DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2023

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 2023 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal public health agency within the U.S. Department of Health and Human Services with a unique focus on the impact of hazardous substances on human health. ATSDR also responds to environmental health emergencies; investigates emerging environmental health threats; conducts research on the health impacts of hazardous waste sites; and builds the capabilities of, as well as providing actionable guidance to, state and local health partners.

For three decades, ATSDR has kept people in communities safe from environmental hazards. Addressing emerging environmental contaminants continues to be a priority for ATSDR, with a groundbreaking Per- and Polyfluoroalkyl Substances Multi-site Health Study taking place across eight states to enhance our understanding about the relationship between exposure to per- and polyfluoroalkyl substances and health outcomes. ATSDR also 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. A critical role of ATSDR is to develop tools and other resources to expand environmental health capacity and promote health equity. The development of ATSDR's Environmental Justice Index and enhancement of the Social Vulnerability Index will help identify communities that experience a disproportionately high environmental burden in the United States and allow them to take action to improve health.

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

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

Patrick Breysse, PhD
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, disseminated information, and provide medical education.

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

Mission

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

Goals

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

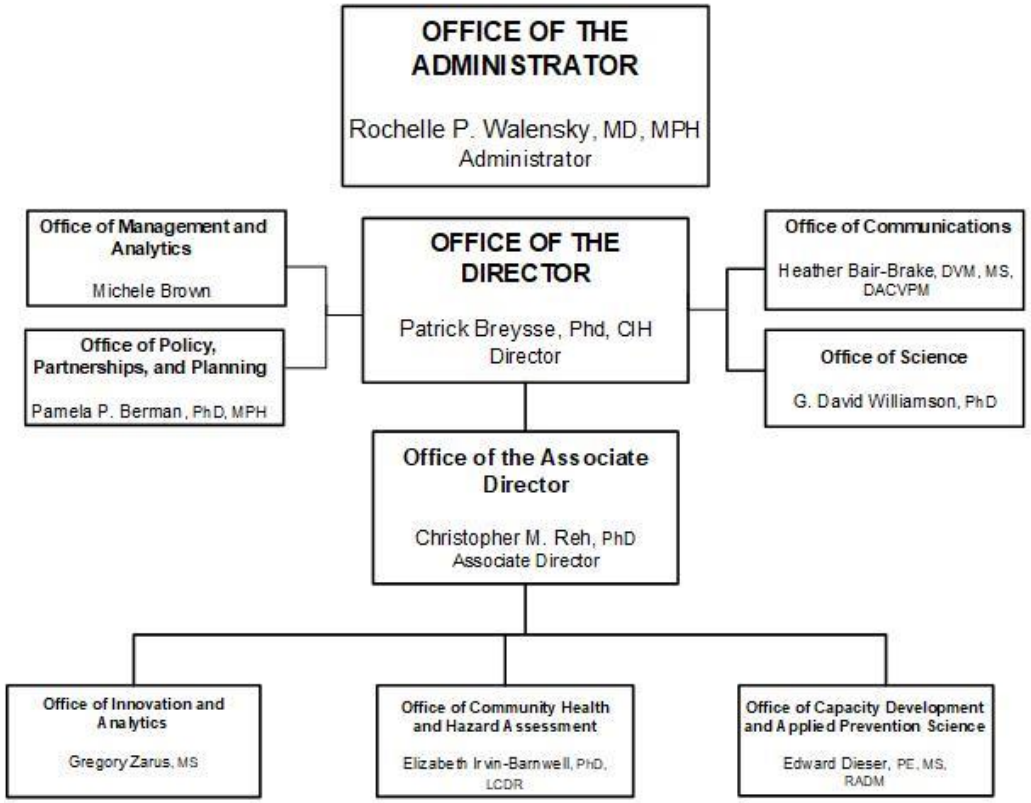
Prepare for and respond to health hazards and toxic exposures, including those caused by public health emergencies such as chemical, biological, radiological, and nuclear incidents; natural disasters; and extreme weather events.

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

ATSDR ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY



Listed personnel are Director of the entity unless otherwise notated.

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

Names Updated 1/12/2022

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Budget Authority	**$78.000**	**$78.000**	**$85.020**	**+$7.020**
FTEs	230	227	227	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 2021: Indefinite; Expired/Expiring noted with *

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

For three decades, the Agency for Toxic Substances and Disease Registry (ATSDR) has protected American communities from 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 24/7 to respond to environmental threats from natural disasters, chemical spills, and other emergencies. ATSDR staff represent a variety of disciplines and have extensive experience 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.

