



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2024**

Agency for Toxic Substances and
Disease Registry

*Justification of
Estimates for
Appropriation Committees*

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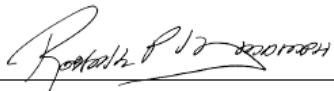
MESSAGE FROM THE ADMINISTRATOR

We are pleased to present the Fiscal Year 2024 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. ATSDR focuses on the impact of hazardous substances on human health, 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, as well as provides actionable guidance to, state and local health partners.

For more than four decades, ATSDR has kept people in communities safe from environmental hazards, while working directly with concerned citizens and communities. Addressing emerging environmental contaminants continues to be a priority for ATSDR, with a groundbreaking per- and polyfluoroalkyl substances (PFAS) multi-site health study taking place across eight states to enhance our understanding about the relationship between exposure to PFAS and health outcomes.

ATSDR continues to support state health departments to address concerns related to emerging chemicals, including ethylene oxide exposure, among others. ATSDR's Partnership to Promote Localized Efforts to Reduce Environmental Exposure is successfully building states' capacity to assess and respond to site-specific issues involving human exposure to hazardous substances in the environment. Another critical role of ATSDR is to develop tools and other resources to expand environmental health capacity and promote health equity.

Our scientific and programmatic experts ensure a safe and healthy environment in which to work, play, and live while using science, surveillance, and service to meet the public needs of the American people.



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



Robin Ikeda, MD, MPH
Acting Director, ATSDR

INTRODUCTION AND MISSION

About

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

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

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

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

Mission

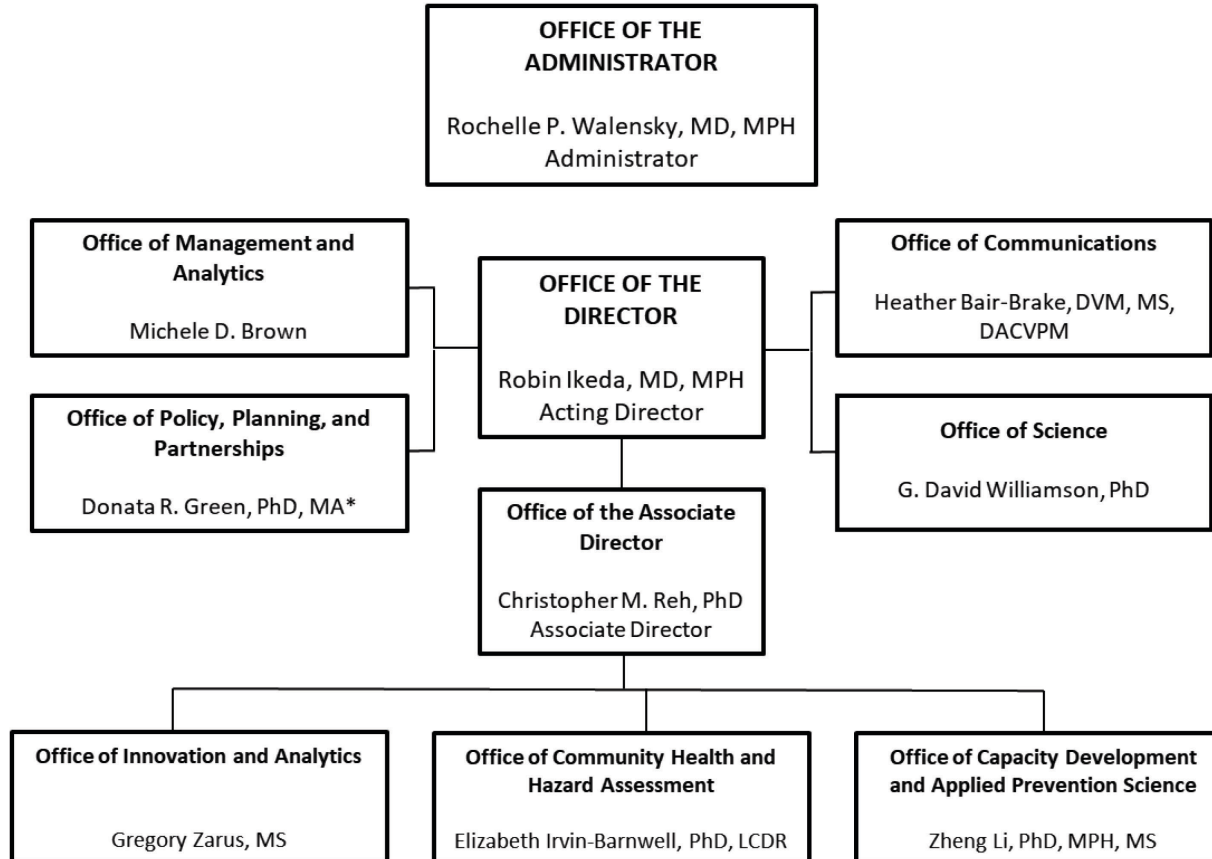
ATSDR protects people's health from environmental hazards that can be present in the air we breathe, the water we drink, and the world that sustains us. We do this by investigating the relationship between environmental factors and health, developing guidance, and building partnerships to support healthy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

Goals

- Implement environmental health programs and interventions to protect and promote health.
- Prepare for and respond to health hazards and toxic exposures, including those caused by public health emergencies such as chemical, biological, radiological, and nuclear incidents; natural disasters; and extreme weather events.
- Build additional national, state, local, and tribal capacity to anticipate, assess, and respond to environmental exposures.

ATSDR ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY



Listed personnel are Director of the entity unless otherwise notated.
*Indicates personnel are serving in an acting capacity

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

Names Updated 2/3/2023

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	\$80.500	\$85.020	\$86.020	\$1.000
FTEs	223	222	222	0

Enabling Legislation Citation: Sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (42 U.S.C. § 9604(i)* and § 9611*); The Defense Environmental Restoration Program (10 U.S.C. § 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. § 6939a); The Clean Air Act, as amended (42 U.S.C. § 7401 et seq.), Section 2009 of the Social Security Act (42 U.S.C. § 1397h); P.L. 115-141; Sec. 316 of the National Defense Authorization Act of 2018 (P.L. 115-91).

Enabling Legislation Status: Permanent

Authorization of Appropriations for FY 2022: Indefinite; Expired/Expiring noted with *

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

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

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

ATSDR has six core focus areas:

Public Health Assessments and Health Consultations: 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.

Exposure Investigations and Health Studies: Investigate exposures by collecting environmental data and biological data (when appropriate) to determine whether people have been exposed to hazardous substances, such as per- and polyfluoroalkyl substances (PFAS) or lead. Evaluate the association between environmental contaminants and health outcomes through health studies.

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 (PEHSUs).

