



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2016**

**Agency for Toxic Substances
and Disease Registry**

*Justification of
Estimates for
Appropriation Committees*

TABLE OF CONTENTS

Introduction

- Message from the Administrator
- Introduction and Mission
- Organizational Chart

Budget Request

Performance

Exhibits

- Appropriations Language – Comparison to FY 2014 legislation
- Amounts Available for Obligation
- Summary of Changes
- Authorizing Legislation
- Appropriations History
- Significant Items

Supporting Information

- Object Class Table
- Salaries and Expenses
- Detail of FTE Employment
- Detail of Positions
- FTEs Funded by ACA

MESSAGE FROM THE ADMINISTRATOR

We are pleased to present FY 2016 Congressional Justification for the Agency for Toxic Substance and Disease Registry (ATSDR). The budget request provides funding for ATSDR's congressionally mandated programs and activities.

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

Performance improvement is a critical aspect of our work. We evaluate our progress in reducing exposures at the most hazardous sites and closely track programmatic activities. As such, we believe that performance data in ATSDR's FY 2016 Congressional Justification are accurate, complete, and reliable.

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

Sincerely,



Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control
and Prevention
Administrator, Agency for Toxic
Substances and Disease Registry



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

INTRODUCTION AND MISSION

About

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

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

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

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

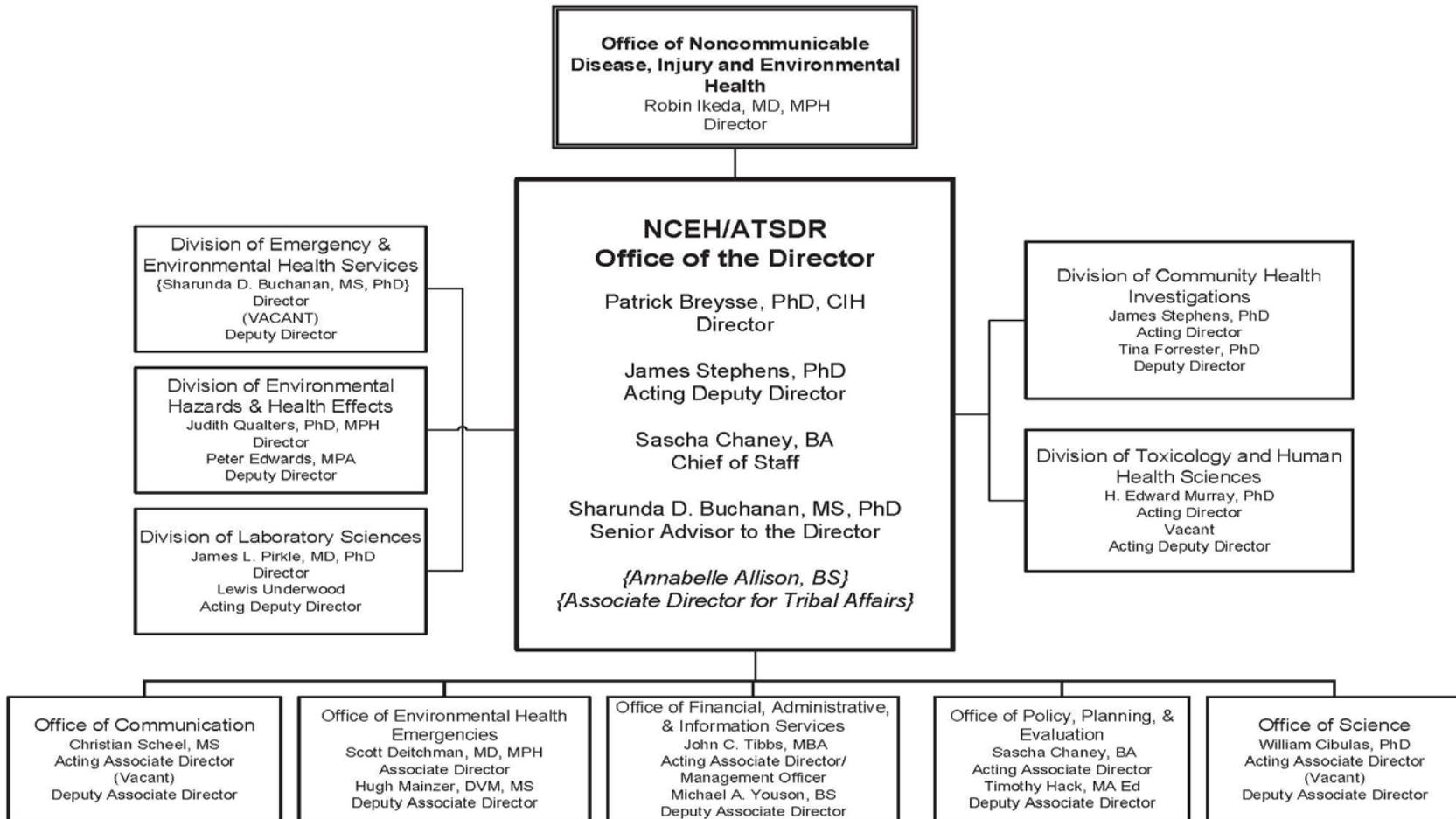
Mission

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

Goals

- Implement environmental health programs and interventions to protect and promote health.
- Prepare for and respond to public health emergencies, including chemical, biological, radiological, and nuclear incidents; natural disasters; and extreme weather events.
- Identify, characterize, and monitor health outcomes and environmental exposures to guide actions that protect and promote health.