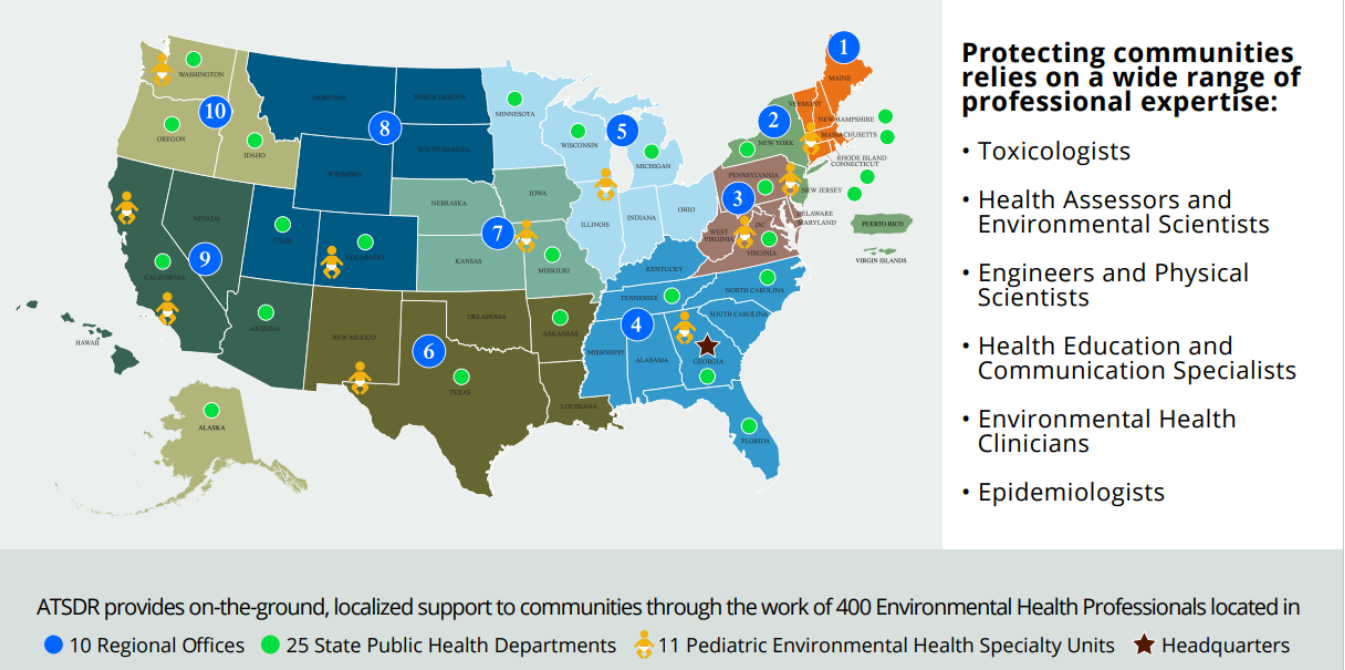
Exposure Investigations and Health Studies: Investigate exposures by collecting environmental data and biological data (when appropriate) to determine whether people have been exposed to hazardous substances, such as per- and polyfluoroalkyl substances (PFAS) or lead. Evaluate the association between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

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

Environmental justice and health equity are the foundation of ATSDR's activities. Economically and socially marginalized communities continue to 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's Region 10 is currently working on five health consultations with American Indian and Alaska Native tribes to evaluate exposures through drinking water or traditional and subsistence use of resources on or near contaminated sites. 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. An example of the program's work includes the Missouri state health department's investigation of lead exposures in children enrolled in a Head Start facility that was built on a lead mining waste pile. The investigation included on-site blood testing to evaluate the children's exposure to lead and referrals to additional services for children with elevated blood lead levels; the findings were used in soil remediation planning to prevent future exposures.

ATSDR also provides the tools and data to empower communities and promote health equity and environmental justice. 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 social variables like

race, ethnicity, and income to 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 developed the COVID Data Tracker to address the data needs of the COVID-19 response and provide information to reduce the disproportionate burden of the pandemic on communities of color and other marginalized groups. ATSDR is currently developing an Environmental Justice Index, which will use 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 environmental justice efforts.

ATSDR also 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 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.
- **715**—Community, state, and Federal requests responded to by ATSDR in FY 2019, addressing the potential health risk of over 2 million people around the country.
- **28**—State health departments funded through ATSDR's APPLETREE cooperative agreement program. Sixteen recipient states received an additional $1.4 million in COVID-19 supplemental funding through APPLETREE to provide guidance and community engagement on safe practices for disinfection for home, school, and early learning education centers.
- **255 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. ATSDR also used GRASP's Social Vulnerability Index (SVI), a tool to identify socially vulnerable populations, to create a Pandemic Vulnerability Index (PVI) to map populations that are more vulnerable to the spread of COVID-19.
- **10**—Number of Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals. PEHSUs and other partners engaged early in the COVID-19 response to deliver timely education and disseminated infographics and guidance on safely disinfecting the home during the pandemic.
- **Over 29,000**—Health professionals educated by ATSDR in FY 2021 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.
    - 10—Exposure assessments conducted in communities near current or former military bases across the U.S. that are known to have had PFAS in their drinking water.
    - 8—States with sites for ATSDR's Multi-Site Health Study, a national study that will look at the relationship between PFAS exposure and health effects.
- **14**—Toxicological profiles published by ATSDR in FY 2021 for substances that are hazardous to human health. ATSDR maintains 184 toxicological profiles containing scientific data and public health information and has developed 462 minimum risk levels (MRLs), which are health guidance values used to make health decisions.
- **16,583**—Number of participants in the National Amyotrophic Lateral Sclerosis (ALS) Registry diagnosed with the disease. As of FY 2021, CDC/ATSDR has connected thousands of patients with more than 60 clinical trials and epidemiological studies, collected specimens from more than 1,500 patients nationally for the biorepository, and funded 21 research grants.

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

Agency for Toxic Substances and Disease Registry Funding History[1]	
Fiscal Year	**Dollars (in millions)**
2019	$74.691
2020	$76.691
2021 Final	$78.000
2022 Annualized CR	$78.000
2023 President's Budget	$85.020

[1] P.L. 111-148 appropriated $23,000,000 for the period of FY 2010-2014, and $20,000,000 for each five-year period thereafter, in no-year funding for the early detection of certain medical conditions related to environmental health hazards.

Budget Request

ATSDR's FY 2023 President's Budget request of **$85,020,000** is **$7,020,000** above the FY 2022 Annualized Continuing Resolution (CR) level. 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 and FY 2021, 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 28. ATSDR was also able to increase support to the 10 Pediatric Environmental Health Specialty Units (PEHSUs) that advise parents and pediatric health providers on protecting and caring for children potentially exposed to harmful chemicals.

With additional resources in the FY 2023 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 expand 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. ATSDR can also continue to educate the public and train health care providers on the health concerns associated with exposures to harmful substances.

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.

