



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Fiscal Year  
2020**

Agency for Toxic Substances and  
Disease Registry

*Justification of  
Estimates for  
Appropriation Committees*



## MESSAGE FROM THE ADMINISTRATOR

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We are pleased to present the Fiscal Year 2020 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal public health agency within the U.S. Department of Health and Human Services with a unique focus on the impact of hazardous substances on human health. ATSDR also responds to environmental health emergencies; investigates emerging environmental health threats; conducts research on the health impacts of hazardous waste sites; and builds the capabilities of, and provides actionable guidance, to state and local health partners.

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

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



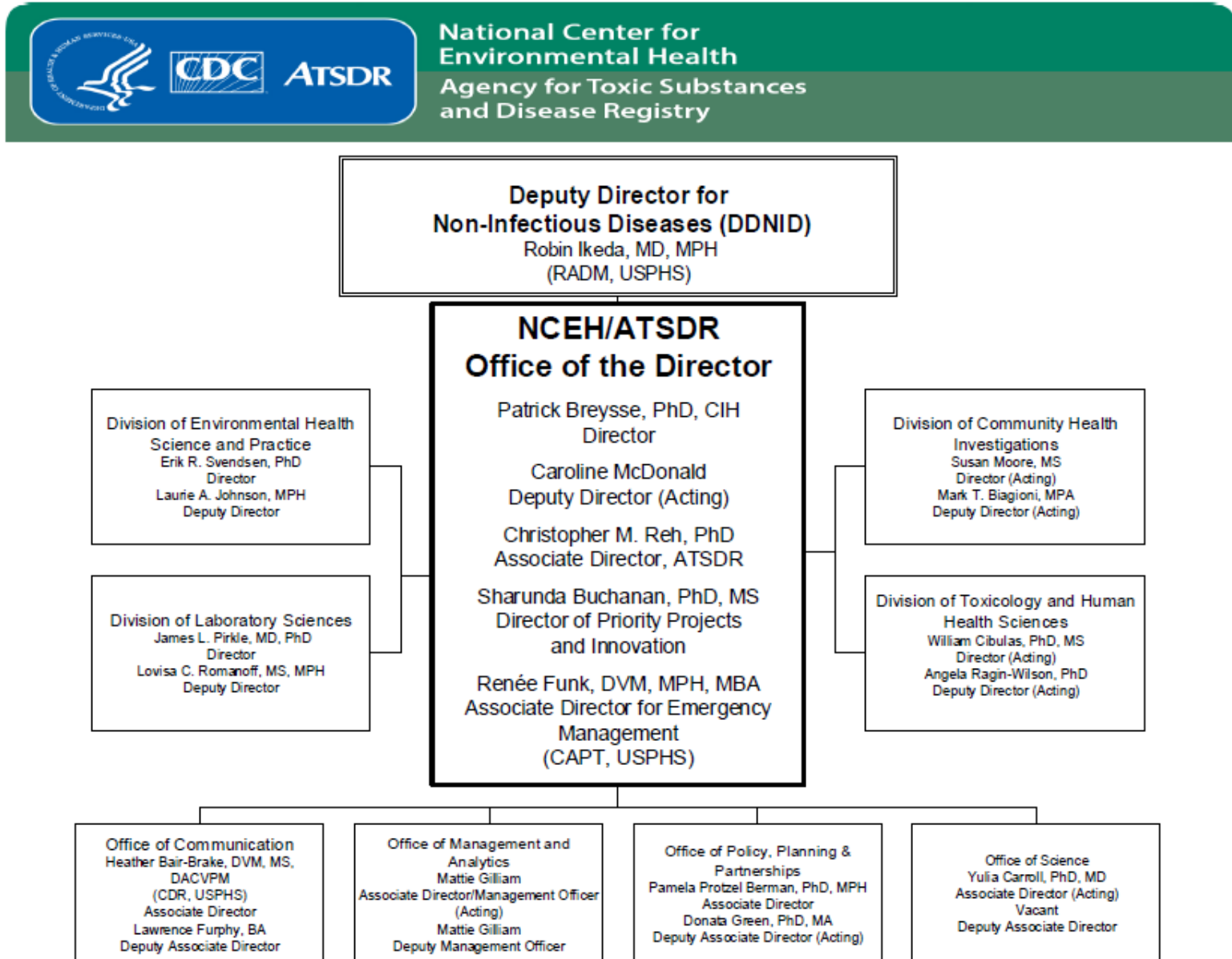
Robert R. Redfield, MD  
Director, Centers for Disease Control and Prevention  
Administrator, ATSDR



