



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2025**

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 2025 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 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.

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 (CERCLA) 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 the 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.

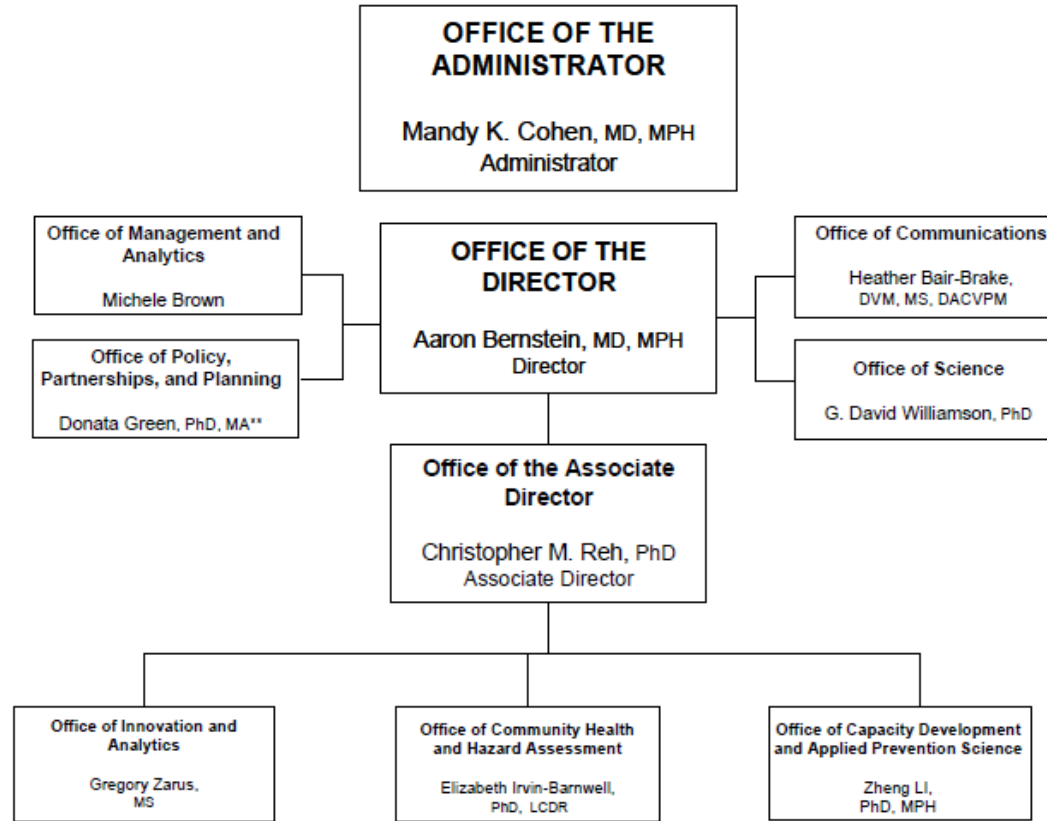
Mission

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. ATSDR does 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



Listed personnel are Director of the entity unless otherwise notated.

** Serving as an acting official

APPROVED 10/31/2019

EFFECTIVE 01/09/2020

Names Updated 1/26/2024

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	\$85.020	\$85.020	\$85.020	\$0
FTEs	222	226	226	4

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); Sec. 316 of the National Defense Authorization Act of 2018, as amended (P.L. 115-91).

Enabling Legislation Status: Permanent

Authorization of Appropriations for FY 2023: Indefinite; Expired/Expiring noted with *

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

For over 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 10 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 (PFAS), radiation, lead, and trichloroethylene.

ATSDR has seven 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 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.

Increasing Environmental Health Capacity at State Health Departments: ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) cooperative agreement program funds health departments to detect, respond to, and prevent harmful exposures in communities. This funding allows health departments to form partnerships and implement site-specific protections to address environmental exposures.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