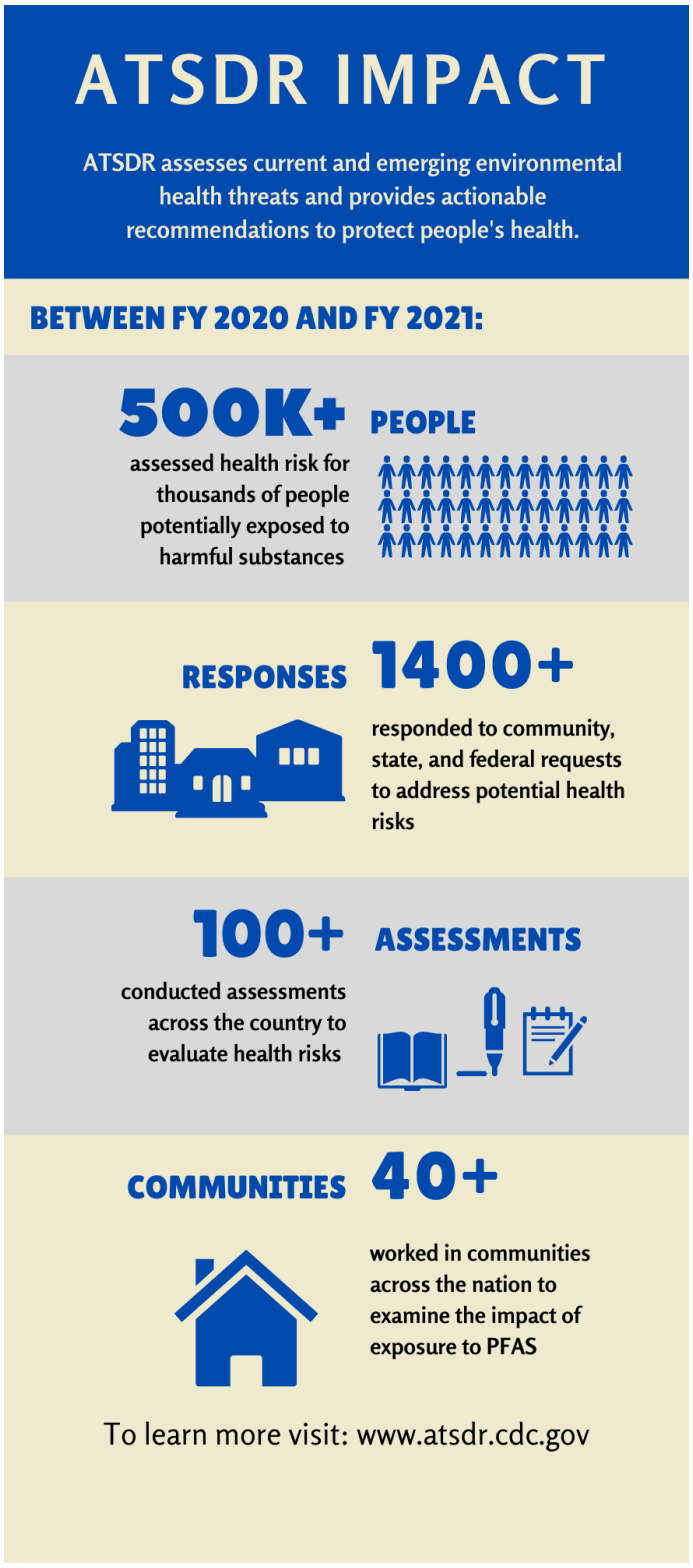
In FY 2020 and FY 2021, ATSDR conducted more than 100 assessments in communities across the country to evaluate the health risks of over 500,000 people potentially exposed to harmful substances. ATSDR responded to more than 1,400 community, state, and federal requests to address potential health risks. 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 2023, 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.

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.