Patrick Breyse, PhD  
Director, Agency for Toxic  
Substances and Disease Registry

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# ATSDR ORGANIZATIONAL CHART



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## 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 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

(dollars in millions)	FY 2018 Final	FY 2019 Annualized CR	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	\$74.691	\$74.691	\$62.000	-\$12.691
FTEs	247	247	247	0

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

**Enabling Legislation Status:** Permanent

**Authorization of Appropriations for FY 2020:** Indefinite; Expired/Expiring noted with \*

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

The Agency for Toxic Substances and Disease Registry (ATSDR) provides public health expertise to investigate and prevent the negative health effects of exposures to hazardous substances. ATSDR 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.

ATSDR is the only federal health agency that works directly with concerned citizens and communities to address environmental hazards. In addition to protecting citizens from exposure to toxins and harmful substances, ATSDR's work also prevents the high economic cost of treatment, lost productivity and decreased lifetime earnings for those affected, and even reduced property value and business liability.

ATSDR staff are national experts in identifying the potential health effects of chemical spills and releases and identifying measures that can be taken to protect human health and reduce exposure related illness and death. ATSDR staff have extensive experience in addressing some of the most significant and difficult environmental health hazards in the United States, including dioxin/furans, per- and polyfluoroalkyl substances (PFAS), radiation, lead, and trichloroethylene. ATSDR staff include environmental health scientists, toxicologists, health educators, physicians, behavioral scientists, engineers, communications specialists, and public health program specialists.

Several of ATSDR's core focus areas include:

**Community Health Investigations:** 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.

**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.

**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.

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

## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

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### BY THE NUMBERS...

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- **1,700**—children protected by ATSDR actions from harmful exposures to lead. These actions potentially saved **\$90 million** in lifetime earnings that could have been lost due to lowered IQ.
- **100,000**—people protected from exposure to chemicals such as PFAS, polychlorinated biphenyls (PCBs), trichloroethylene (TCE), mercury, lead, benzene, and dioxin due to ATSDR recommendations at sites investigated.
- **550**—community, state, and Federal requests responded to by ATSDR in FY 2017, investigating the potential health risk of nearly **1.2 million** people around the country.
- **30,000**—health professionals educated by ATSDR in FY 2018 on ways to diagnose and treat conditions related to hazardous exposures.
- **30**—communities across there nation where ATSDR is currently working to examine the impact of exposure to Per- and Polyfluoroalkyl Substances (PFAS), which are a large group of man-made chemicals.
- **16**—toxicological profiles published by ATSDR for substances that are hazardous to human health.

<b>Agency For Toxic Substances and Disease Registry Funding History<sup>1</sup></b>	
<b>Fiscal Year</b>	<b>Dollars (in millions)</b>
2016	\$74.691
2017	\$74.549
2018	\$74.691
2019 Annualized CR	\$74.691
2020 President's Budget	\$62.000

<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 2020 request of **\$62,000,000** is \$12,691,000 below the FY 2019 Annualized CR level. At this funding level, ATSDR will support the highest priority community requests for public health assessments and consultations involving ongoing exposures posing severe risks to human health, and the timeline for completion of some ongoing work is uncertain.

## **Protecting Communities from Environmental Health Threats**

ATSDR helps communities by reviewing environmental and health data and providing guidance, health education, and technical expertise to people living near hazardous waste sites, including elderly adults, children, and American Indians and Alaska Natives. ATSDR is currently working in 30 communities<sup>1</sup> across the nation to examine the impact of exposure to PFAS, which are a large group of man-made chemicals. Most sites are related to drinking water contamination connected with PFAS production facilities or fire training areas where aqueous film-forming firefighting foam was regularly used. Over the last decade, interest in PFAS has been growing.

ATSDR's work with communities protects Americans. For example, near an industrial site in Phoenix, Arizona, residents were exposed to trichloroethylene (TCE) vapors entering their homes. ATSDR investigated the site and determined that some residents might have been exposed to TCE at levels that could harm their health. At ATSDR's recommendation, vapor mitigation systems were installed which removed the hazard from the homes.

## **Community Health Investigations**

The implementation of ATSDR's community health investigation recommendations protected nearly 100,000 people who were at risk of toxic exposures which cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. The information ATSDR provides to communities helps people take protective action to prevent harmful exposures. When working at contaminated sites, ATSDR:

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

<sup>1</sup> [https://www.atsdr.cdc.gov/pfc/atsdr\\_sites\\_involvement.html](https://www.atsdr.cdc.gov/pfc/atsdr_sites_involvement.html)

When critical data are unavailable, such as information on exposures, ATSDR may conduct an investigation which includes collecting and analyzing biological samples (e.g., urine and blood) along with environmental data. These data are then used to better characterize past, current, and possible future human exposures to hazardous substances. ATSDR evaluates possible exposure-related health effects. Because such investigations are resource intensive, they are only undertaken in rare circumstances, providing critical data to address community concerns.