ORGANIZATIONAL CHART



January 5, 2015

BUDGET REQUEST

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	\$74.691	\$74.691	\$74.691	\$0.000
ACA (mandatory) ¹	N/A	\$18.540	N/A	N/A
FTEs	279	279	279	0

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

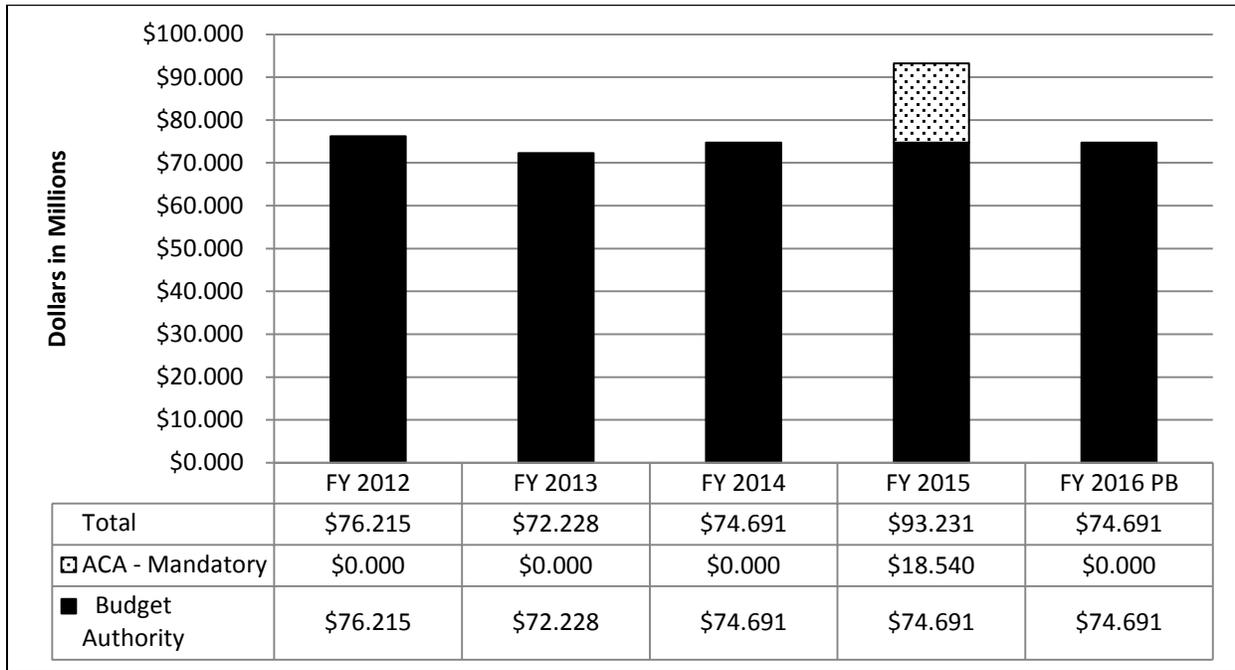
Summary

The Agency for Toxic Substances and Disease Registry (ATSDR) promotes healthy and safe environments and prevents harmful exposures through responsive public health actions. ATSDR's FY 2016 request of **\$74,691,000** in budget authority is level with the FY 2015 Enacted level to maintain ATSDR's scientific and programmatic capabilities to safeguard human health. The request includes resources to continue epidemiological studies of health conditions caused by non-occupational exposures to uranium released from mining and milling operating at the Navajo Nation.

Performance Highlights

- Investigated the potential health risks of more than a million people in 600 communities in the United States who were potentially exposed to harmful substances. The investigations resulted in federal, state, and local actions that protected the health of more than 125,000 people who were being exposed to harmful substances.
- Ensured that 85 percent of ATSDR's recommendations were adopted by regulatory agencies, industries, and other partners to prevent and stop hazardous exposures. For example, when an exterminator exposed hundreds of people from Rutland, Vermont to the dangerous pesticide chlorpyrifos, ATSDR took immediate action. ATSDR regional field staff partnered with the state health department to go door-to-door to talk to the more than 400 residents about the health effects of chlorpyrifos. ATSDR also referred concerned residents to environmental health specialists for clinical consultations and provided recommendations to EPA and the state health department about when cleanup and other health protective actions should be taken.
- Funded 25 states to assess environmental hazards and educate people on environmental health risks. For example, through a cooperative agreement with ATSDR, the New Hampshire Department of Environmental Services (DES) detected high levels of 1,4-dioxane, a toxic substance, in 40 private wells around Atkinson, New Hampshire. ATSDR and DES helped the local residents understand the health risks of this carcinogen. In response to DES and ATSDR findings, the residences with affected wells have been connected to public water supply. In addition, ATSDR and DES provided special support to a resident battling leukemia, working quickly to remove any exposures that could complicate his recovery.

Agency for Toxic Substances and Disease Registry Funding History²



²The Patient Protection and Affordable Care Act (P.L. 111-148) appropriated \$23,000,000 for the period of FY 2010–2014, and \$20,000,000 for each five-year period thereafter in no-year funding for the early detection of certain medical conditions related to environmental health hazards.

Overview

The [Agency for Toxic Substances and Disease Registry](http://www.atsdr.cdc.gov/)¹ (ATSDR) is a non-regulatory, environmental public health agency that investigates public health concerns from possible harmful exposures in communities. Last year, ATSDR worked in over 600 locations across the country, protecting 125,000 people from exposures to harmful levels of trichloroethylene (TCE), asbestos, lead, vinyl chloride, or other substances in the environment. ATSDR provides funds to 25 state health departments and supports environmental health professionals in 10 [regional offices](#)² and field offices in Alaska and Montana. Along with Atlanta-based headquarters staff, ATSDR experts are ready for a 24/7 response to environmental health threats from natural disasters, chemical spills, and other emergency events. ATSDR also maintains formal, consultative relationships with American Indian and Alaska Native tribes.

ATSDR's Cadre of Environmental Health Professionals

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

Budget Proposal

ATSDR's FY 2016 request of **\$74,691,000** in budget authority is level with the FY 2015 Enacted level to maintain ATSDR's scientific and programmatic capabilities to safeguard human health.