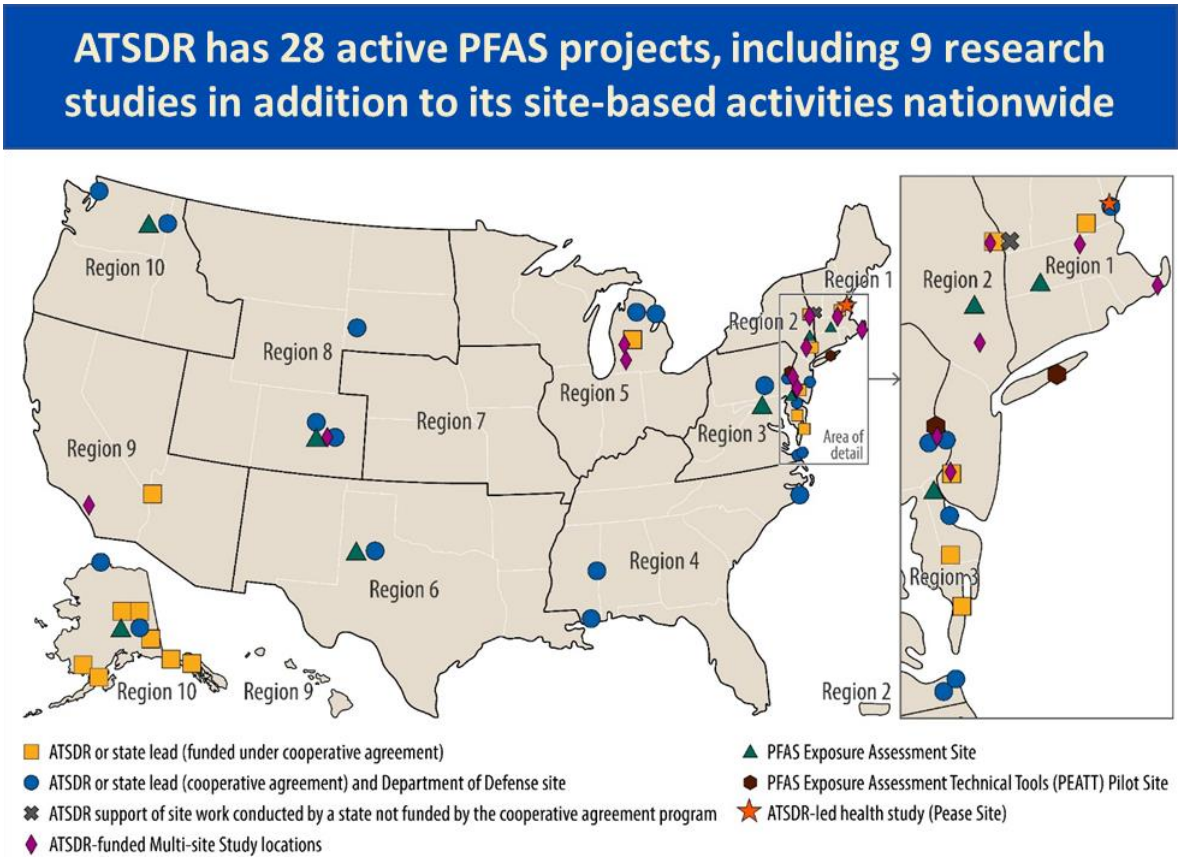


Exposure Investigations and Health Studies

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 that have been used in industry and consumer products worldwide since the 1950s. Exposure to these chemicals is widespread, with the CDC's National Health and

Nutrition Examination Survey (NHANES) detecting PFAS in the blood of more than 95 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. ATSDR has reported individual results for biological sampling in all ten communities. The exposure assessments looked at exposure in more than 2,300 individuals from over 1,400 households. Over 770 people attended in-person or virtual community meetings about the assessments and more than 158,000 people have been reached on social media. In FY 2022, ATSDR expects to release community summary reports and an overall PFAS exposure assessment 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 complete environmental sampling at two of the exposure assessment locations (MA and DE) to better evaluate non-drinking water sources of PFAS exposure. Fieldwork is expected to be completed in FY 2022.

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. Due to the COVID-19 pandemic, ATSDR extended recruitment for the Pease Study until the end of 2021. Completion of chemical analyses, followed by statistical analyses, is expected to proceed in order to disseminate findings in 2023. In September 2019, ATSDR awarded research cooperative agreements to seven recipients for the Multi-Site Study. Multiple recipients have begun field work and participant recruitment 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 pediatricians and other healthcare professionals information about PFAS 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 Choose Safe Places for Early Care and Education (CSPECE) program, which protects the health of children by reducing their risk of being exposed to dangerous chemicals during their time in childcare facilities. ATSDR will continue to fund 25 state health departments to implement CSPECE through its state cooperative agreement program in FY 2023. These states will continue screening potential childcare locations, educating childcare providers, and integrating protective steps into existing processes to ensure children learn and grow in healthy, safe places.

The 25 state health departments have already achieved the following to help protect children where they live and play:

- Formed 150 local partnerships with licensing, environmental, zoning, childcare, health, non-profit, academic, economic, and business partners for successful program design.
- Developed over 60 tools and resources to promote sustainability.
- Reached 79,000 childcare stakeholders through educational materials and 1,100 through direct training.
- Screened 2,300 childcare locations for potential hazards to directly protect children and staff.
- Screened childcare locations to identify issues that lead to process changes in the state.
    - 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 drycleaner to ensure soil vapor near the daycare is not being impacted by soil contamination on the drycleaner property. These actions will protect 50 to 75 children and staff.

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

- Executed or pending execution for 17 state-specific systems changes to improve processes for integration of environmental contamination considerations in the state or locality ECE system to protect children.

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

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

ATSDR manages a national network of Pediatric Environmental Health Specialty Units (PEHSUs), located in each federal region across the United States, to advise parents and reproductive and pediatric healthcare providers on protecting and caring for children potentially exposed to harmful chemicals. Regional PEHSU units are available to respond to requests for information, offer advice on environmentally related health effects for 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 are helping 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, promote environmental justice, 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)

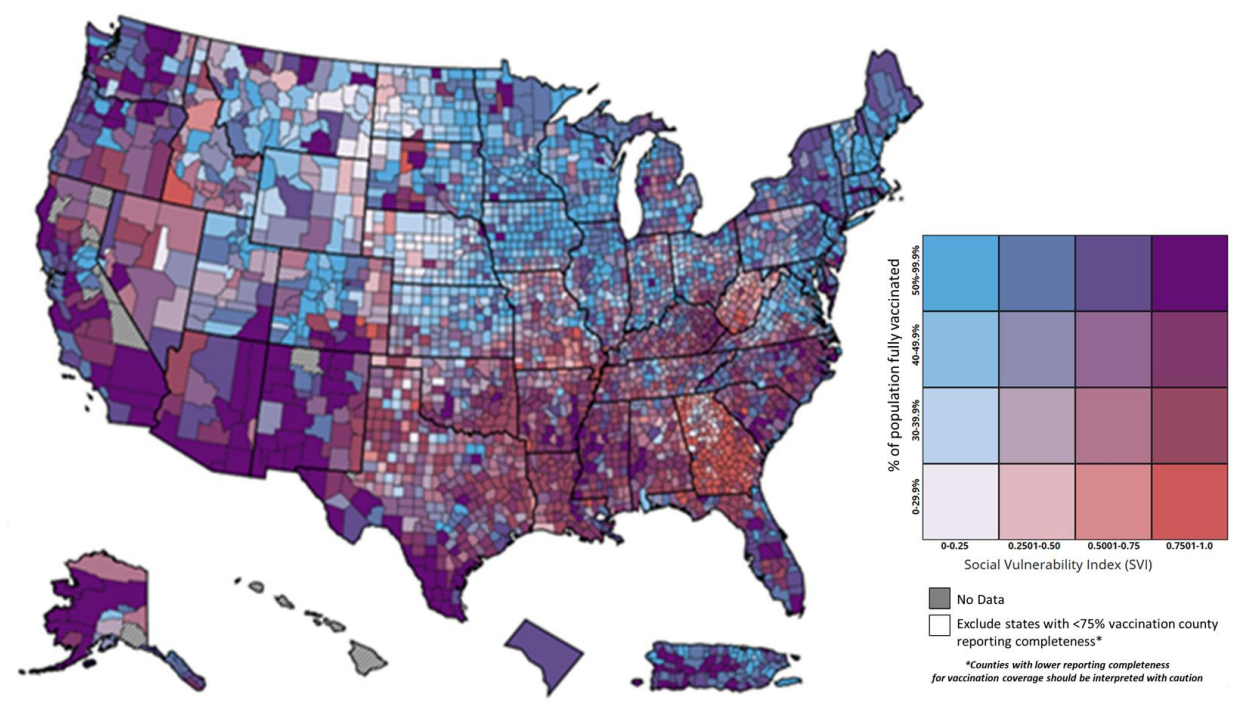
ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) engages in geospatial science and GIS research, analysis, support, training, and technology projects with CDC/ATSDR and among the wider public health community to better understand issues specific to health concerns. GRASP has worked on over 90 projects responding to the COVID pandemic.