BY THE NUMBERS

- **720**—Community, state, and federal requests for assistance responded to by ATSDR in FY 2023.
- **30**—State health departments funded through ATSDR's APPLETREE cooperative agreement program. APPLETREE recipients complete site-specific health assessments and engage communities about health risks and exposure prevention. In FY 2023, ATSDR and cooperative agreement partners assessed the environmental health risks of nearly 450,000 people nationwide.
- **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. Some PFAS can build up in people and animals with repeated exposure over time. Scientific studies have shown that exposure to some PFAS in the environment may be linked to harmful health effects in humans and animals.
- **Over 30,000**—Health professionals educated by ATSDR in FY 2023 on ways to diagnose and treat conditions related to hazardous exposures. A total of 596 Continuing Education Certificates were issued for health professionals.
- **Over 30,000**—Number of participants in the National Amyotrophic Lateral Sclerosis (ALS) Registry diagnosed with the disease. As of FY 2023, CDC/ATSDR has connected thousands of patients with more than 70 clinical trials and epidemiological studies, collected specimens from more than 2,000 patients nationally for the biorepository, and funded 26 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 2021	\$78.000
FY 2022	\$80.500
FY 2023 Final	\$85.020
FY 2024 CR	\$85.020
FY 2025 President's Budget	\$85.020

ATSDR's FY 2025 budget request of **\$85,020,000** is level with the FY 2023 final level. In FY 2025, ATSDR will investigate and monitor hazardous exposures, develop science-based tools and resources, and partner with communities to address their concerns.

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 per- and polyfluoroalkyl substances (PFAS) 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.

In 2023, ATSDR responded to over 720 community, state, and federal requests for assistance. Over the last two years, ATSDR has also conducted more than 60 assessments in communities across the country and evaluated the health risks of over 600,000 people. ATSDR has aided state, territorial, local, tribal, and federal partners during many environmental disasters over the last several years, including the train derailment and resulting chemical spill in East Palestine, Ohio, in February 2023 and responses to the drinking water contamination incident at Joint Base Pearl Harbor-Hickam in November 2021. In both cases the affected state health departments requested that ATSDR conduct an Assessment of Chemical Exposure (ACE) investigation, a rapid epidemiological assessment used to evaluate the health impact of environmental exposures. ATSDR sent staff to assist with on-the-ground efforts to conduct the ACE investigations and provide other technical assistance, such as attending meetings to answer community questions. Health departments used the information from the ACE investigations to inform the next steps of the response and identify additional follow-up needs. ATSDR also responded to the 2023 Maui wildfires, providing staff on the ground and remotely to assist to the Hawaii Department of Health, state and federal agencies, and other partners. Support included reviewing environmental sampling data to inform health recommendations; reviewing hazard mitigation plans to ensure safe re-entry to the burn area; and assistance with communications, public outreach, and community engagement to protect the health of those affected by the wildfires. ATSDR also helped clinicians support their patients by holding calls with providers on ways to support environmental health needs, including collaborating with the Region 9 Pediatric Environmental Health Specialty Unit (PEHSU) to provide consultations with the Maui health clinics.

With increased funding in FY 2020 through FY 2023, ATSDR increased the number of states funded through ATSDR's **Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE)** cooperative agreement from 25 to 30. ATSDR was also able to increase support for 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.

In FY 2025, ATSDR will continue to protect people from harmful environmental exposures by building capacities and meeting needs within communities.

Public Health Assessments and Health Consultations

ATSDR protects people who are at risk of harmful exposures that cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. 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 2022 and FY 2023, ATSDR and cooperative agreement partners conducted more than 60 assessments in communities across the country and evaluated the health risks of over 600,000 people potentially exposed to harmful substances. ATSDR responded to more than 1,200 community, state, and federal requests to address potential health risks. In FY 2025, 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.
- Follows up on recommendations to determine whether they are implemented by partners and effectively protecting health.

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

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.

Exposure Investigations and Health Studies

When chemical releases happen suddenly, ATSDR can provide local authorities with valuable help through the Assessment of Chemical Exposures (ACE) program. ACE forms a multi-disciplinary, often multi-agency, team to assist the state and local health department in performing an epidemiologic assessment after a chemical incident. ACE gives ATSDR and partners the ability to rapidly assess health effects and provide timely and actionable public health recommendations. ACE resources can be modified quickly to assist local authorities in responding to or preparing for a chemical release to meet the needs of each community. Most recently, CDC conducted ACE investigations as part of the response to the train derailment and resulting chemical spill in East Palestine, Ohio, in February 2023, the drinking water contamination incident at Joint Base Pearl Harbor-Hickam in November 2021, and a chemical facility fire in Winnebago County, Illinois, in June 2021.

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 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 exposure investigation 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.

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 United States 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. In September 2022, ATSDR released the PFAS exposure assessment final report covering all sites. The exposure assessments looked at exposure in more than 2,300 individuals from over 1,400 households and found that the average blood levels for PFAS were higher than national levels in most of the studied communities. The assessments also provided information about factors that affect exposure that can be used to prevent and reduce future exposures. ATSDR will use the information and lessons learned from the exposure assessments to inform its overall work in PFAS.