ATSDR's projected contributions in FY 2016 include:

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

Protecting Human Health in Communities

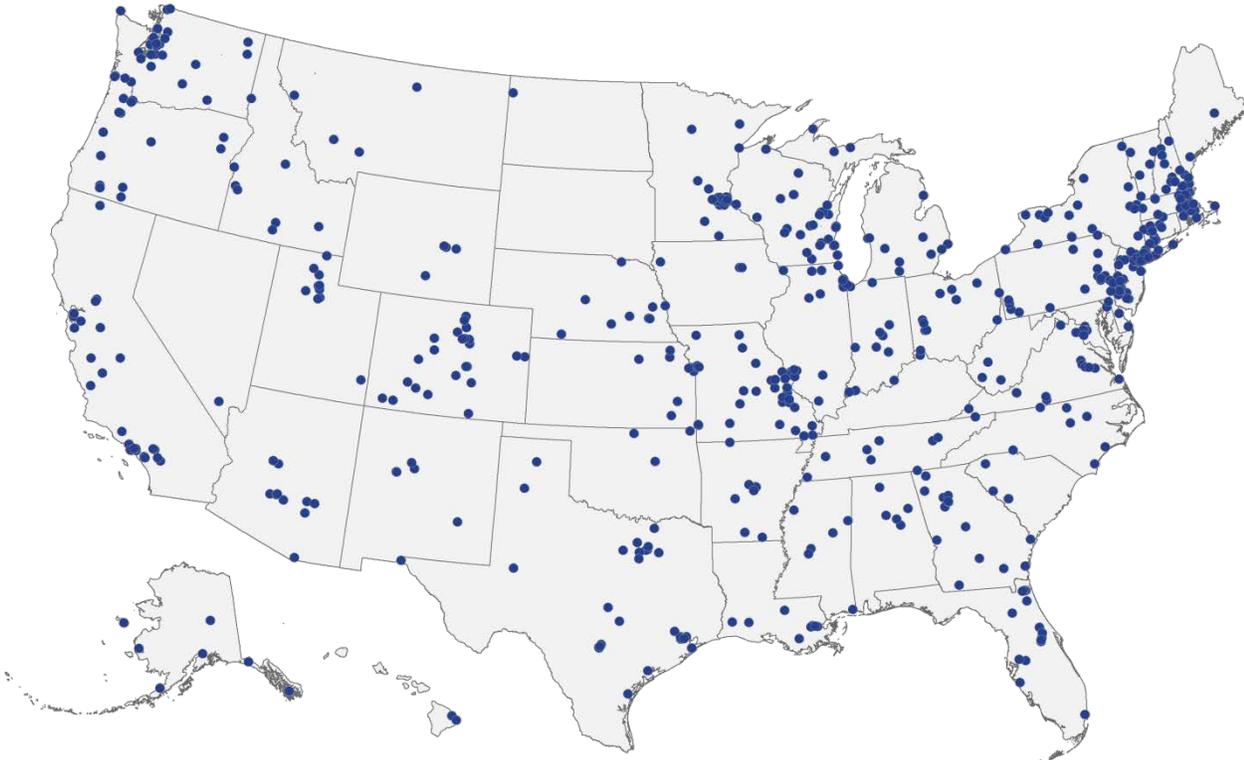
ATSDR supports federal, state, and local efforts to protect human health from environmental threats. Its work in communities includes investigating hazards in towns with a legacy of industrial pollution, and responding to environmental public health emergencies like acute chemical spills. ATSDR responds to requests for health

¹ <http://www.atsdr.cdc.gov/>

² <http://www.atsdr.cdc.gov/DRO/index.html>

expertise from the Environmental Protection Agency (EPA), state and local governments, and the public. Before investigating, ATSDR prioritizes sites based on the extent of potential exposures and the likeliness that ATSDR's contribution will lead to protective actions. In FY 2014, ATSDR conducted 168 public health assessments and consultations³, evaluating the health risks of more than a million people potentially exposed to harmful substances in 602 communities. In FY 2016, ATSDR anticipates conducting more than 125 formal evaluations of health risks in communities across the nation.

The 600 communities where ATSDR worked to protect health in FY 2014.



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

While ATSDR's site-based investigations most often rely on existing environmental data, ATSDR sometimes conducts an [exposure investigation](http://www.atsdr.cdc.gov/hac/products/ei.html)⁴ to better characterize chemical exposures. Exposure investigations involve collecting biological samples (e.g., urine and blood) from people or testing soil, water, and air in an environment. The approach determines whether people have been exposed to hazardous substances that might impact their health. Examples of ongoing ATSDR investigations include examinations of children near lead smelters in Philadelphia and Colorado. In FY 2016, ATSDR anticipates conducting at least three new exposure investigations.

³ <http://www.atsdr.cdc.gov/HAC/PHA/index.asp>

⁴ <http://www.atsdr.cdc.gov/hac/products/ei.html>

ATSDR and Funded Partners at Work (FY 2014)

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

Getting Information Out about Harmful Substances

During site-specific investigations, ATSDR conducts public meetings, develops factsheets and other reference material, and speaks face-to-face with concerned community members. The information ATSDR provides helps people take protective action from harmful exposures. ATSDR applies the lessons learned on a site-specific level to help protect people everywhere in the nation. In FY 2016, ATSDR is expanding the tools and information for schools and teachers to protect children by preventing and more quickly responding to elemental mercury spills as part of the [Don’t Mess with Mercury](http://www.atsdr.cdc.gov/dontmesswithmercury)⁵ initiative.

Providing Specialized Medical Information

Whether facing a longstanding, low-level harmful environmental exposure or an acute emergency, people need the best medical information about how to manage potential health effects. Medical professionals, however, often lack training about the health issues associated with harmful environmental exposures. To fill this clinical care gap, in FY 2016, ATSDR will support two networks with expertise in medical toxicology and pediatric environmental health—the National Environmental Medicine Education and Consultation Project (NEMECP) and Pediatric Environmental Health Specialty Units (PEHSU). NEMECP provides training on environmental toxicology for medical students, physicians, and those that work in the public health sector. PEHSUs are a source of medical information and training for how environmental factors affect children’s health.

⁵ <http://www.atsdr.cdc.gov/dontmesswithmercury>

Responding to Environmental Emergencies

ATSDR Emergency Response Teams are available 24 hours a day, and are composed of toxicologists, physicians, and other scientists available to assist during an emergency that involves hazardous substances in the environment. Over the last five years, ATSDR responded to an average of 50 requests for assistance from emergency responders each year. For example, ATSDR sent staff to the scene of the January 2014 chemical spill in West Virginia. Staff worked with state and local authorities on how to best protect people whose drinking water was contaminated by chemicals spilled into the Elk River. In addition to the deployment of staff, ATSDR's website for [emergency responders](#)^[1] contains information for persons who respond to, or oversee, emergency events. In FY 2016, ATSDR will continue to support preparedness planning and provide health expertise during responses to environmental emergencies, as requested.

