>	<b>\$90,365,773</b>	<b>\$77,179,944</b>	<b>\$63,284,825</b>

## SUMMARY OF CHANGES

(dollars in thousands)	Dollars		FTEs	
FY 2021 Enacted (Program Level)		\$78,000		228
FY 2022 President's Budget (Program Level)		\$81,750		228
<b>Net Change</b>		<b>\$3,750</b>		<b>0</b>
	<b>FY 2021 FTE</b>	<b>FY 2021 Enacted</b>	<b>FTE Change</b>	<b>FY 2022 +/- FY 2021</b>
<b>Increases:</b>				
		\$78,000	---	\$3,750
	<b>Total Increases</b>	<b>\$78,000</b>	<b>---</b>	<b>\$3,750</b>
<b>Decreases:</b>				
ATSDR	---	\$0	---	\$0
	<b>Total Decreases</b>	<b>\$0</b>	<b>---</b>	<b>\$0</b>
<b>Built-In:</b>				
1. Annualization of 2021 Pay Raise	---	---	---	\$0
2. FY 2022 Pay Increases				\$0
3. Changes in Day of Pay	---	---	---	\$0
4. Rental Payments to GSA and Others	---	---	---	\$0
	<b>Total Built-In</b>	<b>\$0</b>	<b>---</b>	<b>\$0</b>
Absorption of Current Services				\$0
	<b>Total</b>	<b>---</b>	<b>---</b>	<b>\$0</b>
	<b>Total Increases (Program Level)</b>	<b>\$78,000</b>	<b>0</b>	<b>\$3,750</b>
	<b>Total Decreases (Program Level)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>
	<b>NET CHANGE – Program Level</b>	<b>\$78,000</b>	<b>0</b>	<b>\$3,750</b>

## AUTHORIZING LEGISLATION

(dollars in thousands)

Enabling Legislation Citation	Enabling Legislation Status	Allocation Methods	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
<b>ATSDR</b>					
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), Section 2009 of the Social Security Act (42 U.S.C. § 1397h), P.L. 1114-148, P.L. 115-141	Permanent Indefinite	Direct Federal/ Intramural, Contracts, Competitive Grants/ Cooperative Agreements	\$76,691	\$78,000	\$81,750

Note: Expired/Expiring authorization of appropriations noted with \*

**APPROPRIATIONS HISTORY**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
<b>2010</b>	76,792,000	76,792,000	76,792,000	76,792,000
<b>2011</b>	76,337,000	----	76,337,000	76,638,000
<b>2012</b>	76,337,000	74,039,000	76,638,000	76,215,000
<b>2013</b>	76,300,000		76,300,000	72,228,000
<b>2014</b>	76,300,000	--	--	74,691,000
<b>2015</b>	74,691,000	--	--	74,691,000
<b>2015</b>	20,000,000	--	--	20,000,000
<b>2016</b>	74,691,000	--	--	74,691,000
<b>2017</b>	74,691,000	74,691,000	74,691,000	74,691,000
<b>2018</b>	62,000,000	72,780,000	74,691,000	74,691,000
<b>2019</b>	62,000,000	74,691,000	74,691,000	74,691,000
<b>2020</b>	62,000,000	79,691,000	74,691,000	76,691,000
<b>2021</b>	62,000,000	79,000,000	76,691,000	78,000,000
<b>2022</b>	81,750,000	--	--	--

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# **SUPPLEMENTAL TABLES**



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**OBJECT CLASS TABLE – DIRECT**

(dollars in thousands)	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$19,610	\$19,945	\$21,407	\$1,462
Other than Full-Time Permanent (11.3)	\$1,177	\$1,197	\$1,248	\$51
Other Personnel Comp. (11.5)	\$607	\$618	\$644	\$26
Military Personnel (11.7)	\$3,335	\$3,392	\$3,551	\$159
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$24,730</b>	<b>\$25,152</b>	<b>\$26,850</b>	<b>\$1,699</b>
Civilian personnel Benefits (12.1)	\$7,468	\$7,596	\$7,769	\$173
Military Personnel Benefits (12.2)	\$287	\$292	\$300	\$8
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$32,485</b>	<b>\$33,039</b>	<b>\$34,918</b>	<b>\$1,879</b>
Travel (21.0)	\$409	\$416	\$420	\$4
Transportation of Things (22.0)	\$19	\$20	\$20	\$0
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$6	\$6	\$6	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$22	\$23	\$23	\$0
NTWK Use Data TRANSM SVC (23.8)	\$0	\$0	\$0	\$0
Printing and Reproduction (24.0)	\$4	\$4	\$4	\$0
<b>Other Contractual Services (25):</b>	<b>\$22,870</b>	<b>\$23,260</b>	<b>\$24,497</b>	<b>\$1,237</b>
Advisory and Assistance Services (25.1)	\$9,274	\$9,432	\$9,934	\$502
Other Services (25.2)	\$1,968	\$2,001	\$2,108	\$106
Purchases from Government Accounts (25.3)	\$14,101	\$11,352	\$11,546	\$12,160
Operation and Maintenance of Facilities (25.4)	\$7	\$7	\$7	\$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)	\$270	\$275	\$289	\$15
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Consultants, other and misc. (25.9)	\$0	\$0	\$0	\$0
Supplies and Materials (26.0)	\$164	\$166	\$168	\$2
Equipment (31.0)	\$1,154	\$1,174	\$1,186	\$12
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$19,559	\$19,893	\$20,508	\$615
Insurance Claims and Indemnities (42.0)	\$0	\$0	\$0	\$0
Interest and Dividends (43.0)	\$0	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$44,206</b>	<b>\$44,961</b>	<b>\$46,832</b>	<b>\$1,871</b>
<b>Total Budget Authority</b>	<b>\$76,691</b>	<b>\$78,000</b>	<b>\$81,750</b>	<b>\$3,750</b>
<b>Average Cost per FTE</b>				
<b>Civilian FTEs</b>	<b>193</b>	<b>198</b>	<b>198</b>	<b>0</b>
Civilian Average Salary and Benefits	\$150	\$148	\$157	\$8.6
Percent change	N/A	-1%	6%	7%
<b>Military FTEs</b>	<b>28</b>	<b>30</b>	<b>30</b>	<b>0</b>
Military Average Salary and Benefits	\$129	\$123	\$128	\$6
Percent change	N/A	-5%	5%	9.6%
<b>Total FTEs</b>	<b>221</b>	<b>228</b>	<b>228</b>	<b>0</b>
<b>Average Salary and Benefits</b>	<b>\$147</b>	<b>\$145</b>	<b>\$153</b>	<b>\$8</b>
<b>Percent change</b>	<b>N/A</b>	<b>-1%</b>	<b>6%</b>	<b>7%</b>