To address data needs for the COVID-19 response, GRASP developed a COVID Data Tracker (CDT) Dashboard using technology and data from multiple organizations to increase the understanding of the novel coronavirus, 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 amount and type of data in the CDT grows every week and has become the one-stop public facing source for almost all COVID-19 data, including vaccination data. The CDT consistently averaged about 2 million views per week and has recorded over 255 million views overall since it was launched in April 2020.

GRASP has also built upon existing programs to respond to COVID-19. In 2007, GRASP partnered with emergency response planners at ATSDR and CDC's National Center for Environmental Health (NCEH) to develop the Social Vulnerability Index (SVI), a resource to increase the public health community's ability to use data, tools, and communication to identify socially vulnerable populations at-risk of infectious disease related health outcomes, better prepare for emergencies, and for use in its hazardous waste site work. SVI uses U.S. Census tract data to characterize the social vulnerability of every U.S. community and ranks each community on 15 social factors, including poverty, lack of vehicle access, and crowded housing. SVI has seen a 405% increase in site views pre- vs. post-COVID (120,439 views between April 1, 2019-March 31, 2020 compared to 608,337 views between April 1, 2020-March 31, 2021). From FY 2020 to FY 2021, there was a 51 percent increase in SVI page views. In 2020, the SVI was used to create a Pandemic Vulnerability Index (PVI) to map populations that are more vulnerable to the spread of COVID-19. The PVI is linked to the CDT Dashboard. GRASP continues to use new data and technology to improve the utility of the information for public health decision making. ATSDR's COVID Data Tracker Dashboard,[2] PVI tool,[3] and SVI tool[4] are readily available to officials to help make timely public health decisions.

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



GRASP continues to use new data and technology to improve the utility of the information for public health decision-making. Moving forward, GRASP will build on SVI factors to create an Environmental Justice Index (EJI) that integrates demographic and socioeconomic factors and cumulative environmental exposures into a comprehensive score to identify the nation's disproportionately environmentally burdened and socially

[2] https://covid.cdc.gov/covid-data-tracker
[3] https://covid.cdc.gov/covid-data-tracker/#pandemic-vulnerability-index
[4] https://svi.cdc.gov/data-and-tools-download.html)

vulnerable communities. The EJI will provide a comprehensive overview of where populations at increased risk, such as low-income and racial and ethnic minority communities, experience a disproportionately high environmental burden in the United States.

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 a number of 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 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 2023, 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 a comprehensive environmental sampling data system to manage, store, and share data to improve data quality, ensure consistency in data used for analysis, and ensure scientists use the same common data.
- Expanding GRASP's capacity in air dispersion modeling and groundwater modeling to enhance ATSDR's construction of complex exposure pathways in communities.
- Developing an Activity Space Index integrating mobile phone data, synthetic population data, and remote sensing images to enable ATSDR scientists to better understand exposure that occurs where people work, learn, play, and worship.
- Expanding the SVI to include an SVI Toolkit designed to promote its use among partners and be potentially implemented at educational institutions; to develop a new SVI interface for greater usability; and to create a modified SVI that includes supplementary relevant variables in addition to the original SVI.
- Building GIS capacity within state and local health departments for the development of GIS science, analysis, technology and visualization of public health research and practice. This would inform decision making and allow enhance health departments' response to environmental and public health emergencies.
- Developing a Global Population Vulnerability Index, drawing on methods from the SVI, but including data from around the world. GRASP will pilot this index using data from Africa. The GPVI will aid researchers, practitioners, and policymakers and identity groups at greatest risk during a public health crisis at a regional, national, and sub-national level.

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 2023, 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 incorporates 5 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 400 environmental health professionals, of whom over 200 received their EHLR Certificate from NEHA.

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.

In FY 2023, 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) stakeholders with services that fit their needs. Local and tribal health departments worked in their areas with providers to educate, conduct one-on-one environmental assessments, and provide resources to assess and protect children, such as environmentally friendly cleaning supplies, radon test kits, and carbon monoxide detectors. Over 200 families and providers were provided education and resources to protect children from common environmental health concerns.

State-of-the-Art Science

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. ATSDR

currently maintains scientific data health information on 184 profiles and has developed 462 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 2021, ATSDR finalized and published 14 ToxProfiles™. ATSDR also released a Toxicological Profile on Perfluoroalkyls, a chemical substance found to be prevalent in many communities across the US.