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

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

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

Health Equity

Economically and socially marginalized communities bear the disproportionate effects of environmental hazards. That is why it remains a top priority for ATSDR to continue to engage these communities and build partnerships to address their concerns and to understand how exposures affect health. ATSDR's health assessors and regional offices evaluate community exposures and provide actionable information to marginalized communities. For example, ATSDR is currently working on a Health Equity Module to be included in the Public Health Assessment Guidance Manual. This module will provide guidance on incorporating health equity in ATSDR's future public health assessment work. Additionally, ATSDR's Partnership to Promote Localized Efforts to Reduce Environmental Exposure (APPLETREE) cooperative agreement program builds capacity in states to prevent, detect, and respond to harmful exposures in disproportionately affected communities.

ATSDR also provides the tools and data to empower communities and promote health equity. As early as 2007, ATSDR programs, including the Geospatial Research, Analysis, and Services Program (GRASP), have used wide-ranging data sources including information from environmental assessments, U.S. Census tract data, and others to better understand how local environment interacts with variables like race, ethnicity, and income affect health. In 2020, ATSDR contributed to the COVID-19 response by creating the Pandemic Vulnerability Index which helped public health officials at federal and local levels make equity-driven decisions around resource allocation and vaccine distribution. GRASP also addressed the data needs of the COVID-19 response and provided information to reduce the disproportionate burden of the pandemic on communities of color and other marginalized groups. ATSDR also developed a tool that uses demographic and socioeconomic data, along with cumulative environmental exposures, to identify communities that experience a disproportionately high environmental burden in the United States, providing information to accelerate efforts to ensure all people have the opportunity to attain their highest level of health.

ATSDR works to provide the best available science and information about environmental contaminants, which often disproportionately affect communities facing social and economic marginalization. For example, ATSDR supports work in five communities to examine and understand exposures to ethylene oxide from medical sterilization facilities. Ethylene oxide is a carcinogen and recent EPA reviews indicated that it may increase cancer risks at lower levels than previously thought. While not all sterilization facilities were required to report ethylene oxide releases, of the ones that did in 2019, 67 percent were scored as "high" or "moderate to high" on ATSDR's Social Vulnerability Index. ATSDR is currently exploring opportunities to study ethylene oxide exposures on a national scale. Additionally, ATSDR's Toxicological Profiles provide state-of-the-science to healthcare and public health professionals addressing exposure concerns, and ATSDR's Pediatric Environmental Health Specialty Units (PEHSUs) advise parents and healthcare providers about how to protect and care for children potentially exposed to harmful chemicals.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

BY THE NUMBERS

- **1,700**—Children protected by ATSDR actions from harmful exposures to lead.
- **492**—Community, state, and federal requests responded to by ATSDR in FY 2022.
- **30**—State health departments funded through ATSDR's APPLETREE cooperative agreement program.
- **Over 300 million**—Views of the COVID-19 Data Tracker Dashboard since its launch in April 2020. ATSDR’s Geospatial Research, Analysis, and Services Program (GRASP) developed the tracker that provides information on COVID-19 cases, deaths, testing, seroprevalence, emergency department visits, societal impact, vaccine rates, and other metrics.
- **400,000**—Views of GRASP’s Social Vulnerability Index (SVI), a tool to identify socially vulnerable populations in order to inform public health decision making.
- **10**—Number of Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals. PEHSUs and other partners engaged early in the COVID-19 response to deliver timely education and disseminated infographics and guidance on safely disinfecting the home during the pandemic.
- **Over 56,000**—Health professionals educated by ATSDR in FY 2022 on ways to diagnose and treat conditions related to hazardous exposures.
- **Over 40**—Communities across the nation where ATSDR is currently working to examine the impact of exposure to PFAS, which are a large class of man-made chemicals.
- **21**—Toxicological profiles published by ATSDR in FY 2022 for substances that are hazardous to human health. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 475 minimum risk levels (MRLs), which are health guidance values used to make health decisions.
- **32,000**—Number of participants in the National Amyotrophic Lateral Sclerosis (ALS) Registry diagnosed with the disease. As of FY 2022, CDC/ATSDR has connected thousands of patients with more than 70 clinical trials and epidemiological studies, collected specimens from more than 1,500 patients nationally for the biorepository, and funded 24 research grants.

References:

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

Agency for Toxic Substances and Disease Registry Funding History	
Fiscal Year	Dollars (in millions)
FY 2020	\$76.691
FY 2021	\$78.000
FY 2022 Final	\$80.500
FY 2023 Enacted	\$85.020
FY 2024 President’s Budget	\$86.020

ATSDR's FY 2024 budget request of **\$86,020,000** is **\$1,000,000** above the FY 2023 enacted level. In FY 2024, ATSDR will continue its partnership with communities to address their concerns, monitor and investigate hazardous exposures, and develop science-based tools and resources to build environmental health capacity.

In the last 10 years, ATSDR's mission has become increasingly complex with communities around the United States concerned about possible exposure to hazardous substances including PFAS, ethylene oxide, and lead. ATSDR is mandated by law to respond to health concerns at all sites that are on or proposed for the National Priorities List (NPL), which currently includes over 1,300 sites, with 48 more proposed.

With increased funding in FY 2020 through FY 2023, ATSDR has increased the number of states funded through the ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) cooperative agreement from 25 to 30. ATSDR was also able to increase support to the 10 Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals.

With additional resources in the FY 2024 budget request, ATSDR can close the gap between communities' need to protect themselves from harmful environmental exposures and their current capacity to prevent and respond to these exposures. ATSDR will provide additional support to public health assessment work.

Public Health Assessments and Health Consultations

ATSDR protects people who are at risk of harmful exposures which cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. More specifically, ATSDR reviews environmental and health data and provides guidance, health education, and technical expertise to people living near hazardous waste sites, including elderly adults, children, and American Indians and Alaska Natives. ATSDR provides information to the public and other federal agencies through Health Consultations and Public Health Assessments. Health Consultations are similar to Public Health Assessments but are more limited in scope. A Health Consultation usually addresses one exposure pathway while Public Health Assessments may consider all exposure pathways at a site.

Between FY 2021 and FY 2023, ATSDR conducted more than 80 assessments in communities across the country to evaluate the health risks of over 200,000 people potentially exposed to harmful substances. ATSDR responded to more than 1,200 community, state, and federal requests to address potential health risks. In addition, ATSDR has worked in over 40 communities across the nation to examine the impact of exposure to PFAS, which are a large group of man-made chemicals. In FY 2024, ATSDR will continue to support public health assessments and health consultations, evaluating health risks as mandated by law, and as requested by community, state, and federal partners. Requests are evaluated according to specific decision criteria, including relevance to ATSDR's mission, whether data are available for analysis, and alignment with public health priorities.

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

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

In circumstances where information needed to conduct Public Health Assessments—such as direct exposure measurements—is unavailable, ATSDR may address a contamination issue by conducting an Exposure Investigation or Health Study.