### **Children's Environmental Health**

During community consultations, ATSDR observed that early child care and education centers are often located on or adjacent to hazardous sites, exposing children to environmental contaminants. As part of the Choose Safe Places for Early Care and Education (CSPECE) program, ATSDR provides tools for states and other stakeholders to protect children—mitigating environmental hazards prior to opening a child care facility. Children's exposure to environmental hazards such as lead, arsenic, asbestos, mercury, and radon can slow childhood growth and development and affect lifelong health status. ATSDR invests in and promotes multisector partnerships across public health, child care, and environmental protection, and supports implementation of state-based child care safe siting initiatives through the state cooperative agreement program. ATSDR funded the planning and implementation of CSPECE pilot programs in 25 states. ATSDR also funded Puerto Rico and US Virgin Islands to use Choose Safe Places guidance to assist the recovery and reopening of childcare centers impacted by the 2017 Hurricanes.

Medical professionals often lack training for and awareness of the health issues associated with harmful environmental exposures. ATSDR's Pediatric Environmental Health Specialty Units (PEHSUs), located in each federal region across America, fill clinical care gaps by ensuring that healthcare providers have access to specialized environmental medical knowledge and resources to care for 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.

### **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. ATSDR also provides 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.

### **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. Health care and environmental professionals around the world use ATSDR's suite of toxicological materials—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and reducing the toxic effect for people exposed to hazardous substances. In addition, ATSDR

scientists are working to identify private wells that may be contaminated with per- and polyfluoroalkyl substances. This work to identify private wells at higher risk of contamination can enable residents to protect themselves.

### 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 Anka 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.

### Funding State Cooperative Agreements

ATSDR's state cooperative agreement program funds states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. Funding health departments increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites and respond to local issues more quickly. ATSDR provides technical assistance and support for state experts to investigate community health concerns and implement state-level policies and practices to protect people from harmful exposures. For example, ATSDR partnered with EPA and the Arkansas Department of Health (ADH) to successfully identify chemical hazards in residential neighborhoods near the former Hope Iron and Metal site in Hope, Arkansas. Children living near the site were at risk for exposure to hazardous chemicals such as antimony, cadmium, and lead. ADH provided health education to local residents on how to protect themselves from the chemical hazards and tested blood lead levels of children living in the area. Ultimately, ATSDR/ADH recommendations led to the removal of the contaminated soil to prevent further exposure of residents to the contaminants.

### ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Grants<sup>1,2</sup>

(dollars in millions)	FY 2018 Final	FY 2019 Annualized CR	FY 2020 President's Budget
Number of Awards	25	25	25
- New Awards	25	0	0
- Continuing Awards	0	25	25
Average Award	\$0.414	\$0.414	TBD
Range of Awards	\$0.212-\$0.856	\$0.212-\$0.856	TBD
<b>Total Awards</b>	<b>\$10.468</b>	<b>\$10.468</b>	<b>TBD</b>

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

<sup>2</sup> These funds are not awarded by formula.