ATSDR continues to work with the Environmental Protection Agency (EPA) at two PFAS Exposure Assessment sites in Delaware and Massachusetts to further the understanding of PFAS exposures from sources other than drinking water. ATSDR and EPA collected environmental samples at the two sites in 2022 and are currently analyzing the data. ATSDR and EPA will provide the results to the communities and the scientific community through reports and manuscripts when completed.

Through funding from the Department of Defense Appropriations, ATSDR is conducting a nationwide [PFAS Multi-site Health Study](https://www.atsdr.cdc.gov/pfas/activities/studies/multi-site.html)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 completing analyses for the Pease International Tradeport site and began disseminating [findings](https://www.atsdr.cdc.gov/pfas/activities/pease.html) in early 2024.² In September 2019, ATSDR awarded research cooperative agreements to seven recipients for the Multi-Site Study. In FY 2023, all recipients completed participant recruitment and sample collection. This groundbreaking health study is the first of this magnitude to take place at sites across the country and will provide information about the health effects of PFAS exposure that can be used in all communities to protect health.

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

² <https://www.atsdr.cdc.gov/pfas/activities/pease.html>

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 also supported the National Academies of Science, Engineering, and Medicine's (NASEM) review of the scientific information on PFAS and development of recommendations to inform updates to ATSDR's PFAS Guidance for Clinicians. In July 2022, NASEM released the report, "Guidance on PFAS Exposure, Testing, and Clinical Follow-Up," with the committee's findings and recommendations. ATSDR reviewed the NASEM report and published [Information for Healthcare Providers on Exposure to PFAS](#) in early 2024.³

Children's Environmental Health

ATSDR manages a national network of 10 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. 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. Regional PEHSUs are available to respond to requests for information, offer advice on environmentally related health effects for children and pregnant individuals, and provide education to healthcare providers, other health professionals, and community members. PEHSUs play a vital role because most healthcare professionals do not receive adequate training to recognize, manage, treat, and prevent environmentally related conditions in children.

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 state health departments to implement CSPECE through its state cooperative agreement program in FY 2025. 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 30 funded state health departments 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 early care and education (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.
- 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 ECE providers. Through this collaboration, CDSS sent over 10,000

³ <https://www.atsdr.cdc.gov/pfas/activities/pease/provider-factsheet.html>

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.

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 how environmental exposures, infectious and chronic disease, and the build environment affect health. Since 1989, GRASP has supported ATSDR scientists and partners by analyzing geospatial and geostatistical data to meet the site-specific needs of exposure investigations and emergency responses, including creating easy-to-understand visualizations and information used to coordinate outreach activities. During various stages of the site assessment process, GRASP team members collaborate closely with ATSDR colleagues to:

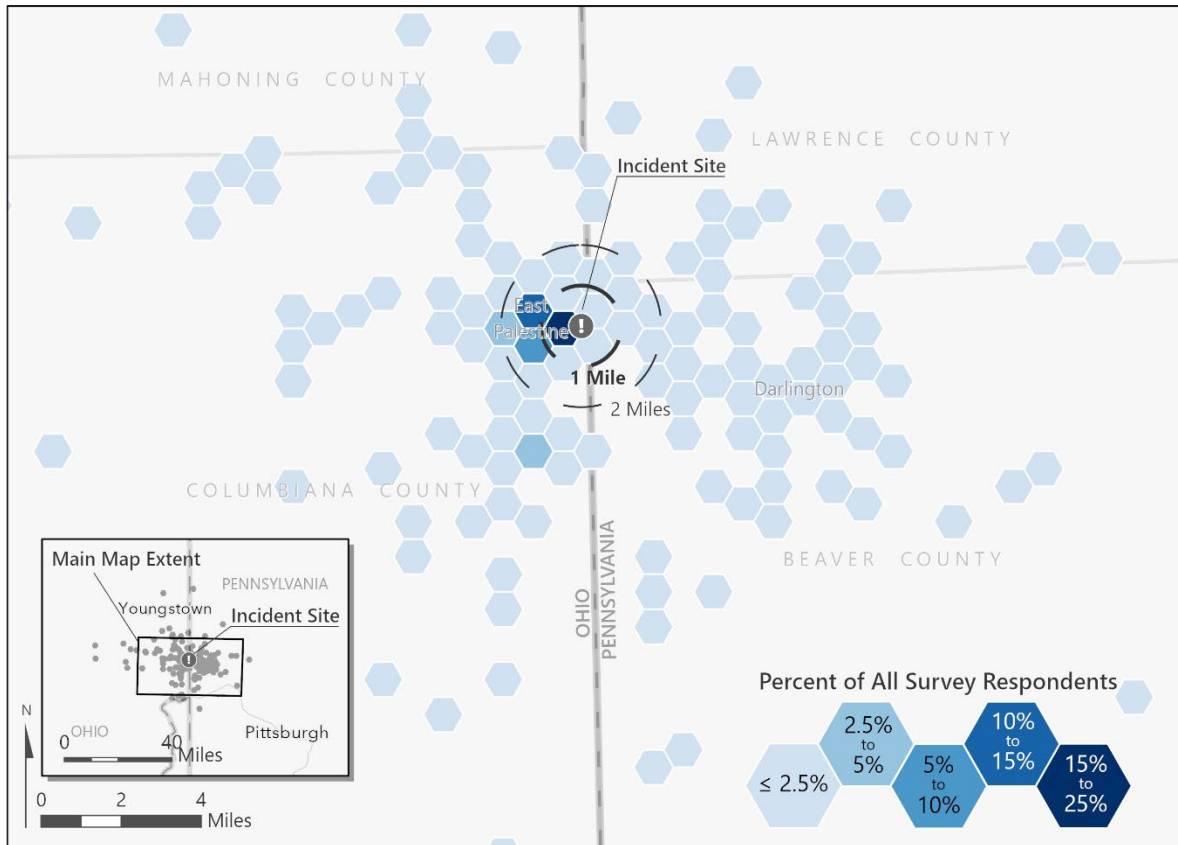
- Identify the potentially impacted population.
- Analyze and map environmental sampling data.
- Identify and address health equity concerns, including identifying populations that may need additional support.
- Develop geospatial products that help communicate findings and recommendations to stakeholders and the public.

GRASP's interdisciplinary team continues to research and develop novel approaches to inform and improve existing tools, create new resources, and collaborate with ATSDR and partner colleagues to address hazardous waste concerns across the United States. Two of these tools, ATSDR's [Social Vulnerability Index \(SVI\)](#)⁴ and [Environmental Justice Index \(EJI\)](#)⁵ use data at the U.S. Census tract level to characterize the social vulnerability and environmental burden in U.S. communities, respectively, enabling public health professionals and others to better prepare for emergencies and identify populations at increased risk of infectious disease-related health outcomes and environmental exposures. GRASP released an update to the SVI in 2022 with new user-friendly features and datasets, as well as other significant updates such as updated county maps. In 2023, the Federal Emergency Management Agency (FEMA) integrated the SVI into its National Risk Index (NRI) dataset and interactive mapping tool. The NRI tool enables public health professionals, emergency planners, and the public to understand their risk to 18 natural hazards. Through a robust outreach effort, the EJI has reached over 30,000 partners and stakeholders since its release in August 2022 and over 2,302 people attended the 2023 series of EJI webinars and community workshops. Moving forward, GRASP will explore additional ways to expand the SVI and EJI technology and continue to assist and educate other federal agencies, state and local public health practitioners, universities, non-profits, and private entities to solve the nation's toughest public health challenges.

GRASP also supports numerous emergency response efforts for ATSDR and CDC. For example, GRASP supported 9 CDC emergency response activations in over 12 countries in FY 2021 and FY 2022 including COVID-19, Polio, Mpox, Global Measles, Ukraine Emergency, Hurricane Ida, and Ebola (Uganda, Guinea, DRC). In FY 2023, as part of the public health response efforts to the train derailment in East Palestine, Ohio, and subsequent chemical release, GRASP provided integral support to map the ongoing responses to the Assessment of Chemical Exposures (ACE) health survey. The figure below demonstrates how GRASP's mapping of survey responses enabled emergency responders to focus their efforts in affected areas with low survey response rates. Targeted door-to-door efforts in these areas improved response rates from 0.5% to 24% in certain priority areas.

⁴ <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

⁵ <https://www.atsdr.cdc.gov/placeandhealth/eji/index.html>



Home addresses of ACE Survey respondents are aggregated to a hexagonal grid in order to mask respondent locations while still providing context to the geographic distribution of the ACE survey.