Exposure Investigations and Health Studies

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

For example, ATSDR and its state health partners are investigating exposure to, and possible health effects associated with, per- and polyfluoroalkyl substances (PFAS) in multiple communities across the United States. PFAS are a class of thousands of man-made chemicals many of which have been used in industry and consumer products worldwide since the 1950s. Exposure to these chemicals is widespread, with the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey (NHANES) detecting PFAS in

HELPING COMMUNITIES THROUGH SITE WORK

ENGAGE
 ATSDR is the only Federal agency that works directly with concerned citizens to address environmental hazards.

RESPOND
 Early response to environmental hazards protects human health and mitigates the economic burdens commonly associated with environmental contamination.

PROTECT
 ATSDR provides information to communities that helps people take protective action to prevent harmful exposures.

To learn more visit: www.atsdr.cdc.gov

the blood of more than 95 percent of the U.S. population. More research is needed to determine the health effects in humans, but some studies suggest exposure may affect cholesterol levels or the immune system and may increase the risk for some cancers. ATSDR has worked to address community concerns about PFAS since 2009, with the development of the first health assessment that looked at PFAS exposure in Decatur, Alabama. In addition to ATSDR's site work, the National Defense Authorization Act (NDAA) of 2018 directed ATSDR to complete exposure assessments and a health study to look at PFAS exposure in communities. To date, ATSDR has worked in more than 40 communities across the United States to investigate exposure to and possible health effects associated with PFAS. Most of these communities have concerns about PFAS in their drinking water connected with PFAS production facilities or fire training areas where aqueous film-forming foam (AFFF) was regularly used.

In FY 2020, with funds provided through Department of Defense Appropriations and authorized by the National Defense Authorization Act, ATSDR conducted exposure assessments in ten communities near current or former military bases across the U.S. that are known to have had PFAS in their drinking water. An exposure assessment provides information to communities about the levels of PFAS in their bodies. The exposure assessments looked at exposure in more than 2,300 individuals from over 1,400 households. Over 770 people attended in-person or virtual community meetings about the assessments and social media reached more than 158,000 people. In FY 2022, ATSDR released the PFAS exposure assessment final report covering all sites. ATSDR will use the information and lessons learned from the exposure assessments to inform its overall work in PFAS. ATSDR is also working with the Environmental Protection Agency (EPA) to evaluate non-drinking water sources of PFAS exposure at two of the exposure assessment locations (Massachusetts and Delaware).

In addition, through funding from the Department of Defense Appropriations, ATSDR is conducting a nationwide [Multi-site Health Study](#)¹ (MSS) that will examine the relationship between PFAS exposures through drinking water and potential adverse health outcomes. ATSDR launched the study in 2019 with its first site on and around the Pease International Tradeport in Portsmouth, New Hampshire. ATSDR and CDC are in the process of analyzing samples and completing analyses, with the expectation to begin disseminating findings in 2023. In September 2019, ATSDR awarded research cooperative agreements to seven recipients for the MSS. All recipients have begun participant recruitment and sample collection at sites across the United States. This groundbreaking health study will provide information about the health effects of PFAS exposure that can be used in all communities to protect health.

In addition to the exposure assessments and the health study, ATSDR is exploring a follow-up study to examine PFAS exposure and viral illness susceptibility due to concerns that PFAS may moderate the immune system and make people more susceptible to viral illness. ATSDR will recruit participants from the existing Pease and other MSS cohorts, inviting them to complete a new series of surveys to determine whether PFAS exposure increases susceptibility to viral infections including, but not limited to, COVID-19. ATSDR is also taking steps to ensure that clinicians have the guidance they need to address patient concerns about PFAS exposure. ATSDR is working closely with the Pediatric Environmental Health Specialty Units to offer information about PFAS to pediatricians and other healthcare professionals so they can best serve their patients in these communities. ATSDR is also working with the National Academies of Science, Engineering, and Medicine to develop clinician guidance on PFAS testing, how test results should inform clinical care, and how to advise patients on exposure reduction.

Children's Environmental Health

During community consultations, ATSDR observed that early childcare and education centers are often located on or adjacent to hazardous sites, exposing children to environmental contaminants. Children's exposure to environmental hazards such as lead, arsenic, asbestos, mercury, and radon can slow childhood growth and development and affect lifelong health. An estimated 8.3 million children nationwide are in programs that warrant additional evaluation to ensure safe placement. To address this significant concern, ATSDR created the

¹ <https://www.atsdr.cdc.gov/pfas/activities/studies/multi-site.html>

Choose Safe Places for Early Care and Education (CSPECE) program, which protects the health of children by reducing their risk of being exposed to dangerous chemicals during their time in childcare facilities. ATSDR will continue to fund state health departments to implement CSPECE through its state cooperative agreement program in FY 2023. These states will screen potential childcare locations, educate childcare providers, and integrate protective steps into existing processes to ensure children learn and grow in healthy, safe places.

The 28 funded state health departments (FY 2020 – FY 2022) have already achieved the following to help protect children where they live and play:

- Formed 260 local partnerships with licensing, environmental, zoning, childcare, health, non-profit, academic, economic, and business partners for successful program design.
- Developed over 106 tools and resources to educate ECE stakeholders and promote screening.
- Reached over 55,000 childcare stakeholders through educational materials and over 4,500 through direct training.
- Screened over 9,000 childcare locations for potential hazards to directly protect children and staff.
- Screened childcare locations to identify issues that lead to process changes in the state.
 - APPLETREE funding enabled the Tennessee Department of Health (TDH) to examine newly licensed daycares. In early 2021, TDH requested an updated investigation at a newly reopened daycare adjacent to a dry cleaner to ensure soil vapor near the daycare is not being impacted by soil contamination on the dry cleaner property. These actions will protect 50 to 75 children and staff.
- Executed or pending execution for 26 state-specific systems changes to improve processes for integration of environmental contamination considerations in the state or locality ECE system to protect children.

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

ATSDR has awarded COVID-19 supplemental funding to the National Environmental Health Association (NEHA) and the Children’s Environmental Health Network (CEHN) to support safe and appropriate disinfection practices in ECE facilities during the COVID-19 pandemic. ATSDR uses its relationships with NEHA and CEHN, built through normal CSPECE programmatic work, to ensure that environmental health staff, ECE facility owners, and other interested parties are empowered with information to protect young children from both COVID-19 infection and potentially hazardous cleaning product exposures.