Guiding State and Local Decision Making

ATSDR provides scientific and programmatic expertise⁶ to local policy makers, planners, and partners for incorporating health considerations into brownfield and land reuse decisions. These are sites formally used for commercial and industrial purposes and are complicated by real or perceived contamination. One of seven FY 2014 land reuse and health cooperative agreement recipients, the Oregon Health Authority (OHA), helped turn a retired landfill into a park in a low-income area of Portland, Oregon with few green spaces. The OHA used the funding to sponsor community-led education sessions and encourage community inclusion in the public health risk assessment and park planning processes. In FY 2016, ATSDR will provide guidance to more than 150 communities and directly fund at least four communities to conduct brownfield and health projects.

Providing Scientific Expertise

Science is an essential component of ATSDR's work. The Comprehensive Environmental Response, Compensation, and Liability Act requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. Health and environmental professionals around the world use ATSDR's [suite of toxicological materials](#)⁷—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and treating people exposed to hazardous substances. As part of the ToxProfiles™, ATSDR developed over 390 human health [Minimum Risk Levels](#)⁸ (MRLs), which are screening values that allow health professionals to identify whether exposures could harm human health. In FY 2016, ATSDR intends to develop nine new ToxProfiles™ and update literature databases for 20 of the 172 existing ToxProfiles™.

Studying and Predicting Health Risks

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

^[1] <http://www.atsdr.cdc.gov/substances/ToxEmergency.asp>

⁶ <http://www.atsdr.cdc.gov/sites/brownfields/>

⁷ <http://www.atsdr.cdc.gov/toxprofiles/index.asp>

⁸ <http://www.atsdr.cdc.gov/mrls/index.asp>

⁹ http://www.atsdr.cdc.gov/dthhs/branches/environmental_epidemiology_branch.html

In FY 2016, ATSDR will continue the Navajo Birth Cohort Study with its collaborators—the Navajo Nation Department of Health, University of New Mexico, and Indian Health Service—to investigate possible neonatal health effects caused by uranium exposure from past mining and milling operations on the Navajo Nation. The study will continue to recruit pregnant mothers from the designated service units, evaluate their exposure (and the exposure to their unborn child), and then follow the children post-birth to identify any adverse birth outcomes and/or developmental delays. Individual study results will be disseminated to the participants. Summary study results will be presented to the Navajo Nation and published in peer-reviewed scientific literature.

Conducting Environmental Surveillance

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

Ongoing health registries created or managed by ATSDR:

- [Katrina and Rita Exposures \(KARE\) Registry](https://kareregistry.org/)¹⁰ – A survey of people who lived or stayed in trailers furnished by the Federal Emergency Management Agency (FEMA) after Hurricanes Katrina and Rita.
- [National Amyotrophic Lateral Sclerosis \(ALS\) Registry](https://wwwn.cdc.gov/ALS/Default.aspx)¹¹ – A congressionally mandated registry for persons in the United States with ALS. It is the only population-based registry in the United States that collects information to help scientists learn more about who gets ALS and its causes.
- [Tremolite Asbestos Registry](http://www.atsdr.cdc.gov/asbestos/sites/libby_montana/)¹² – A listing of individuals with an asbestos-related disease or those at high risk of developing asbestos-related disease because of exposure to asbestos.
- [Rapid Response Registry](http://www.atsdr.cdc.gov/rapidresponse/)¹³ – Helps local, state, and federal agencies rapidly establish registries of persons who are exposed or potentially exposed to chemicals or other harmful agents during catastrophic events.
- [World Trade Center Registry](http://www.nyc.gov/html/doh/wtc/html/registry/registry.shtml)¹⁴ – A comprehensive and confidential health survey of those most directly exposed to the events of September 11, 2001.

State and Local Grants

State Cooperative Agreements

ATSDR's [state cooperative agreement program](#)¹⁵ funds health departments to investigate and respond to harmful exposures in communities and teach the public about exposure prevention. Direct funding to states increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites more quickly and respond to local issues with greater specificity. ATSDR awarded three-year cooperative agreements to 25 states in FY 2014. Funding decisions were based on a state's projected burden of harmful environmental exposures, technical capacity to conduct investigations, and ability to educate the public. ATSDR will award the third year of funding in FY 2016.

¹⁰ <https://kareregistry.org/>

¹¹ <https://wwwn.cdc.gov/ALS/Default.aspx>

¹² http://www.atsdr.cdc.gov/asbestos/sites/libby_montana/

¹³ <http://www.atsdr.cdc.gov/rapidresponse/>

¹⁴ <http://www.nyc.gov/html/doh/wtc/html/registry/registry.shtml>

¹⁵ <http://www.atsdr.cdc.gov/states/>

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

(dollars in millions)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	2016
	Actual	Actual	Final	Estimate	President's Budget	+/-2015
Number of Awards	28	28	25	25	25	0
- New Awards	0	0	25	0	0	0
- Continuing Awards	28	28	0	25	25	0
Average Award	\$0.364	\$0.675	\$0.404	\$0.404	\$0.4040	\$0.000
Range of Awards	\$0.161-\$0.675	\$0.160-\$0.675	\$0.201-\$0.789	\$0.201-\$0.789	\$0.201-\$0.789	N/A
Total Awards	\$10.200	\$10.223	\$10.092	\$10.092	\$10.092	\$0.000

Brownfields/Land Reuse Cooperative Agreements

ATSDR's [Brownfield/Land Reuse Health Initiative](#)¹⁶ grants support communities in identifying health issues prior to redevelopment and monitoring progress on healthy redevelopment. Grantees are selected competitively based on the quality of planned activities, evaluation efforts, and organizational capacity. State, local, and tribal governments are eligible to apply. In FY 2014, ATSDR funded New York State Health Department, the Medical University of South Carolina, the San Antonio Metropolitan Health District (Texas), the City of Cincinnati (Ohio), Georgia Department of Health, Oregon Health Authority, and the University of Illinois. ATSDR plans to award four cooperative agreements in FY 2016. Brownfield/Land Reuse cooperative agreements are for one year.