**ATSDR State Funding 2018–2020**

	<b>FY 2018 Final</b>	<b>FY 2019 Annualized CR</b>	<b>FY 2020 President's Budget</b>	<b>FY 2020 +/- FY 2019</b>
Alabama	\$0	\$0	\$0	\$0
Alaska	\$404,467	\$404,467	\$342,646	(\$61,821)
Arizona	\$1,566,960	\$1,566,960	\$1,347,444	(\$219,516)
Arkansas	\$419,585	\$419,585	\$355,453	(\$64,132)
California	\$856,060	\$856,060	\$725,214	(\$130,846)
Colorado	\$385,451	\$385,451	\$326,536	(\$58,915)
Connecticut	\$528,752	\$528,752	\$447,934	(\$80,818)
Delaware	\$0	\$0	\$0	\$0
District of Columbia	\$0	\$0	\$0	\$0
Florida	\$443,878	\$443,878	\$376,033	(\$67,845)
Georgia	\$239,040	\$239,040	\$202,504	(\$36,536)
Hawaii	\$0	\$0	\$0	\$0
Idaho	\$212,073	\$212,073	\$179,658	(\$32,415)
Illinois	\$1,859,399	\$1,859,399	\$1,598,915	(\$260,484)
Indiana	\$0	\$0	\$0	\$0
Iowa	\$0	\$0	\$0	\$0
Kansas	\$0	\$0	\$0	\$0
Kentucky	\$0	\$0	\$0	\$0
Louisiana	\$299,810	\$299,810	\$253,985	(\$45,825)
Maine	\$0	\$0	\$0	\$0
Maryland	\$0	\$0	\$0	\$0
Massachusetts	\$420,000	\$420,000	\$355,804	(\$64,196)
Michigan	\$1,005,853	\$1,005,853	\$852,112	(\$153,741)
Minnesota	\$469,654	\$469,654	\$397,869	(\$71,785)
Mississippi	\$0	\$0	\$0	\$0
Missouri	\$380,338	\$380,338	\$322,205	(\$58,133)
Montana	\$2,736,724	\$2,736,724	\$2,318,425	(\$418,299)
Nebraska	\$0	\$0	\$0	\$0
Nevada	\$0	\$0	\$0	\$0
New Hampshire	\$500,000	\$500,000	\$500,000	\$0
New Jersey	\$640,498	\$640,498	\$542,600	(\$97,898)
New Mexico	\$0	\$0	\$0	\$0
New York	\$1,073,050	\$1,073,050	\$884,376	(\$159,563)
North Carolina	\$319,084	\$319,084	\$270,313	(\$48,771)
North Dakota	\$0	\$0	\$0	\$0
Ohio	\$499,456	\$499,456	\$423,116	(\$76,340)
Oklahoma	\$0	\$0	\$0	\$0
Oregon	\$484,352	\$484,352	\$410,320	(\$74,032)
Pennsylvania	\$980,284	\$980,284	\$830,451	(\$149,833)
Rhode Island	\$0	\$0	\$0	\$0
South Carolina	\$0	\$0	\$0	\$0
South Dakota	\$0	\$0	\$0	\$0
Tennessee	\$305,258	\$305,258	\$258,600	(\$46,658)
Texas	\$392,173	\$392,173	\$332,231	(\$59,942)
Utah	\$235,314	\$235,314	\$199,347	(\$35,967)
Vermont	\$0	\$0	\$0	\$0
Virginia	\$276,218	\$276,218	\$233,999	(\$42,219)
Washington	\$0	\$0	\$0	\$0
West Virginia	\$0	\$0	\$0	\$0
Wyoming	\$0	\$0	\$0	\$0

ATSDR FY 2020 Congressional Justification

	<b>FY 2018 Final</b>	<b>FY 2019 Annualized CR</b>	<b>FY 2020 President's Budget</b>	<b>FY 2020 +/- FY 2019</b>
<b>Total Resources</b>	<b>\$18,392,574</b>	<b>\$18,392,574</b>	<b>\$15,676,800</b>	<b>(\$2,686,663)</b>

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

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## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

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### Highlights of Agency Accomplishments