Sources: Ohio Department of Health; Pennsylvania Department of Health; Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry; Geospatial Research, Analysis, and Services Program

Additionally, ATSDR developed and maintains a geospatial information portal that compiles data from the U.S. Forest Service, National Oceanic and Atmospheric Administration, and others with ATSDR’s health and social vulnerability data to allow users to quickly see potential wildfire health impacts and provides information that can be used to protect people’s health during wildfire responses. ATSDR responded to the Canadian Wildfire Smoke event in June 2023 by building an interactive map in less than two hours with information to visualize air quality, smoke, and population information, as well as providing health messaging, surveillance of air quality and health effects, and coordination with federal, state, tribal, and territorial partners.

In FY 2025, GRASP will continue pursuing additional projects that improve data and technology, enhance science in environmental modeling, and provide support to states.

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 2025, 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 million 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 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 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 3 of the original EHLR modules in community engagement (8 hours), environmental/health risk (8 hours), and risk communication (4 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 training (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 2025, 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. In FY 2023, ATSDR delivered a Uranium 101 presentation in the Kayenta Chapter (Kayenta, AZ). In partnership with the Network, ATSDR will continue to develop materials and training on the health effects of exposure to uranium. 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, how communities can be engaged, and 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 and 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 2023, ATSDR finalized and published 17 ToxProfiles™.

ATSDR science also incorporates computational modeling, a process that uses computers to simulate and study complex systems using math, physics, and computer science. The program uses computational modeling (e.g., fate and transport, structure-activity relationship, physiologically based toxicokinetic, benchmark dose) to support a variety of public health research projects and initiatives focused on protecting the health of people and communities.

Increasing Environmental Health Capacity at State Health Departments

ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure cooperative agreement program (APPLETREE) funds states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. Funding increases in FY 2023 allowed ATSDR to expand APPLETREE to two additional states, bringing the total to 30. 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 funding enabled the Missouri Department of Health and Human Services to collaborate with the U.S. Environmental Protection Agency, Missouri Department of Natural Resources, and local governments to address lead exposure concerns from contaminated drinking water. The partnerships led to the sampling of hundreds of private wells and a free community blood-lead testing event that helped people understand their risks and steps they can take to protect themselves and their families.

One of the most impactful ways in which ATSDR affects public health is through training. In FY 2023, ATSDR provided eight online, interactive, and CDC-accredited training modules on the fundamentals of the public health assessment process. ATSDR also conducted seven webinars for 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. ATSDR provided access to the ATSDR's Shower and Household Water-Use Exposure Model (SHOWER Model). The SHOWER model is an exposure assessment tool including guidance and training to evaluate exposure to vapor-releasing chemicals associated with using contaminated water at home. These training activities, along with PHAGM, improves federal, states', and local partners' capacity to perform meaningful, robust public health assessments and health consultations, more accurately evaluating health risks of environmental exposures and increasing the likelihood of preventing or mitigating further risks.

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

(dollars in millions)	FY 2023		FY 2025
	Final	FY 2024 CR	President's Budget
Number of Awards	30	30	30
- New Awards	30	0	0
- Continuing	0	30	30
Awards			
Average Award	\$0.419	\$0.419	\$0.419
Range of Awards	\$0.295-\$0.534	\$0.295-\$0.534	\$0.295-\$0.534
Total Awards	\$12.562	\$12.562	\$12.562

¹These funds are not awarded by formula.