Brownfield and Health Grants^{1,2}

(dollars in millions)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	2016
	Actual	Actual	Final	Estimate	President's Budget	+/-2015
Number of Awards	4	4	7	4	4	0
- New Awards	4	0	0	4	4	0
- Continuing Awards	0	4	7	0	0	0
Average Award	\$0.161	\$0.146	\$0.147	\$0.150	\$0.150	\$0.000
Range of Awards	\$0.148-0.197	\$0.130-0.197	\$0.130-\$0.150	\$0.150-\$0.150	\$0.150-\$0.150	N/A
Total Awards	\$0.608	\$0.583	\$1.030	\$0.600	\$0.600	\$0.000

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

²These funds are not awarded by formula.

Other Grants

Pediatric Environmental Health Specialty Units

ATSDR funds [Pediatric Environmental Health Specialty Units](#)¹⁷ (PEHSUs) to ensure healthcare providers have access to specialized environmental medical knowledge and resources regarding the care of children and women of reproductive age. Healthcare providers rely on PEHSUs for guidance on prevention, diagnosis, management, and treatment of health effects from environmental exposures. Regional PEHSUs, typically based at university medical centers, educate more than 35,000 healthcare professionals, 20,000 community members, and 1,600 healthcare providers, parents, and others in the United States annually. In FY 2016, ATSDR plans to support the 10 regional PEHSUs through an award to the American Academy of Pediatrics (regions 1-5) and the American College of Medical Toxicology (regions 6-10).

¹⁶ <http://www.atsdr.cdc.gov/sites/brownfields/>

¹⁷ <http://www.cdc.gov/features/pehsu/>

Navajo Nation

ATSDR funds a [birth cohort study at the Navajo Nation](#)¹⁸ to evaluate the potential association between uranium and other heavy metal exposure and reproductive birth outcomes. The study results will help mitigate and prevent uranium exposure and increase prenatal care utilization. Moving forward through FY 2016, the program will continue to recruit Navajo mothers to participate, assess uranium exposure at key developmental milestones, and follow children to evaluate any associations with birth defects or developmental delays. With guidance and input from the Navajo Nation, ATSDR will disseminate the results of the study when completed and will evaluate the potential for follow-up and continued surveillance of children beyond the research study period.

¹⁸ http://www.atsdr.cdc.gov/sites/navajo_birth_cohort_study/

ATSDR State Funding, 2012–2014

Jurisdiction ¹	FY 2012 Final	FY 2013 Final	FY 2014 Final	2014 +/- 2013
Alabama	--	--	--	--
Alaska	\$260,250	\$260,250	\$357,639	+\$97,389
Arizona	\$223,040	\$353,040	\$1,144,234	+\$791,194
Arkansas	\$226,787	\$226,787	\$374,054	+\$147,267
California	\$655,364	\$655,364	\$789,040	+\$133,676
Colorado	\$281,013	\$278,038	\$336,764	+\$58,726
Connecticut	\$431,189	\$431,189	\$498,307	+\$67,118
Delaware	--	--	--	--
District of Columbia	\$2,197,510	\$1,607,034	--	-\$1,607,034
Florida	\$443,878	\$443,878	\$443,878	--
Georgia	\$485,661	\$167,461	\$365,802	+\$198,341
Hawaii	--	--	--	--
Idaho	\$219,879	\$219,879	\$201,447	-\$18,402
Illinois	\$645,192	\$508,692	\$835,152	+\$326,460
Indiana	--	--	--	--
Iowa	--	--	--	--
Kansas	--	--	--	--
Kentucky	--	--	--	--
Louisiana	\$268,100	\$268,100	--	-\$268,100
Maine	--	--	--	--
Maryland	--	--	--	--
Massachusetts	\$402,895	\$402,895	\$402,138	-\$757
Michigan	\$415,276	\$415,276	\$440,581	+\$25,305
Minnesota	\$436,860	\$436,860	\$451,912	+\$15,052
Mississippi	--	--	--	--
Missouri	\$331,895	\$331,895	\$331,895	--
Montana	\$2,325,280	\$2,499,256	\$2,499,839	+\$583
Nebraska	--	--	--	--
Nevada	--	--	--	--
New Hampshire	\$299,659	\$299,659	\$354,584	+\$54,925
New Jersey	\$524,292	\$524,292	\$578,728	+\$54,436
New Mexico	\$1,000,000	1,000,000	\$1,000,000	--
New York	\$872,102	\$675,008	\$826,102	\$151,094
North Carolina	\$263,712	\$263,712	\$320,138	+\$56,426
North Dakota	--	--	--	--
Ohio	\$615,592	\$465,098	\$149,998	-\$315,100
Oklahoma	--	--	--	--
Oregon	\$482,166	\$332,176	\$586,950	+\$254,774
Pennsylvania	\$455,685	\$455,685	\$455,685	--
Rhode Island	--	--	--	--
South Carolina	\$30,000	--	\$150,000	+\$150,000
South Dakota	--	--	--	--
Tennessee	\$205,360	\$205,360	\$277,550	+\$72,190
Texas	\$341,070	\$341,070	\$542,173	+\$201,103
Utah	\$217,145	\$217,145	\$222,845	+\$5,700
Vermont	--	--	--	--
Virginia	\$366,912	\$383,412	\$256,292	-\$127,120
Washington	\$536,552	\$536,552	\$533,600	-\$2,952
West Virginia	--	--	--	--
Wisconsin	\$591,383	\$442,950	\$445,246	+\$2,296
Wyoming	--	--	--	--
Total	\$17,051,699	\$15,648,013	\$16,172,603	+\$524,460

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

PERFORMANCE

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Highlights of Agency Accomplishments