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- In FY 2017, ATSDR responded to more than 500 requests for assistance across the United States. ATSDR conducted health activities and investigations in more than 40 states and territories during 2017, at sites where nearly 1.2 million people were potentially impacted by exposures. Health agencies nationwide adopted ATSDR's recommendations, leading to the elimination of harmful environmental hazards and protecting nearly 100,000 people.
  - In 2017 ATSDR worked with the Minnesota Department of Health (MDH) and Minnesota Pollution Control Agency (MPCA) after potentially harmful trichloroethylene (TCE) vapors were found at the Balboa Business Center in Mound, Minnesota. Working with the ATSDR, MDH and MPCA informed building management and its occupants of the potential risks to TCE exposure, scheduled calls with occupants to answer questions about TCE and developed a special health advisory for women of childbearing age. Following recommendations from ATSDR, building management also installed 10 air purifiers, sealed cracks, filled drains and adjusted the HVAC. As a result of these actions, employees at the business center are no longer being exposed to TCE vapors.
- In July 2018, the Michigan Department of Health and Human Services (MDHHS), an ATSDR Cooperative Agreement Partner received Polyfluoroalkyl Substances (PFAS) results from a municipal water system in Parchment, MI that exceeded the U.S. Environmental Protection Agency (EPA) Lifetime Health Advisory (70 ppt for PFOA and PFOS). MDHHS, with scientific direction from ATSDR, and along with local, state, and federal partners, responded immediately to reduce exposures. Within 24 hours:
  - Alternate water was made available to all affected residents;
  - The affected municipal water supply was disengaged, its supply wells were suspended, and efforts to connect to the Kalamazoo water supply were underway.
  - The local health department canvassed door to door in the area, notifying approximately 500 homes of the availability of bottled water. Nearly 4,000 residents (including municipal water customers and private well owners) were served by protective public health actions that that reduced exposure to PFAS-containing water.
- ATSDR is partnering with the Department of Defense (DOD), EPA, and state and local officials to help protect thousands of community members impacted by PFAS-contaminated drinking water in Bucks and Montgomery Counties, Pennsylvania. This includes nearly 86,000 public and private water supply users these counties. In 2016, ATSDR evaluated concentrations of PFAS in drinking water and conducted a public health evaluation of the resulting exposures near the former Warminster DOD site in this area. ATSDR's evaluation supported DOD's installation of treatment systems on public water systems, testing of more than 100 private water wells, and connecting those with contaminated well water to public water systems. Additionally, in January 2018, ATSDR funded the Association of State and Territorial Health Officials (ASTHO) to implement and evaluate ATSDR's PFAS exposure and assessment tool. ATSHO awarded a grant to the Pennsylvania Department of Health (PADOH) which enabled Pennsylvania to undertake the first community-based blood testing for PFAS in the state. Pennsylvania's work will ultimately contribute to the overall body of knowledge ATSDR has on the topic of PFAS and refine what is needed to describe exposure in a community.
- ATSDR's Geospatial Research, Analysis and Services Program (GRASP) supported over 40 requests related to site investigations, public health assessments and consultations, and exposure investigations in 2018. GRASP will continue to be a significant tool in the application of geospatial science into such practices as Lead Elevation Risk and the assessment of PFAS exposures nationwide.
- As of July 2018, ATSDR's National Amyotrophic Lateral Sclerosis (ALS) Registry has informed and connected over 1,000 patients with over 35 clinical trials and epidemiological studies. The Registry has successfully launched the National ALS Biorepository where patients can donate their blood, saliva, and

urine (in home collections) as well as participate in a post-mortem component (brain, spinal cord, tissue, muscle, and CSF). To date, nearly 1,000 patients from every state have contributed specimens resulting in thousands of available samples for researchers to better understand the areas of ALS genetics, biomarkers, and disease etiology. Additionally, in FY 2018, the Registry has funded 16 research grants/contracts. Information gleaned from these and future studies will help ATSDR and its stakeholders better understand the risk factors and etiology of ALS.

## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

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

Measure	Most Recent Result and Target	FY 2019 Target	FY 2020 Target	FY 2020 +/-FY 2019
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2018: 16 Target: 6 (Target Exceeded)	6	6	Maintain
14.2.3 Percentage of site assessments in which ATSDR health guidance values are used to make a public health decision (Outcome)	FY 2018: 91% Target: 80% (Target Exceeded)	80%	80%	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 2018: 679 Target: 425 (Target Exceeded)	425	425	Maintain
14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2018: 107 Target: 110 (Target Not Met)	110	110	Maintain
14.L Number of health professionals trained on environmental health topics (Output)	FY 2018: 29,468 Target: 36,000 (Target Not Met but Improved)	36,000	36,000	Maintain

**Performance Trends:** ATSDR investigates exposures to harmful substances in communities and recommends actions to protect people's health. ATSDR has effectively protected 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 2018, ATSDR responded to an average of 587 requests annually for public health assessments, consultations, and technical assistance from stakeholders and community members nationwide, consistently exceeding performance targets (Measure 14.B). The FY 2020 target will stay level with FY 2019 with ATSDR responding to at least 425 requests from environmental agencies, health agencies, policy makers, and community members per year.

ATSDR prioritizes its site work, focusing resources on producing quality assessments that address the highest priority public health problems. Through FY 2016, ATSDR consistently exceeded performance targets for the number of public health assessments and health consultations completed (Measure 14.C). In FY 2018, ATSDR conducted 107 public health assessments and health consultations in communities across the U.S. to assess the health risks of nearly one million people potentially exposed to harmful substances, slightly missing the target. Through implementation of ATSDR's recommendations, over 57,000 people who were at risk of exposure were protected. ATSDR will complete 110 health consultations and public health assessments in FY 2020, keeping steady with FY 2019 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. In FY 2018, ATSDR and funded partners educated over 29,000 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measure 14.L), and directly provided health education about preventing harmful exposures and other environmental health topics to more than 37,000 community members. Additionally, social media and indirect education efforts reached more than 8.2 million community members. Although the FY 2018 performance target was not fully met, ATSDR continues to focus on pediatric environmental health and proposes targets based on that focus. In addition, a new initiative, addressing the environmental education needs of reproductive health care providers and their patients, is expected to start in late 2019, contributing to the FY 2020 target for health professionals educated.