## SALARIES AND EXPENSES

(dollars in thousands)	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$19,610	\$19,945	\$21,407	\$1,462
Other than Full-Time Permanent (11.3)	\$1,177	\$1,197	\$1,248	\$51
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Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$24,730</b>	<b>\$25,152</b>	<b>\$26,850</b>	<b>\$1,699</b>
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<b>Subtotal Pay Costs</b>	<b>\$32,485</b>	<b>\$33,039</b>	<b>\$34,918</b>	<b>\$1,879</b>
Travel (21.0)	\$409	\$416	\$420	\$4
Transportation of Things (22.0)	\$19	\$20	\$20	\$0
Rental Payments to Others (23.2)	\$6	\$6	\$6	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$22	\$23	\$23	\$0
Printing and Reproduction (24.0)	\$4	\$4	\$4	\$0
Other Contractual Services (25):	<u>\$22,870</u>	<u>\$23,260</u>	<u>\$24,507</u>	<u>\$1,247</u>
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Other Services (25.2)	\$1,968	\$2,001	\$2,108	\$106
Purchases from Government Accounts (25.3)	\$11,352	\$11,546	\$12,160	\$614
Operation and Maintenance of Facilities (25.4)	\$7	\$7	\$7	\$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)	\$270	\$275	\$289	\$15
Subsistence and Support of Persons (25.8)	\$0	\$0	\$10	\$10
Supplies and Materials (26.0)	\$164	\$166	\$168	\$2
<b>Subtotal Non-Pay Costs</b>	<b>\$23,493</b>	<b>\$23,894</b>	<b>\$25,148</b>	<b>\$1,254</b>
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
<b>Total, Salaries &amp; Expenses and Rent</b>	<b>\$55,978</b>	<b>\$56,933</b>	<b>\$60,067</b>	<b>\$3,133</b>
<b>Direct FTE</b>	<b>221</b>	<b>228</b>	<b>228</b>	<b>0</b>

## DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)<sup>1</sup>

	FY 2020			FY 2021			FY 2022		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
<b>Agency for Toxic Substances and Disease Registry</b>	<b>193</b>	<b>28</b>	<b>221</b>	<b>198</b>	<b>30</b>	<b>228</b>	<b>198</b>	<b>30</b>	<b>228</b>
Direct	193	28	221	198	30	228	198	30	228
Reimbursable	-	-	-	-	-	-	-	-	-

<sup>1</sup> ATSDR FTE only.

## ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

(dollars in millions)

ACA Program	ACA Sec.	2012 Total	2012 FTEs	2013 Total	2013 FTEs	2014 Total	2014 FTEs	2015 Total	2015 FTEs	2016 Total	2016 FTEs	2017 Total	2017 FTEs	2018 Total	2018 FTEs	2019 Total	2019 FTEs	2020 Total	2020 FTEs	2021 Total	2021 FTEs	2022 Total	2022 FTEs
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
<b>Total</b>		<b>\$0.0</b>	<b>2.0</b>	<b>\$0.0</b>	<b>2.5</b>	<b>\$4.0</b>	<b>1.1</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>

<sup>1</sup> 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.

<sup>2</sup> 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<sup>1,2,3</sup>

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
<b>Executive Level</b>			
Executive level I	-	-	
Executive level II	-	-	
Executive level III	-	-	
Executive level IV	-	-	
Executive level V	-	-	
<b>Subtotal</b>	-	-	
<b>Total-Executive Level Salary</b>	-	-	
<b>Total - SES</b>			
	<b>1</b>	<b>0</b>	<b>0</b>
<b>Total - SES Salary</b>			
	<b>\$20,815</b>	<b>\$0</b>	<b>\$0</b>
<b>General Schedule</b>			
GS-15	25	19	16
GS-14	78	75	66
GS-13	93	74	67
GS-12	32	21	19
GS-11	5	6	6
GS-10	2	2	2
GS-9	14	9	8
GS-8	0	0	0
GS-7	2	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<b>Subtotal</b>	<b>251</b>	<b>207</b>	<b>185</b>
<b>Total - GS Salary</b>	<b>\$23,122,220</b>	<b>\$23,409,963</b>	<b>\$23,213,301</b>
<b>Average ES level</b>			
<b>Average ES salary</b>			
Average GS grade	13.0	13.0	13.0
Average GS salary	\$92,120	\$113,092	\$125,477
<b>Average Special Pay Categories</b>			
Average Comm. Corps Salary <sup>2</sup>	\$108,297	\$145,641	\$149,357
Average Wage Grade Salary <sup>3</sup>			

<sup>1</sup> Includes special pays and allowances.

<sup>2</sup> This table reflects "positions" not full-time equivalent(s) (FTEs).

<sup>3</sup> There are no Wage Grade employees in ATSDR.