- Investigated the potential health risks of more than a million people in 600 communities across the nation who were potentially exposed to harmful substances. The investigations resulted in federal, state, and local actions that protected the health of more than 125,000 people who were being exposed to harmful substances.
- Ensured that 85 percent of ATSDR's recommendations were adopted by regulatory agencies, industries, and other partners to prevent and stop hazardous exposures. For example, when an exterminator exposed hundreds of people from Rutland, Vermont to the dangerous pesticide, chlorpyrifos, ATSDR took immediate action. ATSDR regional field staff partnered with the state health department to go door-to-door to talk to the more than 400 residents about the health effects of chlorpyrifos, and refer concerned residents to environmental health specialists for clinical consultations. ATSDR also provided recommendations to the Environmental Protection Agency (EPA) and the state health department about when cleanup and other health protective actions should be taken.
- Through a cooperative agreement with ATSDR, the New Hampshire Department of Environmental Services (NH DES) detected high levels of 1,4-dioxane, a toxic substance, in 40 private wells around Atkinson, NH. ATSDR and NH DES helped the local residents understand the health risks of this carcinogen. NH DES worked with EPA to connect the residents whose wells contained 1,4 dioxane to a nearby public water supply, stopping any harmful exposures. NH DES is continuing to monitor private wells in the area to be sure that no other residents are exposed to this dangerous chemical.
- Responded to a request from the West Virginia Bureau of Public Health (WVBPH) regarding a chemical spill into the Elk River that contaminated drinking water in a ten county area in early FY 2014. ATSDR provided an emergency drinking water screening level for 4-methylcyclohexanemethanol (MCHM) within two hours of being contacted by the WVBPH about the chemical spill. ATSDR collaborated with EPA, the National Institutes of Health, the Office of the Assistant Secretary for Preparedness and Response, and WVBPH to validate the emergency screening level. ATSDR assisted the WVBPH with assessment of the health effects experienced by persons who sought emergency department care following the spill. As a result of the assessment, CDC identified over 350 individuals who were exposed. Persons with symptoms directly related to the exposure were mild and resolved with minimal or no treatment.
- ATSDR's National Amyotrophic Lateral Sclerosis (ALS) Registry (Registry) enables researchers to more easily recruit patients to participate in clinical trials and studies, with an emphasis on specialized care. It is the first and only congressionally-mandated disease registry that is able to quantify the number of ALS cases throughout the United States and their demographic characteristics. ATSDR published the first annual report on ALS prevalence, identifying 12,187 ALS patients via the Registry from October 2010 to December 2011-- a nationwide prevalence of 3.9 ALS cases/100,000 population. As of December 2014, the program has sent out approximately 30,000 emails to Registry-enrolled persons with ALS on behalf of 13 clinical trials and epidemiological studies taking place across the nation.

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

Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
14.1.1: Increase percent of ATSDR recommendations accepted by EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (Outcome)	FY 2014: 85% (Target Met)	85%	85%	Maintain
14.2.1: Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by increasing the number of toxicological profiles for substances hazardous to human health published. (Outcome)	FY 2014: 6 (Target Met)	9	9	Maintain
14.B: Number of sites where ATSDR and cooperative agreement partners have responded to requests from environmental agencies, health agencies, policy makers and community members (Output)	FY 2014: 602 (Target Exceeded)	450	450	Maintain
14.C: Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2014: 168 (Target Exceeded)	125	125	Maintain
14.L: Number of health professionals trained on environmental health topics (Output)	FY 2014: 35,856 (Target Exceeded)	30,000	30,000	Maintain
14.M: Number of community members educated on environmental health topics (Output)	FY 2014: 112,628 (Target Exceeded)	80,000	85,000	+5,000
14.N: Number of ToxProfile citations in peer-reviewed health and environmental literature (Output)	FY 2014: 1,700 (Target Exceeded)	1,000	1,000	Maintain

Performance Trends: ATSDR investigates harmful exposures in communities and recommends actions to protect health. For the past five years, ATSDR has continually met or exceeded performance targets in protecting Americans from harmful exposures by recommending and taking responsive public health actions. ATSDR expects to continue this trend for FY 2016 while maintaining FY 2015 target levels.

Between FY 2011 and FY 2014, the Environmental Protection Agency (EPA), state regulatory agencies, and private industries accepted 85 percent of ATSDR recommendations to stop or reduce harmful exposures (Measure 14.1.1). For example, ATSDR identified a health hazard from high levels of trichloroethylene (TCE), a substance that may cause birth defects, in a St. Louis neighborhood. ATSDR's recommendations prompted EPA and the responsible party to install over 100 vapor mitigation systems that are keeping residents from breathing dangerous vapors.

ATSDR investigated the potential health risks of more than 1 million people in FY 2014. Of those assessed, ATSDR identified 175,000 people who were exposed to harmful contaminants in air, water and soil.

ATSDR responded to 57 emergency events in FY 2014, such as a train derailment in Ohio that released 13,000 gallons of styrene, potentially affecting 450 people.

The number of products developed and community services provided by ATSDR aligns with requests for assistance and varies from year to year. Between FYs 2010 and 2014, ATSDR worked in an average of 618 locations across the country each year in response to requests from stakeholders and community members (Measure 14.B). ATSDR has reduced the number of formal evaluations of exposure conducted each year, from 210 in FY 2011 to 168 in FY 2014 (Measure 14.C). The FY 2015-2016 targets and FY 2014 results (14.B and 14.C) align with the agency's efforts to better

prioritize site work, focusing resources on producing quality assessments that address the highest priority public health problems. In addition, the FY 2015 and 2016 targets are not as aggressive as the results ATSDR achieved in FY 2014 because ATSDR will fund fewer state cooperative agreement partners, affecting the number of assessments/consultations conducted.

During ATSDR's site evaluations, ATSDR provides important information to local residents on their health risks and the steps they can take to protect themselves. In FY 2014, ATSDR and funded partners educated 35,856 health professionals on ways to diagnose and treat conditions related to hazardous exposures and provided information on preventing harmful exposures and other environmental health topics to over 100,000 community members, down from 200,000 in FY 2013 (Measures 14.L, 14.M). ATSDR is refining how health education activities are defined, and changed the data collection systems used to track these activities. FY 2015 and 2016 targets for Measure 14.M reflect an anticipated drop in the number of community members educated due to fewer states being funded and efforts to provide more targeted education with a greater focus on quality of information provided. In FY 2014, ATSDR partnered with Blue Cross/Blue Shield and the American College of Obstetricians and Gynecologists (ACOG) to more efficiently drive clinician environmental medicine education and adoption of environmental exposure assessment and clinical risk reduction services. This partnership will help 57,000 health providers conduct clinical environmental exposure assessments and talk with patients about reducing their health risks.