Funding State Cooperative Agreements

ATSDR's state cooperative agreement program (APPLETREE) funds 28 states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. In FY 2023, ATSDR will continue to fund all 28 states. Funding health departments increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites and respond to local issues more quickly. ATSDR provides technical assistance and support for state experts to investigate community health concerns and implement state-level policies and practices to protect people from harmful exposures. For example, ATSDR partnered with EPA and the Arkansas Department of Health (ADH) to successfully identify chemical hazards in residential neighborhoods near the former Hope Iron and Metal site in Hope, Arkansas. Children living near the site were at risk for exposure to hazardous chemicals such as antimony, cadmium, and lead. ADH provided health education to residents on how to protect themselves from the chemical hazards and tested blood lead levels of children living in the area. Ultimately, ATSDR/ADH recommendations led to the removal of the contaminated soil to prevent further exposure of the residents.

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

(dollars in millions)	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget
Number of Awards	28	28	32
- New Awards	28	0	32
- Continuing Awards	0	28	0
Average Award	$0.421	$0.421	$0.421
Range of Awards	$0.212-$0.856	$0.212-$0.856	$0.212-0.856
Total Awards	**$11.800**	**$11.800**	**$13.500**

[1] These funds are not awarded by formula.

ATSDR State Funding FY 2021-2023

	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Alabama	$0	$0	TBD	$0
Alaska	$423,449	$423,449	TBD	$0
Arizona	$0	$0	TBD	$0
Arkansas	$0	$0	TBD	$0
California	$512,206	$1,512,206	TBD	$0
Colorado	$352,306	$1,352,306	TBD	$0
Connecticut	$572,985	$979,771	TBD	$0
Delaware	$0	$0	TBD	$0
District of Columbia	$0	$0	TBD	$0
Florida	$546,301	$0	TBD	$0
Georgia	$252,622	$1,252,622	TBD	$0
Hawaii	$0	$0	TBD	$0
Idaho	$222,010	$222,010	TBD	$0
Illinois	$5,123,534	$3,226,150	TBD	$0
Indiana	$0	$0	TBD	$0
Iowa	$0	$0	TBD	$0
Kansas	$0	$0	TBD	$0
Kentucky	$0	$0	TBD	$0
Louisiana	$335,191	$335,191	TBD	$0
Maine	$0	$0	TBD	$0
Maryland	$0	$0	TBD	$0
Massachusetts	$800,753	$1,698,048	TBD	$0
Michigan	$508,631	$1,450,000	TBD	$0
Minnesota	$606,688	$606,688	TBD	$0
Mississippi	$0	$0	TBD	$0
Missouri	$448,808	$380,338	TBD	$0
Montana	$2,840,098	$3,840,119	TBD	$0
Nebraska	$0	$0	TBD	$0
Nevada	$0	$0	TBD	$0
New Hampshire	$389,452	$387,973	TBD	$0
New Jersey	$539,394	$1,483,661	TBD	$0
New Mexico	$339,937	$339,937	TBD	$0
New York	$556,029	$453,324	TBD	$0
North Carolina	$395,592	$1,339,654	TBD	$0
North Dakota	$0	$0	TBD	$0
Ohio	$501,277	$450,000	TBD	$0
Oklahoma	$0	$0	TBD	$0
Oregon	$550,967	$449,937	TBD	$0
Pennsylvania	$578,613	$476,018	TBD	$0
Rhode Island	$444,790	$444,790	TBD	$0
South Carolina	$0	$0	TBD	$0
South Dakota	$0	$0	TBD	$0
Tennessee	$511,441	$450,000	TBD	$0
Texas	$542,938	$440,223	TBD	$0
Utah	$251,816	$251,816	TBD	$0
Vermont	$0	$0	TBD	$0
Virginia	$0	$0	TBD	$0
Washington	$497,868	$415,663	TBD	$0
West Virginia	$0	$0	TBD	$0
Wisconsin	$578,356	$475,651	TBD	$0
Wyoming	$0	$0	TBD	$0

	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Total Resources	**$20,376,620**	**$25,137,555**	**TBD**	**$0**

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

Highlights of Agency Accomplishments

- To address data needs for the COVID-19 response, ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) developed a COVID Data Tracker (CDT) Dashboard using technology and data from multiple organizations 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 amount and type of data in the CDT grows every week and has become the one-stop public facing source for almost all COVID-19 data, including vaccination data. The CDT consistently averaged about 2 million views per week during May through July 2021, and has recorded over 200 million views overall since it was launched in April 2020.
- ATSDR's GRASP also built upon existing tools to respond to COVID-19. In 2007 the program partnered with emergency response planners at CDC and ATSDR to develop the Social Vulnerability Index (SVI), a tool that uses census tract data to characterize the social vulnerability of every U.S. community. Public health officials and local planners can use the SVI to better prepare for and respond to emergency events like hurricanes, disease outbreaks, or exposure to dangerous chemicals. In 2020, the SVI was used to create a Pandemic Vulnerability Index (PVI) to map populations that are more vulnerable to the spread of COVID-19, providing critical information to public health professionals to aid in decision-making and helping to focus vaccine efforts.
- ATSDR's Pediatric Environmental Health Specialty Units (PEHSU) are providing leadership, instructional content, and technical support to educate health professionals and families on safer disinfectant use and COVID-19 risk reduction practices. 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, promote environmental justice, and ensure that the environmental health needs of all children are effectively met, the PEHSU efforts involve engagement of 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.
- ATSDR's National Amyotrophic Lateral Sclerosis (ALS) Registry develops programs and activities to better describe the incidence and prevalence of ALS in the United States 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. ATSDR has enrolled 16,583 participants in the National ALS Registry living with the disease to date. As of FY 2021, ATSDR has connected thousands of patients with more than 50 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 19 research grants.