Through the toxicological profiles (ToxProfiles™), and accompanying educational materials, ATSDR provides key scientific information for health and environmental professionals around the world to make decisions about cleaning up hazardous waste sites, responding to emergencies, and treating people exposed to harmful substances. Since modifying the finalization process for the ToxProfiles™ in FY 2014, 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 2020.

As part of the ToxProfile™ development process, ATSDR produces health guidance values (i.e., minimal risk levels [MRLs]), which are peer-reviewed health-based screening values designed to help health assessors identify which substances and exposure routes pose a potential human health risk, particularly among susceptible populations. ATSDR assesses the utility of its health guidance values and solicits feedback from health assessors about their relevance and usability (Measure 14.2.3). In FY 2018, ATSDR exceeded its target for percentage of site assessments in which ATSDR health guidance values were used to make a public health decision. ATSDR anticipates similar resources and performance to previous years and has kept targets level for FY 2020.

# BUDGET EXHIBITS

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## **APPROPRIATIONS LANGUAGE**

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### **Comparison to the FY 2019 Continuing Appropriations Act**

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

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA and section 3019 of the Solid Waste Disposal Act, \$62,000,000: Provided, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited healthcare providers: Provided further, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: Provided further, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year 2020, and existing profiles may be updated as necessary.

#### **Analysis of Changes**

No significant changes requested for FY 2020.

## AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2018 Final	FY 2019 Annualized CR	FY 2020 President's Budget
<b>Discretionary Appropriation:</b>			
Enacted	\$74,691,000	\$74,691,000	\$62,000,000
ATB Rescission	N/A	N/A	N/A
<b>Subtotal, adjusted Appropriation</b>	<b>\$74,691,000</b>	<b>\$74,691,000</b>	<b>\$62,000,000</b>
<b>Mandatory and Other Appropriations:</b>			
<b>Subtotal, adjusted Mandatory Appropriation</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Recovery of prior year Obligations	\$349	\$0	\$0
Unobligated balance start of year	\$22,771,996	\$19,977,418	\$19,653,084
Unobligated balance expiring	\$301,039	\$0	\$0
Unobligated balance end of year	(\$19,977,418)	(\$19,653,084)	(\$16,670,027)
<b>Total Obligations</b>	<b>\$77,786,967</b>	<b>\$75,015,334</b>	<b>\$64,983,057</b>



## SUMMARY OF CHANGES

(dollars in thousands)	Dollars		FTEs	
FY 2019 Annualized CR (Program Level)	\$74,691		247	
FY 2020 President's Budget (Program Level)	\$62,000		247	
Net Change	(\$12,691)		0	
	FY 2019 Annualized CR		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority
<b>Increases:</b>				
		\$0	---	\$0
<b>Total Increases</b>	---	<b>\$0</b>	---	<b>\$0</b>
<b>Decreases:</b>				
ATSDR	---	\$74,691	---	(\$12,691)
<b>Total Decreases</b>		<b>\$74,691</b>	---	<b>(\$12,691)</b>
<b>Built-In:</b>				
1. Annualization of 2017 Pay Raise	---	---	---	\$0
2. FY 2018 Pay Increases				\$0
3. Changes in Day of Pay	---	---	---	\$0
4. Rental Payments to GSA and Others	---	---	---	\$0
<b>Total Built-In</b>	---	\$0	---	\$0
Absorption of Current Services				\$0
<b>Total</b>	---	---	---	<b>\$0</b>
<b>Total Increases (Program Level)</b>	---	N/A	0	\$0
<b>Total Decreases (Program Level)</b>	---	<b>\$74,691</b>	<b>0</b>	<b>(\$12,691)</b>
<b>NET CHANGE – Program Level</b>	<b>247</b>	<b>\$74,691</b>	<b>0</b>	<b>(\$12,691)</b>

## AUTHORIZING LEGISLATION

(dollars in thousands)

Enabling Legislation Citation	Enabling Legislation Status	Allocation Methods	FY 2018 Final	FY 2019 Annualized CR	FY 2020 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), Consolidated Appropriations Act, 2018 PL 115-141	Permanent Indefinite	Direct Federal/ Intramural; Competitive Cooperative Agreements/ Grants, including Formula Grants; Contracts; and Other	\$74,691	\$74,691	\$62,000