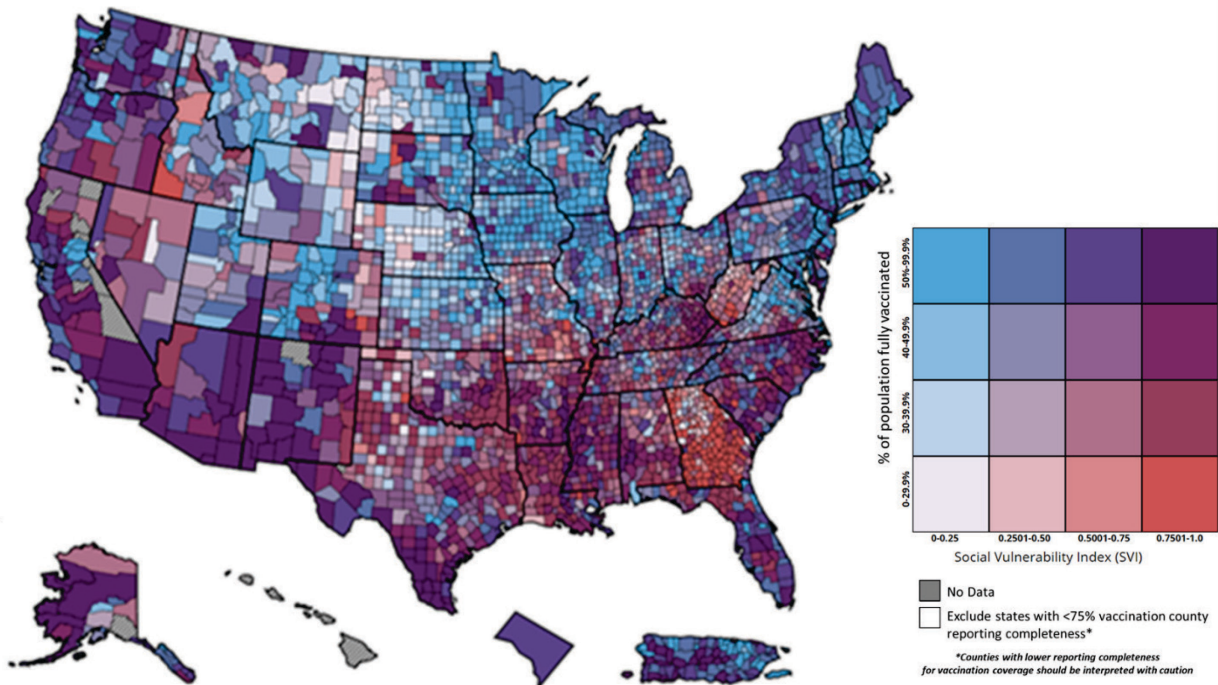
ATSDR manages a national network of Pediatric Environmental Health Specialty Units (PEHSUs), located in each federal region across the United States, to advise parents and reproductive and pediatric healthcare providers on protecting and caring for children potentially exposed to harmful chemicals. Regional PEHSU units are available to respond to requests for information, offer advice on environmentally related health effects for individuals who are pregnant and children, and provide education to healthcare providers, other health professionals, and community members. PEHSUs play a vital role because most healthcare professionals do not receive proper training to recognize, manage, treat, and prevent environmentally related conditions in children and individuals who are pregnant. Childhood, from early development through puberty, is a highly vulnerable period for exposure to environmental toxicants such as lead, mold, pesticides, air pollution, and many other contaminants.

Uniquely positioned around the U.S. and nationally known as an expert resource in children and women’s environmental health, ATSDR’s PEHSU and other partners engaged early in the COVID-19 response to provide leadership, instructional content, and technical support to educate health professionals and families on safer disinfectant use and COVID-19 risk reduction practices. COVID-19 supplemental funds helped make this guidance more widely available to communities. During a six-month period of the COVID-19 response, the PEHSUs provided approximately 300 consultations to healthcare professionals and over 350 consultations to community members. To address health equity and ensure that the environmental health needs of all children are effectively met, the PEHSU efforts involve engaging families and providers in underserved areas through programmatic planning and implementation of COVID-19 risk reduction and safer disinfectant use activities to ultimately reduce childhood environmental health risks associated with COVID-19.

Geospatial Research, Analysis, and Services Program (GRASP)

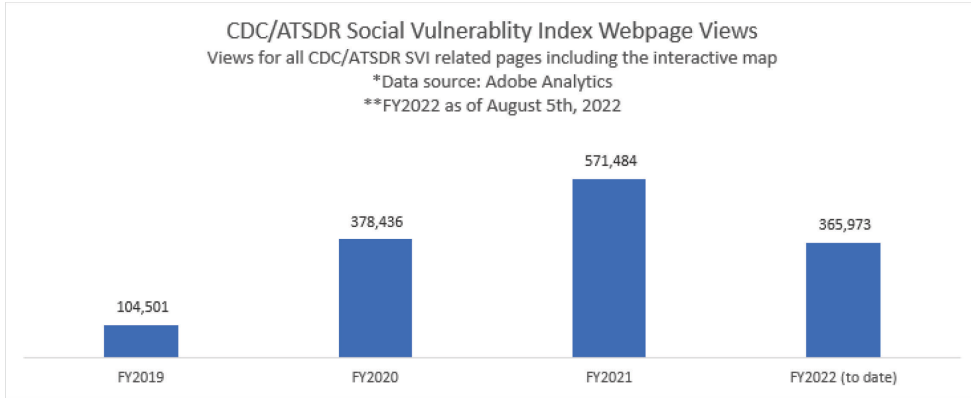
ATSDR’s Geospatial Research, Analysis, and Services Program (GRASP) engages in geospatial science and GIS research, analysis, support, training, and technology projects with CDC/ATSDR and among the wider public health community to better understand issues specific to health concerns. GRASP has worked on over 90 projects responding to the COVID pandemic including development of a COVID Data Tracker (CDT) Dashboard to increase the understanding of the novel coronavirus, reduce the disproportionate burden of the pandemic on communities of color and other groups that have been marginalized, explore the impact and recovery of the existing healthcare system, and to provide timely information to the public. The CDT consistently averaged about 2 million views per week and has recorded over 300 million views overall since it was launched in April 2020.

Percent of Population Fully Vaccinated by Social Vulnerability Index (SVI)



In 2007, GRASP partnered with emergency response planners at ATSDR and CDC’s National Center for Environmental Health (NCEH) to develop the Social Vulnerability Index (SVI), a resource to increase the public health community’s ability to use data, tools, and communication to identify socially vulnerable populations at-risk of infectious disease related health outcomes, better prepare for emergencies, and for use in its hazardous waste site work. SVI uses U.S. Census tract data to characterize the social vulnerability of every U.S. community and ranks each community on 15 social factors, including poverty, lack of vehicle access, and crowded housing.

In 2022, GRASP released an update to the SVI tool with a new interactive map with many user-friendly features and new datasets with updated themes and indicators to evolve with social vulnerability measures, technical support information, and updated prepared county maps for each county in the United States. GRASP continues to use new data and technology to improve the utility of the information for public health decision making. ATSDR’s [COVID Data Tracker Dashboard](https://covid.cdc.gov/covid-data-tracker)² and [SVI tool](https://svi.cdc.gov/data-and-tools-download.html)³ are readily available to officials to help make timely public health decisions.