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 2022 Target	FY 2023 Target	FY 2023 +/-FY 2022
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2021: 14 Target: 9 (Target Exceeded)	9	9	Maintain
14.B Number of requests ATSDR and cooperative agreement partners have responded to from environmental agencies, health agencies, policy makers and community members (Output)	FY 2021 754 Target:715 (Target Exceeded)	715	730	+15
14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2021: 46 Target: 119 (Target Not Met)	119	119	Maintain
14.L Number of health professionals trained on environmental health topics (Output)	FY 2021: 29,416 Target: 36,000 (Target Not Met but Improved)	36,000	36,000	Maintain

Performance Trends: ATSDR investigates exposures to harmful substances in communities and recommends actions to protect people's health. ATSDR 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 2017 and FY 2021, 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 ATSDR will maintain the target for measure 14.B by responding to at least 715 requests from environmental agencies, health agencies, policy makers, and community members per year.

ATSDR prioritizes its site work, focusing resources on producing quality assessments that address the highest priority public health problems. In FY 2020 and FY 2021, ATSDR experienced significant decreases in the number of public health assessments and health consultations completed (Measure 14.C) due to travel restrictions and other challenges caused by the COVID-19 pandemic that impacted the ability to conduct site work. Despite these challenges, in FY 2021 ATSDR conducted 46 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 ongoing travel restrictions and the redirection of staff resources to support the COVID-19 response will continue to impact site work activity in the upcoming years. ATSDR has set its FY 2023 target at 119, keeping steady with anticipated resources and previous target levels.

ATSDR provides important information to families, local community leaders, and health care providers on potential health risks from environmental hazards and steps they can take to protect families and patients in their communities. Although the COVID-19 pandemic presented logistical complications and challenges due to increased burden on health professionals, in FY 2021 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 462 minimum risk levels (MRLs), which are health guidance values used to make health decisions. ATSDR has exceeded the target for toxicological profiles in FY 2021 (Measure 14.2.1). The toxicological profile development program anticipates similar resources and performance to previous years and has kept targets level for FY 2023.

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*: *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, and existing profiles may be updated as necessary

A full-year 2022 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117–43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.

Analysis of Changes

No significant changes requested for FY 2023.

AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget
Discretionary Appropriation:			
Enacted	$78,000,000	$78,000,000	$85,020,000
ATB Rescission	N/A	N/A	N/A
Subtotal, adjusted Appropriation	**$78,000,000**	**$78,000,000**	**$85,020,000**
Mandatory and Other Appropriations:			
Subtotal, adjusted Mandatory and Other Appropriations	**$78,000,000**	**$78,000,000**	**$85,020,000**
Recovery of prior year Obligations	$3,615	$0	$0
Unobligated balance start of year	$32,872,074	$29,855,506	$29,378,107
Unobligated balance expiring	$1,007,388	$0	$0
Unobligated balance end of year	($29,855,506)	($29,378,107)	($31,521,942)
Total Obligations	**$82,027,571**	**$78,477,399**	**$82,876,165**

SUMMARY OF CHANGES

(dollars in thousands)	Dollars	FTEs
FY 2022 Annualized CR (Program Level)	**$78,000**	**227**
FY 2023 President's Budget (Program Level)	**$85,020**	**227**
Net Change	**$7,020**	**0**

	FY 2022 FTE	FY 2022 Annualized CR	FTE Change	FY 2023 +/- FY 2022
Increases:				
		$78,000	---	$7,020
Total Increases	**---**	**$78,000**	**---**	**$7,020**
Decreases:				
ATSDR	---	$0	---	$0
Total Decreases		**$0**	**---**	**$0**
Built-In:				
1. Annualization of 2022 Pay Raise	---	---	---	$0
2. FY 2023 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)	**---**	**$78,000**	**0**	**$7,020**
Total Decreases (Program Level)	**---**	**$0**	**0**	**$0**
NET CHANGE – Program Level	**227**	**$78,000**	**0**	**$7,020**

AUTHORIZING LEGISLATION

(dollars in thousands) Enabling Legislation Citation	Enabling Legislation Status	Allocation Methods	FY 2021 Final	FY 2022 Annualized CR	FY 2023 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	$78,000	$78,000	$85,020

Note: Expired/Expiring authorization of appropriations noted with *

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	84,000,000	81,750,000	78,000,000[5]
2023	85,020,000			

[5] The FY 2022 Appropriation amount reflects the FY 2022 Annualized CR level.