ATSDR provides key scientific expertise for health and environmental professionals around the world through its toxicological profiles (ToxProfiles™) and accompanying educational materials. ATSDR has consistently met or exceeded targets relating to the development and dissemination of the ToxProfiles™ for the past five years (Measure 14.2.1), releasing nine or more final ToxProfiles™ each year for FYs 2011–2014. Due to the consistency of previous results, ATSDR has maintained targets to reflect expected program outcomes. Examples of hazardous substances to be addressed in ToxProfiles™ through FY 2016 include trichloroethylene, Perchloroethylene, and glutaraldehyde (identified at fracking sites). ATSDR will also implement several pilot projects through FY 2016, applying the concepts of Systematic Reviews (SR) to enhance transparency, consistency, and efficiency in conducting literature-based evaluations.

BUDGET EXHIBITS

APPROPRIATIONS LANGUAGE

Comparison to the FY 2015 Continuing Appropriations Act

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

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA and section 3019 of the Solid Waste Disposal Act, \$74,691,000, of which up to \$1,000 per eligible employee of the Agency for Toxic Substances and Disease Registry shall remain available until expended for Individual Learning Accounts: *Provided*, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited healthcare providers: *Provided further*, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: *Provided further*, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year [2015]2016, and existing profiles may be updated as necessary.

Analysis of Changes

No significant changes requested for FY 2016

AMOUNTS AVAILABLE FOR OBLIGATION¹

(dollars in millions)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Discretionary Appropriation:			
FY 2013 Enacted Amount	\$74,691,000	\$74,691,000	\$74,691,000
OMB 0.2% Rescission	\$0	\$0	\$0
Sequestration	\$0	\$0	\$0
Subtotal, adjusted Discretionary Appropriation	74,691,000	74,691,000	74,691,000
Mandatory and Other Appropriations:			
Transfers from Other Accounts	\$0	\$0	\$0
Mandatory Appropriation ²	\$0	\$18,540,000	\$0
Subtotal, adjusted Mandatory Appropriation	\$0	\$18,540,000	\$0
Recovery of prior year Obligations	\$0	\$0	\$0
Unobligated balance start of year	\$14,412,090	\$11,736,268	\$9,060,446
Unobligated balance expiring	\$0	\$0	\$0
Unobligated balance end of year	(\$11,741,000)	(\$9,060,446)	(\$6,384,624)
Total Obligations	77,362,090	95,906,822	77,366,822

¹ Excludes the following amounts for reimbursements: FY 2014: \$12.8M; and FY 2014: \$12.8M; FY 2015: \$12.8M.

² FY 2015 amount includes mandatory sequestration reduction.

ATSDR – SUMMARY OF CHANGES

(dollars in millions)	Dollars		FTEs	
FY 2015 Budget (Budget Authority)	\$74,691		288	
FY 2014 Enacted (Budget Authority)	<u>\$74,691</u>		<u>288</u>	
Net Change	\$0		0	
	FY 2015 Appropriation		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority
Increases:				
ATSDR	---	\$74,691	---	\$0
Total Increases	N/A	N/A	N/A	\$0
Decreases:				
ATSDR	---	\$74,691	---	\$0
Total Decreases	N/A	N/A	0	\$0
Built-In:				
1. Annualization of Jan 2016 Pay Raise	---	---	---	\$290
2. Changes in Day of Pay	---	---	---	\$0
3. Rental Payments to GSA and Others	---	---	---	\$0
Total Built-In	288	\$74,691	0	\$290
1. Absorption of Current Services	---	---	---	(\$290)
Total	---	---	---	(\$290)
Total Increases (Budget Authority)	288	\$74,691	0	\$0
Total Decreases (Budget Authority)	N/A	N/A	0	N/A
NET CHANGE - BUDGET AUTHORITY	288	\$74,691	0	\$0
NET CHANGE – Program Level	288	\$74,691	0	\$0

AUTHORIZING LEGISLATION

(dollars in millions)	FY 2015 Amount Authorized	FY 2015 Appropriations Act	FY 2016 Amount Authorized	FY 2016 Presidents Budget
ATSDR				
Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (42 U.S.C. 9604(i))*; The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); The Clean Air Act, as amended (42 U.S.C. 7401 et seq)	Indefinite	\$74.691	Indefinite	\$74.691

Note: Expired/Expiring authorization of appropriations noted with *

APPROPRIATIONS HISTORY

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				-433,455
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				-613,000
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Rescission ¹				-361,874
2006 Rescission				-756,620
2007	75,004,000	76,754,000	75,004,000	74,905,000
2008	75,004,000	75,212,000	75,004,000	75,212,000
2008 Rescission				-1,173,000
2009	72,882,000	72,882,000	74,039,000	74,039,000
2010	76,792,000	76,792,000	76,792,000	76,792,000
2011	76,337,000	-----	76,337,000	76,638,000
2012	76,337,000	74,039,000	76,638,000	76,215,000
2013	76,300,000		76,300,000	72,228,000
2014	76,300,000	--	--	74,691,000
2015	74,691,000	--	--	74,691,000
2015	20,000,000			20,000,000
2016	74,691,000	--	--	74,691,000

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

SIGNIFICANT ITEMS

There are no significant items for ATSDR.