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>
2010	76,792,000	76,792,000	76,792,000	76,792,000
2011	76,337,000	-----	76,337,000	76,638,000
2012	76,337,000	74,039,000	76,638,000	76,215,000
2013	76,300,000		76,300,000	72,228,000
2014	76,300,000	--	--	74,691,000
2015	74,691,000	--	--	74,691,000
2015	20,000,000	--	--	20,000,000
2016	74,691,000	--	--	74,691,000
2017	74,691,000	74,691,000	74,691,000	74,691,000
2018	62,000,000	72,780,000	74,691,000	74,691,000
2019	62,000,000	74,691,000	74,691,000	74,691,000
2020	62,000,000	--	--	--

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# SUPPLEMENTAL TABLES

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**OBJECT CLASS TABLE – DIRECT**

(dollars in thousands)	FY 2018 Final	FY 2019 Annualized CR	FY 2020 President's Budget	FY 2020 +/- FY 2019
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$16,316	\$16,316	\$16,316	\$0
Other than Full-Time Permanent (11.3)	\$1,707	\$1,707	\$1,707	\$0
Other Personnel Comp. (11.5)	\$494	\$494	\$494	\$0
Military Personnel (11.7)	\$2,535	\$2,535	\$2,601	\$66
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$21,051</b>	<b>\$21,051</b>	<b>\$21,117</b>	<b>\$66</b>
Civilian personnel Benefits (12.1)	\$6,068	\$6,068	\$6,068	\$0
Military Personnel Benefits (12.2)	\$1,120	\$1,120	\$1,149	\$29
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$28,240</b>	<b>\$28,240</b>	<b>\$28,335</b>	<b>\$95</b>
Travel (21.0)	\$430	\$430	\$288	-\$143
Transportation of Things (22.0)	\$34	\$34	\$23	-\$11
Rental Payments to GSA (23.1)	\$5	\$5	\$3	-\$2
Rental Payments to Others (23.2)	\$2	\$2	\$2	-\$1
Communications, Utilities, and Misc. Charges (23.3)	\$109	\$109	\$73	-\$36
NTWK Use Data TRANSM SVC (23.8)	\$1	\$1	\$0	-\$0.24
Printing and Reproduction (24.0)	\$5	\$5	\$4	-\$2
Other Contractual Services (25):	<u>\$33,086</u>	<u>\$33,086</u>	<u>\$26,417</u>	<u>-\$6,669</u>
Advisory and Assistance Services (25.1)	\$11,284	\$11,284	\$9,350	-\$1,933
Other Services (25.2)	\$3,854	\$3,854	\$3,194	-\$660
Purchases from Government Accounts (25.3)	\$17,604	\$17,604	\$13,587	-\$4,016
Operation and Maintenance of Facilities (25.4)	\$0	\$0	\$0	\$0
Research and Development Contracts (25.5)	\$0	\$0	\$0	\$0
Medical Services (25.6)	\$0	\$0	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$334	\$334	\$276	-\$57
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Consultants, other and misc (25.9)	\$11	\$11	\$9	-\$2
Supplies and Materials (26.0)	\$393	\$393	\$272	-\$121
Equipment (31.0)	\$1,655	\$1,655	\$1,158	-\$497
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$10,727	\$10,727	\$5,423	-\$5,304
Insurance Claims and Indemnities (42.0)	\$3	\$3	\$2	-\$1
Interest and Dividends (43.0)	\$0	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$46,451</b>	<b>\$46,451</b>	<b>\$33,665</b>	<b>-\$12,786</b>
<b>Total Budget Authority</b>	<b>\$74,691</b>	<b>\$74,691</b>	<b>\$62,000</b>	<b>-\$12,691</b>
<b>Average Cost per FTE</b>				
<b>Civilian FTEs</b>	<b>214</b>	<b>214</b>	<b>214</b>	<b>0</b>
Civilian Average Salary and Benefits	\$113	\$113	\$116	3
Percent change	N/A	0%	0%	0%
<b>Military FTEs</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>0</b>
Military Average Salary and Benefits	\$111	\$111	\$121	10
Percent change	N/A	0%	0%	0%
<b>Total FTEs</b>	<b>247</b>	<b>247</b>	<b>247</b>	<b>0</b>
<b>Average Salary and Benefits</b>	<b>\$113</b>	<b>\$113</b>	<b>\$113</b>	<b>\$0</b>
<b>Percent change</b>	<b>N/A</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**SALARIES AND EXPENSES**