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SUPPLEMENTAL TABLES

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OBJECT CLASS TABLE – DIRECT

(dollars in thousands)	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Personnel Compensation:				
Full-Time Permanent(11.1)	$19,944	$19,944	$22,587	$2,643
Other than Full-Time Permanent (11.3)	$1,197	$1,197	$1,316	$119
Other Personnel Comp. (11.5)	$618	$618	$679	$61
Basic Housing Allowance (11.6)	$2	$2	$0	($2)
Military Personnel (11.7)	$3,392	$3,392	$3,743	$351
Special Personal Service Comp. (11.8)	$0	$0	$0	$0
Total Personnel Compensation	**$25,153**	**$25,153**	**$28,325**	**$3,172**
Civilian personnel Benefits (12.1)	$7,596	$7,596	$8,350	$754
Military Personnel Benefits (12.2)	$292	$292	$322	$30
Benefits to Former Personnel (13.0)	$0	$0	$0	$0
Subtotal Pay Costs	**$33,039**	**$33,040**	**$36,997**	**$3,957**
Travel (21.0)	$416	$416	$446	$30
Transportation of Things (22.0)	$20	$20	$21	$1
Rental Payments to GSA (23.1)	$0	$0	$0	$0
Rental Payments to Others (23.2)	$6	$6	$6	$0
Communications, Utilities, and Misc. Charges (23.3)	$22	$23	$23	$24
NTWK Use Data TRANSM SVC (23.8)	$0	$0	$0	$0
Printing and Reproduction (24.0)	$4	$4	$4	$0
Other Contractual Services (25):	$23,259	$23,259	$24,946	$1,687
Advisory and Assistance Services (25.1)	$9,432	$9,432	$10,116	$684
Other Services (25.2)	$2,001	$2,001	$2,146	$145
Purchases from Government Accounts (25.3)	$11,545	$11,545	$12,383	$837
Operation and Maintenance of Facilities (25.4)	$7	$7	$7	$0
Research and Development Contracts (25.5)	$0	$0	$0	$0
Medical Services (25.6)	$0	$0	$0	$0
Operation and Maintenance of Equipment (25.7)	$275	$275	$295	$20
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)	$166	$166	$181	$14
Equipment (31.0)	$1,174	$1,174	$1,259	$85
Land and Structures (32.0)	$0	$0	$0	$0
Investments and Loans (33.0)	$0	$0	$0	$0
Grants, Subsidies, and Contributions (41.0)	$19,893	$19,893	$21,132	$1,240
Insurance Claims and Indemnities (42.0)	$0	$0	$0	$0
Interest and Dividends (43.0)	$0	$0	$0	$0
Refunds (44.0)	$0	$0	$0	$0
Subtotal Non-Pay Costs	**$44,960**	**$44,960**	**$48,020**	**$3,060**
Total Budget Authority	**$78,000**	**$78,000**	**$85,020**	**$7,017**
Average Cost per FTE				
Civilian FTEs	**197**	**194**	**194**	**0**
Civilian Average Salary and Benefits	$149	$151	$170	$18.4
Percent change	N/A	2%	12%	11%
Military FTEs	**30**	**30**	**30**	**0**
Military Average Salary and Benefits	$123	$123	$136	$13
Percent change	N/A	0%	10%	10.4%
Total FTEs	**227**	**224**	**224**	**0**
Average Salary and Benefits	**$146**	**$148**	**$165**	**$18**
Percent change	**N/A**	**0%**	**9%**	**8%**

SALARIES AND EXPENSES

(dollars in thousands)	FY 2021 Final	FY 2022 Annualized CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Personnel Compensation:				
Full-Time Permanent(11.1)	$19,944	$19,944	$22,587	$2,643
Other than Full-Time Permanent (11.3)	$1,197	$1,197	$1,316	$119
Other Personnel Comp. (11.5)	$618	$618	$679	$61
Military Personnel (11.7)	$2	$2	$0	($2)
	$3,392	$3,392	$3,743	$351
Total Personnel Compensation	**$25,153**	**$25,153**	**$28,325**	**$3,172**
Civilian personnel Benefits (12.1)	$7,596	$7,596	$8,350	$754
Military Personnel Benefits (12.2)	$292	$292	$322	$30
Benefits to Former Personnel (13.0)	$0	$0	$0	$0
Subtotal Pay Costs	**$33,040**	**$33,040**	**$36,997**	**$3,957**
Travel (21.0)	$416	$416	$446	$30
Transportation of Things (22.0)	$20	$20	$21	$1
Rental Payments to Others (23.2)	$6	$6	$6	$0
Communications, Utilities, and Misc. Charges (23.3)	$22	$23	$23	$24
Printing and Reproduction (24.0)	$4	$4	$4	$0
Other Contractual Services (25):	$23,259	$23,259	$24,956	$1,697
Advisory and Assistance Services (25.1)	$9,432	$9,432	$10,116	$684
Other Services (25.2)	$2,001	$2,001	$2,146	$145
Purchases from Government Accounts (25.3)	$11,545	$11,545	$12,383	$837
Operation and Maintenance of Facilities (25.4)	$7	$7	$7	$0
Research and Development Contracts (25.5)	$0	$0	$0	$0
Medical Services (25.6)	$0	$0	$0	$0
Operation and Maintenance of Equipment (25.7)	$275	$275	$295	$20
Subsistence and Support of Persons (25.8)	$0	$0	$10	$10
Supplies and Materials (26.0)	$166	$166	$181	$14
Subtotal Non-Pay Costs	**$23,894**	**$23,894**	**$25,639**	**$1,745**
Rental Payments to GSA (23.1)	$0	$0	$0	$0
Total, Salaries & Expenses and Rent	**$56,934**	**$56,934**	**$62,636**	**$5,702**
Direct FTE	**227**	**224**	**224**	**0**

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)[1]

	FY 2021			FY 2022			FY 2023		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
Agency for Toxic Substances and Disease Registry	**199**	**31**	**230**	**196**	**31**	**227**	**196**	**31**	**227**
Direct	198	30	227	194	30	224	194	30	224
Reimbursable	1	1	3	2	1	3	2	1	3

[1] ATSDR FTE only.

ATSDR FULL TIME EQUIVALENTS FUNDED BY P.L. 111-148

(dollars in millions)

ACA Program [1, 2]	ACA Sec.	2013 Total	2013 FTEs	2014 Total	2014 FTEs	2015 Total	2015 FTEs	2016 Total	2016 FTEs	2017 Total	2017 FTEs	2018 Total	2018 FTEs	2019 Total	2019 FTEs	2020 Total	2020 FTEs	2021 Total	2021 FTEs	2022 Total	2022 FTEs	2023 Total	2023 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 2021 Final	FY 2022 Annualized CR	FY 2023 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	17	16
GS-14	84	72	67
GS-13	78	78	67
GS-12	15	9	8
GS-11	9	11	10
GS-10	2	2	0
GS-9	8	5	6
GS-8	0	0	0
GS-7	1	1	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	**216**	**195**	**174**
Total - GS Salary	**$23,619,579**	**$22,858,846**	**$23,694,563**
Average ES level			
Average ES salary			
Average GS grade	13.0	13.0	13.0
Average GS salary	$109,350	$117,225	$136,176
Average Special Pay Categories			
Average Comm. Corps Salary[2]	$143,076	$149,737	$165,470
Average Wage Grade Salary[3]	N/A	N/A	N/A

[1] Includes special pays and allowances.

[2] Totals do not include reimbursable FTEs.

[3] This table reflects "positions" not full time-equivalent(s) (FTEs).