EJI Framework

- Environmental Burden
- Social Vulnerability
- Health Vulnerability

GRASP continues to use new data and technology to improve the utility of the information for public health decision-making. In FY 2022 and in partnership with CDC and HHS, GRASP released its Environmental Justice Index (EJI), the first national, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity. The EJI delivers a single score for each community so that public health officials can identify and map areas most at risk for the health impacts of environmental burden. Social factors such as poverty, race, and ethnicity, along with pre-existing health conditions may increase these environmental impacts. Combined, the facets of this tool can be used to identify and prioritize areas that may require special attention or additional resources to improve health and health equity, educate and inform the public about their community, and analyze the unique, local factors driving cumulative impacts on health to inform policy and decision making and establish meaningful goals and measure progress towards environmental justice and health equity. Through a robust outreach effort, the EJI reached over 30,000 partners and stakeholders since its release in August 2022, including CDC partners at ASTHO, APHA, APHL, AAP and NACCHO.

GRASP contributes significantly to advancing the understanding of environmental health exposures. For example, GRASP joined data from the EPA measuring several emerging contaminants, including six PFAS, to the SVI data, which allowed for the exploration of the relationship between PFAS detections in drinking water and several social vulnerability indicators included in the SVI. The results from the analysis will help ATSDR identify communities that may be at increased risk of PFAS exposure. In addition, this work furthers the goal of advancing health equity through understanding potential exposures of vulnerable communities, which is a top priority for ATSDR.

GRASP has also investigated the extent of exposure to ethylene oxide (EtO) at various sites across the United States. EtO is a chemical used to sterilize medical equipment and supplies in hospitals or sterilization facilities. GRASP assisted with mapping and geospatial analysis of EtO-producing facilities. Since 2019, GRASP

² <https://covid.cdc.gov/covid-data-tracker>

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

visualizations have informed numerous ATSDR health consultations and assessments. Detailed maps and analyses showed the relationship between the concentration of EtO in the air and proximity to the facilities. These maps are instrumental in visualizing the data and communicating findings to communities. Additionally, GRASP analysts have used satellite imagery to identify urban and rural sterilizer sites for consideration in future studies. GRASP will continue to aid investigators at additional sites with visualizations and analysis as ATSDR's scientific assessments continue.

In FY 2024, GRASP will continue pursuing additional projects that improve technology, enhance science in environmental modeling, and provide support to states. Some of these activities include:

- Developing ATSDR's Platform for Exposure Assessment (APEX), a comprehensive environmental sampling data system to manage, store, and share data to improve data quality, ensure consistency in data used for analysis, and ensure scientists use the same common data as well as modernizing and making data more accessible to affected communities.
- Expanding GRASP's capacity in air dispersion modeling and groundwater modeling to enhance ATSDR's construction of complex exposure pathways in communities.
- Developing an Activity Space Index integrating mobile phone data, synthetic population data, and remote sensing images to enable ATSDR scientists to better understand exposure that occurs where people work, learn, play, and worship.
- Finalizing the Lead Exposure Risk Index (LERI), a tool to identify potential lead exposure in neighborhoods across the United States. State and local public health departments can use the place-based data from LERI to focus public health efforts in communities most at risk for lead exposure.

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 to identify when levels may be unsafe. In FY 2024, ATSDR will continue to provide expertise and assistance to communities and local agencies directly. For example, when residents of Baraboo, Wisconsin, were interested in redeveloping an old industrial area along the Baraboo River, ATSDR worked with the Wisconsin Department of Health Services to evaluate environmental hazards to health. ATSDR recommended actions to protect people from exposure to environmental contaminants, such as covering sites with vegetation to prevent exposure to polychlorinated biphenyls (PCBs). Outcomes included the clean-up of environmental hazards, the conversion of vacant buildings, and a \$3,000,000 increase to the city's tax base.

The Land Reuse program also plays a significant role in training environmental health professionals. In 2019 and 2020, the Land Reuse Program partnered with National Environmental Health Association to create the Environmental Health and Land Reuse Certificate (EHLR) Program in both classroom and online modalities. The EHLR Certificate has a basic, 10-hour training that incorporates five environmental health modules covering community engagement, environmental/health risk, risk communication, healthy community design, and measurement of environmental and health change. ATSDR and NEHA have trained over 1,800 environmental health professionals, of whom over 600 received their EHLR Certificate from NEHA. In 2022, ATSDR and NEHA created the EHLR Immersion Certificate, which expands three of the original EHLR modules in community engagement (eight hours), environmental/health risk (eight hours), and risk communication (eight hours).

Tribal Environmental Health

ATSDR collaborates with its tribal partners to identify and evaluate environmental health concerns and empower tribes to make informed decisions that benefit their people and their communities. For example, members of the Yakutat Tlingit Tribe, fearing health effects from dioxin exposure, stopped harvesting clam and crab for food in the Ankau Saltchuk and closed their native culture camp for 14 years. Alaska's Environmental Public Health Program partnered with ATSDR to assess cancer and non-cancer risks from eating dioxin-contaminated seafood, conduct risk communication and health education in the community, and conduct a survey to evaluate the initiative's effectiveness. The initiative proved successful when a year later, the majority of the community resumed harvesting seafood. Since 2019, ATSDR's Land Reuse Program has annually provided summer interns at Diné (Navajo) College with environmental health and land reuse (EHLR training), co-training with Navajo faculty to integrate tribal ecosystem knowledge with Western science. The Land Reuse Program also provides annual EHLR training for the Institute for Environmental Professionals Tribal Land and Environment Forum.

In FY 2024, ATSDR will continue to partner with the Community Outreach Network (Network) that was formed in 2015 by federal and Navajo Nation agencies to communicate with Navajo communities about the legacy of uranium contamination on the Navajo Nation. The Network ensures broad information sharing and partnership building with Navajo communities to increase general understanding of uranium exposure and potential health issues related to exposure, on how communities can be engaged, and about assessment and cleanup projects at abandoned uranium mines and former uranium mills.

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

State-of-the-Art Science

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. ATSDR currently maintains scientific data health information on 184 profiles and has developed 475 Minimal Risk Levels (MRLs), which are screening values used to determine next steps to protect public health. Healthcare and environmental professionals around the world use ATSDR's suite of toxicological materials—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and reducing the toxic effect for people exposed to hazardous substances. In FY 2022, ATSDR finalized and published 21 ToxProfiles™. ATSDR also released a Toxicological Profile on Ethylene Oxide, a carcinogen that has recently emerging new risks and has been found to be prevalent in some communities across the United States.

Funding State Health Departments

ATSDR's state cooperative agreement program (APPLETREE) 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, APPLETREE staff in New Jersey were contacted by a tenant in a local shopping center who had been concerned about odors coming from the co-located dry cleaner and potential health

effects from exposures to high levels of trichloroethylene (TCE) and perchloroethylene (PCE). A Letter Health Consultation documenting the NJDOH's investigation and recommendations was sent to the local health department and distributed to building tenants informing them of this risk. The release of this Letter Health Consultation was an important mechanism to communicate possible health risks to building occupants from exposures to indoor air contaminants. The recommendations in this evaluation also encouraged the building owner to take actions to reduce levels of PCE and TCE. These measures include sealing cracks in the walls, floors, and ceiling of the dry cleaner space, improving ventilation between the tenant spaces and removing the dry-cleaning machine. The building owner has agreed to take additional indoor air samples in the near future.

ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Grants¹

(dollars in millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	28	30	30
- New Awards	0	30	0
- Continuing Awards	28	0	30
Average Award	\$0.421	\$0.419	\$0.419
Range of Awards	\$0.212-\$0.856	\$0.295-\$0.534	\$0.295-\$0.534
Total Awards	\$11.800	\$12.562	\$12.562

¹ These funds are not awarded by formula.

ATSDR State Table: Funding¹

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Alabama	\$0	\$0	TBD	TBD
Alaska	\$211,725	\$211,725	TBD	TBD
Arizona	\$0	\$0	TBD	TBD
Arkansas	\$0	\$0	TBD	TBD
California	\$256,103	\$256,103	TBD	TBD
Colorado	\$176,153	\$176,153	TBD	TBD
Connecticut	\$511,133	\$511,133	TBD	TBD
Delaware	\$0	\$0	TBD	TBD
District of Columbia	\$0	\$0	TBD	TBD
Florida	\$0	\$0	TBD	TBD
Georgia	\$126,311	\$126,311	TBD	TBD
Hawaii	\$0	\$0	TBD	TBD
Idaho	\$111,005	\$111,005	TBD	TBD
Illinois	\$216,000	\$216,000	TBD	TBD
Indiana	\$0	\$0	TBD	TBD
Iowa	\$0	\$0	TBD	TBD
Kansas	\$0	\$0	TBD	TBD
Kentucky	\$0	\$0	TBD	TBD
Louisiana	\$167,574	\$167,574	TBD	TBD
Maine	\$0	\$0	TBD	TBD
Maryland	\$349,024	\$349,024	TBD	TBD
Massachusetts	\$0	\$0	TBD	TBD
Michigan	\$225,000	\$225,000	TBD	TBD
Minnesota	\$303,344	\$303,344	TBD	TBD
Mississippi	\$0	\$0	TBD	TBD
Missouri	\$190,169	\$190,169	TBD	TBD
Montana	\$3,170,056	\$3,170,056	TBD	TBD
Nebraska	\$0	\$0	TBD	TBD
Nevada	\$0	\$0	TBD	TBD
New Hampshire	\$194,726	\$194,726	TBD	TBD
New Jersey	\$241,831	\$241,831	TBD	TBD
New Mexico	\$169,969	\$169,969	TBD	TBD
New York	\$226,662	\$226,662	TBD	TBD
North Carolina	\$169,827	\$169,827	TBD	TBD
North Dakota	\$0	\$0	TBD	TBD
Ohio	\$225,000	\$225,000	TBD	TBD
Oklahoma	\$0	\$0	TBD	TBD
Oregon	\$224,969	\$224,969	TBD	TBD
Pennsylvania	\$0	\$0	TBD	TBD
Rhode Island	\$0	\$0	TBD	TBD
South Carolina	\$0	\$0	TBD	TBD
South Dakota	\$0	\$0	TBD	TBD
Tennessee	\$0	\$0	TBD	TBD
Texas	\$0	\$0	TBD	TBD
Utah	\$0	\$0	TBD	TBD
Vermont	\$0	\$0	TBD	TBD
Virginia	\$0	\$0	TBD	TBD
Washington	\$0	\$0	TBD	TBD
West Virginia	\$0	\$0	TBD	TBD
Wisconsin	\$0	\$0	TBD	TBD
Wyoming	\$0	\$0	TBD	TBD

ATSDR FY 2024 Congressional Justification

Total Resources	\$7,466,581	\$7,466,581	TBD	TBD
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¹This table is a compilation of ATSDR grant programs ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure, TS20-2001, 93.240/93.136; Early Detection of Certain Medical Conditions Related to Environmental Health Hazards, TS19-1902, 93.534; and Pediatric Environmental Health Specialty Units, TS19-1901, 93.161 and represents all funding within a jurisdiction (including funding to local, tribal, and other grantees). For a more comprehensive view of grant and cooperative agreement funding to grantees by jurisdiction, visit <http://wwwn.cdc.gov/FundingProfiles/FundingProfilesRIA/>.

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

Highlights of Agency Accomplishments

- In 2022, ATSDR released the Social Vulnerability Index (SVI) and the Environmental Justice Index (EJI). The SVI uses census tract and county data to characterize the social vulnerability of every U.S. community. Additionally a new interactive map was released with many use- friendly features and a new dataset with updated themes and indicators to evolve with social vulnerability measures and updated prepared county maps for each county in the US. The EJI is the first national, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity, delivering a single score for each community so that public health officials can identify and map areas most at risk for the health impacts of environmental burden. This tool can be used to identify and prioritize areas that may require special attention or additional resources to improve health and health equity, educate and inform the public about their community, and analyze the unique, local factors driving cumulative impacts on health to inform policy and decision making and establish meaningful goals and measure progress towards environmental justice and health equity.
- ATSDR is developing a virtual reality (VR) experience that focuses on indoor environmental health hazards. The VR experience will share risks for exposures and provide tools the participant can use to prevent health risks and exposures. Consultations with community organizations and working within EJ communities will help determine specific topics of concern. VR users will learn about indoor environmental hazards, such as lead, how they can be exposed to hazards, and what steps they can take to prevent health risks and exposures.
- In FY 2022, ATSDR published estimates that as of 2017 there are over 32,000 patients living with Amyotrophic Lateral Sclerosis (ALS). As of FY 2022, ATSDR has connected thousands of patients with more than 65 clinical trials and epidemiological studies, collected specimens from more than 1,500 patients nationally for the biorepository, disseminated risk factor data and biospecimens to over a dozen research institutions, and funded 21 research grants. ATSDR's National ALS Registry develops programs and activities to better describe the incidence and prevalence of ALS in the U.S. and to examine risk factors such as environment, occupation, and key demographics. The Registry also includes a National ALS Biorepository, an innovative program of nationally representative specimens available to researchers that can be matched with risk factor data to better understand genetics, disease progression and environmental exposures.
- In FY 2022, ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) supported 28 state health departments to complete site-specific health assessments and engage communities about health risks and exposure prevention, assessing the environmental health risks of nearly 200,000 people nationwide.
- In FY 2022, ATSDR launched the updated Public Health Assessment Guidance Manual (PHAGM) to provide the most up-to-date scientific methods and resources that ATSDR scientists, state partners, and other stakeholders can use to evaluate exposures to environmental contaminants and potentially related health effects. The PHAGM is the primary foundation for training public health professionals at ATSDR and its state partners throughout the entire public health assessment process.
- In FY 2022, CDC/ATSDR completed the release of eight Per- and Polyfluoroalkyl Substances (PFAS) exposure assessment (EA) reports for communities in eight states. A final report of the findings represents the first comprehensive evaluation across multiple communities to measure PFAS exposure in people's blood. The report of PFAS EAs summarized levels of PFAS in blood and urine from residents living in locations known to have had elevated levels of PFAS in their drinking water near current or former military bases and compares results to national PFAS levels.