(dollars in thousands)	FY 2018 Final	FY 2019 Annualized CR	FY 2020 President's Budget	FY 2020 +/- FY 2019
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$16,316	\$16,316	\$16,316	\$0
Other than Full-Time Permanent (11.3)	\$1,707	\$1,707	\$1,707	\$0
Other Personnel Comp. (11.5)	\$494	\$494	\$494	\$0
Military Personnel (11.7)	\$2,535	\$2,535	\$2,601	\$66
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$21,051</b>	<b>\$21,051</b>	<b>\$21,117</b>	<b>\$66</b>
Civilian personnel Benefits (12.1)	\$6,068	\$6,068	\$6,068	\$0
Military Personnel Benefits (12.2)	\$1,120	\$1,120	\$1,149	\$29
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$28,240</b>	<b>\$28,240</b>	<b>\$28,335</b>	<b>\$95</b>
Travel (21.0)	\$430	\$430	\$288	-\$143
Transportation of Things (22.0)	\$34	\$34	\$23	-\$11
Rental Payments to Others (23.2)	\$2	\$2	\$2	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$109	\$109	\$73	-\$36
Printing and Reproduction (24.0)	\$5	\$5	\$4	-\$2
<b>Other Contractual Services (25):</b>	<b>\$33,075</b>	<b>\$33,075</b>	<b>\$26,408</b>	<b>-\$6,667</b>
Advisory and Assistance Services (25.1)	\$11,284	\$11,284	\$9,350	-\$1,933
Other Services (25.2)	\$3,854	\$3,854	\$3,194	-\$660
Purchases from Government Accounts (25.3)	\$17,604	\$17,604	\$13,587	-\$4,016
Operation and Maintenance of Facilities (25.4)	\$0	\$0	\$0	\$0
Research and Development Contracts (25.5)	\$0	\$0	\$0	\$0
Medical Services (25.6)	\$0	\$0	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$334	\$334	\$276	-\$57
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Supplies and Materials (26.0)	\$393	\$393	\$272	-\$121
<b>Subtotal Non-Pay Costs</b>	<b>\$34,049</b>	<b>\$34,049</b>	<b>\$27,069</b>	<b>-\$6,980</b>
Rental Payments to GSA (23.1)	\$5	\$5	\$3	-\$2
<b>Total, Salaries &amp; Expenses and Rent</b>	<b>\$62,294</b>	<b>\$62,294</b>	<b>\$55,407</b>	<b>(\$6,887)</b>
<b>Direct FTE</b>	<b>247</b>	<b>247</b>	<b>247</b>	<b>0</b>



## DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)<sup>1,2</sup>

	FY 2018			FY 2019			FY 2020		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
<b>Agency for Toxic Substances and Disease Registry</b>	<b>214</b>	<b>33</b>	<b>247</b>	<b>214</b>	<b>33</b>	<b>247</b>	<b>214</b>	<b>33</b>	<b>247</b>
Direct	212	31	243	212	31	243	212	31	243
Reimbursable	2	2	4	2	2	4	2	2	4

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

<sup>2</sup> FTE displayed reflect updated estimated levels for FY 2018, FY 2019, and FY 2020.

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

(dollars in millions)

ACA Program	ACA Sec.	2010 Total	2010 FTEs	2011 Total	2011 FTEs	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
Medical Monitoring in Libby, MT	10323	N/A	N/A	\$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
<b>Total</b>		<b>N/A</b>	<b>N/A</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>

<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.

**ATSDR DETAIL OF POSITIONS<sup>1,2,3</sup>**

	FY 2018 Final	FY 2019 Annualized CR	FY 2020 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>1</b>	<b>1</b>
<b>Total - SES Salary</b>	<b>\$0</b>	<b>\$171,513</b>	<b>\$173,896</b>
<b>General Schedule</b>			
GS-15	22	19	16
GS-14	69	62	60
GS-13	78	75	72
GS-12	23	21	16
GS-11	8	7	6
GS-10	2	1	1
GS-9	12	13	12
GS-8	2	2	1
GS-7	4	4	4
GS-6	0	0	0
GS-5	2	2	2
GS-4	2	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<b>Subtotal</b>	<b>224</b>	<b>206</b>	<b>190</b>
<b>Total - GS Salary</b>	<b>\$22,124,645</b>	<b>\$22,355,504</b>	<b>\$22,961,964</b>
<b>Average ES level</b>			
<b>Average ES salary</b>			
Average GS grade	12.0	12.0	12.0
Average GS salary	\$98,771	\$108,522	\$120,852
<b>Average Special Pay Categories</b>			
Average Comm. Corps Salary <sup>2</sup>	\$84,838	\$86,419	\$98,271
<b>Average Wage Grade Salary<sup>3</sup></b>			

<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