SUPPORTING INFORMATION

OBJECT CLASS TABLE

Object Class	FY 2015 Enacted	FY 2016 Budget	FY 2016 +/- FY 2015
Personnel Compensation:			
Full-Time Permanent(11.1)	\$23,631	\$23,867	\$236
Other than Full-Time Permanent (11.3)	\$1,198	\$1,210	\$12
Other Personnel Comp. (11.5)	\$547	\$552	\$5
Military Personnel (11.7)	\$3,592	\$3,628	\$36
Special Personal Service Comp. (11.8)	\$0	\$0	\$0
Total Personnel Compensation	\$28,968	\$29,258	\$290
Civilian personnel Benefits (12.1)	\$7,719	\$7,796	\$77
Military Personnel Benefits (12.2)	\$1,489	\$1,504	\$15
Benefits to Former Personnel (13.0)	\$0	\$0	\$0
SubTotal Pay Costs	\$38,176	\$38,558	\$382
Travel (21.0)	\$354	\$361	\$7
Transportation of Things (22.0)	\$53	\$54	\$1
Rental Payments to GSA (23.1)	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$3	\$3	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$4,735	\$4,834	\$99
NTWK Use Data TRANSM SVC (23.8)	\$3	\$3	\$0
Printing and Reproduction (24.0)	\$9	\$9	\$0
Other Contractual Services:			
Advisory and Assistance Services (25.1)	\$3,878	\$3,759	-\$119
Other Services (25.2)	\$5,253	\$5,092	-\$161
Purchases from Government Accounts (25.3)	\$7,031	\$6,815	-\$216
Operation and Maintenance of Facilities (25.4)	\$0	\$0	\$0
Research and Development Contracts (25.5)	\$0	\$0	\$0
Medical Services (25.6)	\$0	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$547	\$530	-\$17
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0
Consultants, other and misc (25.9)	\$70	\$68	(\$2)
Subtotal Other Contractual Services	\$16,779	\$16,264	-\$515
Supplies and Materials (26.0)	\$271	\$281	\$10
Equipment (31.0)	\$660	\$674	\$14
Land and Structures (32.0)	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$13,647	\$13,647	\$0
Insurance Claims and Indemnities (42.0)	\$1	\$1	\$0
Interest and Dividends (43.0)	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$36,515	\$36,133	-\$382
Total Budget Authority	\$74,691	\$74,691	\$0
Average Cost per FTE			
Civilian FTEs	242	242	0
Civilian Average Salary and Benefits	\$137	\$138	1
Percent change	0%	1%	1%
			0
Military FTEs	37	37	0
Military Average Salary and Benefits	\$137	\$139	1
Percent change	0%	1%	1%
			\$0
Total FTEs	279	279	0
Average Salary and Benefits	\$137	\$138	\$1
Percent change	0%	1%	1%

SALARIES AND EXPENSES

	FY 2015 Enacted	FY 2016 Budget	FY 2016 +/- FY 2015
Personnel Compensation:			
Full-Time Permanent(11.1)	\$701,575	\$718,795	\$17,220
Other than Full-Time Permanent (11.3)	\$92,888	\$94,025	\$1,138
Other Personnel Comp. (11.5)	\$29,106	\$29,463	\$357
Military Personnel (11.7)	\$65,157	\$65,955	\$798
Special Personal Service Comp. (11.8)	\$903	\$905	\$2
Total Personnel Compensation	\$875,400	\$892,775	\$17,375
Civilian personnel Benefits (12.1)	\$240,687	\$246,536	\$5,848
Military Personnel Benefits (12.2)	\$43,715	\$44,250	\$536
Benefits to Former Personnel (13.0)	\$262	\$265	\$3
SubTotal Pay Costs	\$1,174,292	\$1,200,195	\$25,902
Travel (21.0)	\$49,215	\$56,248	\$7,034
Transportation of Things (22.0)	\$17,115	\$17,475	\$359
Communications, Utilities, and Misc. Charges (23.3)	\$39,475	\$40,304	\$829
Printing and Reproduction (24.0)	\$3,600	\$3,676	\$76
Other Contractual Services:	\$1,724,856	\$2,019,859	\$295,003
Advisory and Assistance Services (25.1)	\$616,840	\$737,755	\$120,916
Other Services (25.2)	\$304,761	\$352,644	\$47,883
Purchases from Government Accounts (25.3)	\$479,415	\$554,739	\$75,324
Operation and Maintenance of Facilities (25.4)	\$105,500	\$122,076	\$16,576
Research and Development Contracts (25.5)	\$98,282	\$113,724	\$15,442
Medical Services (25.6)	\$41,869	\$48,448	\$6,578
Operation and Maintenance of Equipment (25.7)	\$44,191	\$51,134	\$6,943
Subsistence and Support of Persons (25.8)	\$997	\$1,153	\$157
Supplies and Materials (26.0)	\$499,910	\$490,913	-\$8,997
Subtotal Non-Pay Costs	\$1,798,831	\$2,054,291	\$255,461
Rental Payments to Others (23.2)	\$1,270	\$1,296	\$27
Total, Salaries & Expenses and Rent	\$3,509,733	\$3,829,965	\$320,206
Direct FTE	10,855	10,898	43

DETAIL OF FTE EMPLOYMENT

	FY 2013		FY 2014		FY 2015	
	Civilian	Comm Corp	Civilian	Comm Corp	Civilian	Comm Corp
Direct FTE						
Agency for Toxic Substances and Disease Registry	241	38	241	38	241	38
Reimbursable FTE						
Agency for Toxic Substances and Disease Registry	8	1	8	1	8	1
TOTAL, ATSDR FTE	249	39	249	39	249	39

DETAIL OF POSITIONS

(dollars in millions)	FY 2014 Actual	FY 2015 Base	FY 2016 Budget
Executive Level			
Executive level I	-	-	
Executive level II	-	-	
Executive level III	-	-	
Executive level IV	-	-	
Executive level V	-	-	
Subtotal	-	-	
Total-Executive Level Salary	-	-	
Total - SES			
	0	0	0
Total - SES Salary			
	\$0	\$0	\$0
General Schedule			
GS-15	24	22	18
GS-14	80	70	64
GS-13	82	69	65
GS-12	51	36	34
GS-11	13	13	13
GS-10	2	1	1
GS-9	15	12	8
GS-8	4	2	3
GS-7	14	10	11
GS-6	3	3	3
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
Subtotal	288	238	220
Total - GS Salary	\$22,658,695	\$23,131,458	\$22,733,747
Average ES level			
Average ES salary			
Average GS grade	12.0	12.0	12.0
Average GS salary	78,676	97,191	103,335
Average Special Pay Categories			
Average Comm. Corps Salary ²			
Average Wage Grade Salary ³			

¹ Includes special pays and allowances.

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

³ There are no Wage Grade employees in ATSDR

ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

Program ^{1, 2}	(dollars in millions)	ACA	2011	2011	2012	2012	2013	2013	2014	2014	2015	2015
		Sec.	Total	FTEs	Total	FTEs	Total	FTEs	Total	FTEs	Total	FTEs
Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards		10323	\$0.0	2.0	\$0.0	2.5	\$0.0	1.1	\$160	1.1	\$20.0	1.1
Totals			\$0.0	2.0	\$0.0	2.5	\$0.0	1.1	\$0.0	1.1	\$20.0	1.1

¹Excludes 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.

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