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 2023 Target	FY 2024 Target	FY 2024 +/-FY 2023
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2022: 21 Target: 9 (Target Exceeded)	9	10	+1
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 2022: 492 Target:715 (Target Not Met)	730	730	Maintain
14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2022: 35 Target: 119 (Target Not Met)	119	119	Maintain
14.L Number of health professionals trained on environmental health topics (Output)	FY 2022: 56,481 Target: 36,000 (Target Exceeded)	36,000	36,000	Maintain

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

Each year, ATSDR receives over 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 2018 and FY 2022, ATSDR responded on average to over 600 requests annually for public health assessments, consultations, and technical assistance from stakeholders and community members nationwide, exceeding performance targets (Measure 14.B). In FY 2023 and FY 2024, ATSDR will maintain the target for measure 14.B by responding to at least 730 requests from environmental agencies, health agencies, policy makers, and community members per year, taking into account the variable nature of these requests.

ATSDR prioritizes its site work, focusing resources on producing quality assessments that address the highest priority public health problems. In FY 2022, ATSDR continued to experience significant decreases in the number of public health assessments and health consultations completed (Measure 14.C). The declines are likely due to the variable nature of requests to conduct assessments and the timeframes in which it takes to acquire data

from other entities to complete and release scientifically sound assessments. Additionally, the long-term effects caused by the COVID-19 pandemic continue to impact the ability to conduct site work. Despite these challenges, in FY 2022 ATSDR conducted 35 public health assessments and health consultations in communities across the United States. These activities assessed the health risks of over 200,000 people potentially exposed to harmful substances. ATSDR anticipates that these effects will continue to impact site work activity in the upcoming years. ATSDR will maintain its target of 119 for FY 2023 and FY 2024, while also focusing on strengthening site work through training and updates to public health assessment tools and guidance. ATSDR will review Measures 14.B and 14.C to determine if they will be revised or retired to better reflect the impact of its work.

ATSDR provides important information to families, local community leaders, and health care providers on potential health risks from environmental hazards and steps they can take to protect families and patients in their communities. Although the COVID-19 pandemic presented logistical complications and challenges due to increased burden on health professionals, in FY 2022 ATSDR and funded partners educated nearly 30,000 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measure 14.L), and directly provided health education about preventing harmful exposures and other environmental health topics to nearly 60,000 community members. ATSDR continues to focus on pediatric environmental health and proposes targets based on that focus. FY 2023 targets remain level with FY 2022 to reflect the potential long-term effects of the COVID-19 response on health care providers while taking into account anticipated resources.

Through the toxicological profiles (ToxProfiles™), and accompanying educational materials, ATSDR provides key scientific information for health and environmental professionals around the world to make decisions about cleaning up hazardous waste sites, responding to emergencies, and treating people exposed to harmful substances. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 475 minimum risk levels (MRLs), which are health guidance values used to make health decisions. ATSDR has exceeded the target for toxicological profiles in FY 2022 (Measure 14.2.1). The toxicological profile development program anticipates similar resources and performance and has adjusted target slightly upward beginning in FY 2024 to reflect performance previous years.

BUDGET EXHIBITS

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APPROPRIATIONS LANGUAGE

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, [\$85,020,000] *\$86,020,000: 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 [2023] *2024*, and existing profiles may be updated as necessary

(Department of the Interior, Environment, and Related Agencies Appropriations Act, 2023.)

Analysis of Changes

No significant changes requested for FY 2024.

AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Discretionary Appropriation:			
Enacted	\$80,500,000	\$85,020,000	\$86,020,000
ATB Rescission	N/A	N/A	N/A
Subtotal, adjusted Appropriation	\$80,500,000	\$85,020,000	\$86,020,000
Mandatory and Other Appropriations:			
Subtotal, adjusted Mandatory and Other Appropriations	\$80,500,000	\$85,020,000	\$86,020,000
Recovery of prior year Obligations	\$922,209	\$0	\$0
Unobligated balance start of year	\$28,848,118	\$25,855,585	\$26,550,225
Unobligated balance expiring	\$378,621	\$0	\$0
Unobligated balance end of year	(\$25,855,585)	(\$26,550,225)	(\$26,915,436)
Total Obligations	\$84,793,362	\$84,325,361	\$85,654,789

SUMMARY OF CHANGES

(dollars in thousands)			Dollars			FTEs
FY 2023 Enacted (Program Level)			\$85,020			222
FY 2024 President's Budget (Program Level)			\$86,020			222
Net Change			\$1,000			0
	FY 2023 FTE		FY 2023 Enacted	FTE Change		FY 2024 +/- FY 2023
Increases:						
			\$85,020	---		\$1,000
	Total Increases	---	\$85,020	---		\$1,000
Decreases:						
ATSDR		---	\$0	---		\$0
	Total Decreases		\$0	---		\$0
Built-In:						
1. Annualization of 2023 Pay Raise		---	---	---		\$0
2. FY 2024 Pay Increases						\$0
3. Changes in Day of Pay		---	---	---		\$0
4. Rental Payments to GSA and Others		---	---	---		\$0
	Total Built-In	---	\$0	---		\$0
Absorption of Current Services						\$0
	Total	---	---	---		\$0
	Total Increases (Program Level)	---	\$85,020	0		\$1,000
	Total Decreases (Program Level)	---	\$0	0		\$0
	NET CHANGE – Program Level	222	\$85,020	0		\$1,000

AUTHORIZING LEGISLATION

(dollars in thousands)

Enabling Legislation Citation	Enabling Legislation Status	Allocation Methods	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
ATSDR					
Sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. 9604(i)* and 42 U.S.C. 9611*); The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); The Clean Air Act, as amended (42 U.S.C. 7401 et seq), Section 2009 of the Social Security Act (42 U.S.C. § 1397h), P.L. 1114-148, P.L. 115-141	Permanent Indefinite	Direct Federal/ Intramural, Contracts, Competitive Grants/ Cooperative Agreements	\$80,500	\$85,020	\$86,020

APPROPRIATIONS HISTORY

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2014	76,300,000	--	--	74,691,000
2015	74,691,000	--	--	74,691,000
2015	20,000,000	--	--	20,000,000
2016	74,691,000	--	--	74,691,000
2017	74,691,000	74,691,000	74,691,000	74,691,000
2018	62,000,000	72,780,000	74,691,000	74,691,000
2019	62,000,000	74,691,000	74,691,000	74,691,000
2020	62,000,000	79,691,000	74,691,000	76,691,000
2021	62,000,000	79,000,000	76,691,000	78,000,000
2022	81,750,000	81,750,000	81,750,000	80,500,000
2023	85,020,000	85,020,000	85,020,000	85,020,000
2024	86,020,000	--	--	--

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SUPPLEMENTAL TABLES

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OBJECT CLASS TABLE – DIRECT

(dollars in thousands)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel Compensation:				
Full-Time Permanent (11.1)	\$19,693	\$20,799	\$22,129	\$1,330
Other than Full-Time Permanent (11.3)	\$1,245	\$1,315	\$1,349	\$34
Other Personnel Comp. (11.5)	\$795	\$840	\$862	\$22
Military Personnel (11.7)	\$3,049	\$3,220	\$3,304	\$84
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$24,783	\$26,174	\$27,645	\$1,471
Civilian personnel Benefits (12.1)	\$7,972	\$8,419	\$8,639	\$220
Military Personnel Benefits (12.2)	\$286	\$302	\$310	\$8
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
Subtotal Pay Costs	\$33,040	\$34,895	\$36,594	\$1,699
Travel (21.0)	\$395	\$417	\$413	-\$4
Transportation of Things (22.0)	\$68	\$71	\$71	-\$1
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$0	\$0	\$0	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$1	\$1	\$1	\$0
NTWK Use Data TRANSM SVC (23.8)	\$0	\$0	\$0	\$0
Printing and Reproduction (24.0)	\$2	\$2	\$2	\$0
Other Contractual Services (25):	<u>\$24,017</u>	<u>\$25,365</u>	<u>\$25,126</u>	<u>-\$239</u>
Advisory and Assistance Services (25.1)	\$9,544	\$10,080	\$9,985	-\$95
Other Services (25.2)	\$1,794	\$1,895	\$1,877	-\$18
Purchases from Government Accounts (25.3)	\$11,160	\$11,786	\$11,675	-\$111
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)	\$1,519	\$1,604	\$1,589	-\$15
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Consultants, other and misc (25.9)	\$0	\$0	\$0	\$0
Supplies and Materials (26.0)	\$23	\$25	\$25	\$0
Equipment (31.0)	\$1,720	\$1,816	\$1,799	-\$17
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$21,228	\$22,420	\$21,981	-\$439
Insurance Claims and Indemnities (42.0)	\$7	\$7	\$7	\$0
Interest and Dividends (43.0)	\$0	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$47,460	\$50,125	\$49,425	-\$700
Total Budget Authority	\$80,500	\$85,020	\$86,020	\$1,000
Average Cost per FTE				
Civilian FTEs	194	195	195	0
Civilian Average Salary and Benefits	\$153	\$161	\$169	\$8.2
Percent change	N/A	5%	5%	0%
Military FTEs	29	27	27	0
Military Average Salary and Benefits	\$115	\$130	\$134	\$3
Percent change	N/A	13%	3%	-10.8%
Total FTEs	223	222	222	0
Average Salary and Benefits	\$148	\$157	\$165	\$8
Percent change	N/A	6%	5%	-1%

SALARIES AND EXPENSES

(dollars in thousands)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel Compensation:				
Full-Time Permanent(11.1)	\$19,693	\$20,799	\$22,129	\$1,330
Other than Full-Time Permanent (11.3)	\$1,245	\$1,315	\$1,349	\$34
Other Personnel Comp. (11.5)	\$795	\$840	\$862	\$22
Military Personnel (11.7)	\$3,049	\$3,220	\$3,304	\$84
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$24,783	\$26,174	\$27,645	\$1,471
Civilian personnel Benefits (12.1)	\$7,972	\$8,419	\$8,639	\$220
Military Personnel Benefits (12.2)	\$286	\$302	\$310	\$8
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
Subtotal Pay Costs	\$33,040	\$34,895	\$36,594	\$1,699
Travel (21.0)	\$395	\$417	\$413	-\$4
Transportation of Things (22.0)	\$68	\$71	\$71	\$0
Rental Payments to Others (23.2)	\$0	\$0	\$0	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$1	\$1	\$1	\$0
Printing and Reproduction (24.0)	\$2	\$2	\$2	\$0
Other Contractual Services (25):	<u>\$24,017</u>	<u>\$25,365</u>	<u>\$25,136</u>	<u>-\$229</u>
Advisory and Assistance Services (25.1)	\$9,544	\$10,080	\$9,985	-\$95
Other Services (25.2)	\$1,794	\$1,895	\$1,877	-\$18
Purchases from Government Accounts (25.3)	\$11,160	\$11,786	\$11,675	-\$111
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)	\$1,519	\$1,604	\$1,589	-\$15
Subsistence and Support of Persons (25.8)	\$0	\$0	\$10	\$10
Supplies and Materials (26.0)	\$23	\$25	\$25	\$0
Subtotal Non-Pay Costs	\$24,506	\$25,882	\$25,648	-\$233
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Total, Salaries & Expenses and Rent	\$57,546	\$60,777	\$62,242	\$1,465
Direct FTE	223	222	222	0

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)¹

	FY 2022			FY 2023			FY 2024		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
Agency for Toxic Substances and Disease Registry	194	29	223	195	27	222	195	27	222
Direct	191	28	219	195	27	222	195	27	222
Reimbursable	3	1	4	-	-	-	-	-	-

¹ ATSDR FTE only.

ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

(dollars in millions)

ACA Program ^{1,2}	ACA Sec.	2014 Total	2014 FTEs	2015 Total	2015 FTEs	2016 Total	2016 FTEs	2017 Total	2017 FTEs	2018 Total	2018 FTEs	2019 Total	2019 FTEs	2020 Total	2020 FTEs	2021 Total	2021 FTEs	2022 Total	2022 FTEs	2023 Total	2023 FTEs	2024 Total	2024 FTEs
Medical Monitoring in Libby, MT	10323	\$0.0	2.5	\$4.0	1.1	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9
Total		\$0.0	2.5	\$4.0	1.1	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9

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

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

DETAIL OF POSITIONS^{1,2,3}

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive Level			
Executive level I	-	-	
Executive level II	-	-	
Executive level III	-	-	
Executive level IV	-	-	
Executive level V	-	-	
Subtotal	-	-	
Total-Executive Level Salary	-	-	
Total - SES			
	0	0	0
Total - SES Salary			
	\$0	\$0	\$0
General Schedule			
GS-15	19	18	18
GS-14	79	72	67
GS-13	79	70	69
GS-12	18	15	14
GS-11	13	15	14
GS-10	2	0	0
GS-9	3	3	3
GS-8	0	0	0
GS-7	1	0	0
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	214	193	185
Total - GS Salary	\$23,316,120	\$24,212,180	\$24,918,855
Average ES level			
Average ES salary			
Average GS grade	13.0	13.0	13.0
Average GS salary	\$108,954	\$125,452	\$134,697
Average Special Pay Categories			
Average Comm. Corps Salary ²	\$129,455	\$149,737	\$164,071
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.