State Table: ATSDR Funding¹

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY2023
Alabama	\$0	\$0	TBD	TBD
Alaska	\$586,596	\$586,596	TBD	TBD
Arizona	\$390,000	\$390,000	TBD	TBD
Arkansas	\$454,400	\$454,400	TBD	TBD
California	\$0	\$0	TBD	TBD
Colorado	\$480,180	\$480,180	TBD	TBD
Connecticut	\$533,882	\$533,882	TBD	TBD
Delaware	\$0	\$0	TBD	TBD
District of Columbia	\$0	\$0	TBD	TBD
Florida	\$492,070	\$492,070	TBD	TBD
Georgia	\$484,751	\$484,751	TBD	TBD
Hawaii	\$0	\$0	TBD	TBD
Idaho	\$300,000	\$300,000	TBD	TBD
Illinois	\$3,794,501	\$3,794,501	TBD	TBD
Indiana	\$0	\$0	TBD	TBD
Iowa	\$0	\$0	TBD	TBD
Kansas	\$0	\$0	TBD	TBD
Kentucky	\$0	\$0	TBD	TBD
Louisiana	\$312,998	\$312,998	TBD	TBD
Maine	\$0	\$0	TBD	TBD
Maryland	\$0	\$0	TBD	TBD
Massachusetts	\$489,275	\$489,275	TBD	TBD
Michigan	\$472,500	\$472,500	TBD	TBD
Minnesota	\$485,586	\$485,586	TBD	TBD
Mississippi	\$0	\$0	TBD	TBD
Missouri	\$584,355	\$584,355	TBD	TBD
Montana	\$3,357,130	\$3,357,130	TBD	TBD
Nebraska	\$0	\$0	TBD	TBD
Nevada	\$0	\$0	TBD	TBD
New Hampshire	\$407,372	\$407,372	TBD	TBD
New Jersey	\$484,623	\$484,623	TBD	TBD
New Mexico	\$547,083	\$547,083	TBD	TBD
New York	\$475,991	\$475,991	TBD	TBD
North Carolina	\$356,637	\$356,637	TBD	TBD
North Dakota	\$0	\$0	TBD	TBD
Ohio	\$472,500	\$472,500	TBD	TBD
Oklahoma	\$0	\$0	TBD	TBD
Oregon	\$646,130	\$646,130	TBD	TBD
Pennsylvania	\$499,819	\$499,819	TBD	TBD
Rhode Island	\$467,030	\$467,030	TBD	TBD
South Carolina	\$0	\$0	TBD	TBD
South Dakota	\$0	\$0	TBD	TBD
Tennessee	\$573,019	\$573,019	TBD	TBD
Texas	\$445,000	\$445,000	TBD	TBD
Utah	\$300,000	\$300,000	TBD	TBD
Vermont	\$0	\$0	TBD	TBD
Virginia	\$295,598	\$295,598	TBD	TBD
Washington	\$436,447	\$436,447	TBD	TBD
West Virginia	\$0	\$0	TBD	TBD
Wisconsin	\$688,484	\$688,484	TBD	TBD

ATSDR FY 2025 Congressional Justification

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY2023
Wyoming	\$0	\$0	TBD	TBD
Total Resources	\$20,313,957	\$20,313,957	TBD	TBD

¹This table is a compilation of ATSDR grant programs ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure, TS23-0001, 93.240; 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 <https://www.cdc.gov/fundingprofiles/index.htm>.

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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

Highlights of Agency Accomplishments

- ATSDR has aided state, territorial, local, tribal, and federal partners during many environmental disasters over the last several years, including responses to the drinking water contamination incident at Joint Base Pearl Harbor-Hickam in November 2021 and the train derailment and resulting chemical spill in East Palestine, Ohio, in February 2023. In both cases, the affected state health departments requested that ATSDR conduct an Assessment of Chemical Exposure (ACE) investigation, a rapid epidemiological assessment used to evaluate the health impact of environmental exposures. ATSDR sent staff to assist with on-the-ground efforts to conduct the ACE investigations and provide other technical assistance, such as attending meetings to answer community questions. Health departments used the information from the ACE investigations to inform the next steps of the response and identify additional follow-up needs.
- In September 2022, CDC/ATSDR released the final report for exposure assessments measuring per- and polyfluoroalkyl substances (PFAS) exposures in over 2,300 individuals in 10 communities across the country. The assessments found that the average blood levels for three PFAS were higher than national levels in most of the studied communities. The assessments also provided information about factors that affect exposure that can be used to prevent and reduce future exposures.
- In FY 2023, ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) expanded to an additional two state health departments, bringing the total number of states supported to 30. APPLETREE recipients 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. The \$14 million in funding APPLETREE awarded in FY 2023 enables state health departments to support clinicians who may have patients with specific concerns related to exposures, build bridges between health and environmental agencies, implement protections to harmful exposures, and rapidly respond to environmental emergencies.
- ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) developed and maintains a geospatial information portal that compiles data from the U.S. Forest Service, National Oceanic and Atmospheric Administration, and others with ATSDR's health and social vulnerability data that allows users to quickly see potential wildfire health impacts and provides information that can be used to protect people's health during wildfire responses. ATSDR responded to the Canadian Wildfire Smoke event in June 2023 by building an interactive map in less than two hours with information to visualize air quality, smoke, and population information, as well as providing health messaging, surveillance of air quality and health effects, and coordination with federal, state, tribal, and territorial partners.
- In FY 2023, ATSDR published estimates that as of 2017 there are over 31,000 patients living with Amyotrophic Lateral Sclerosis (ALS). As of FY 2023, ATSDR has connected thousands of patients with more than 70 clinical trials and epidemiological studies, collected specimens from more than 2,000 patients nationally for the biorepository, disseminated risk factor data and biospecimens to over a dozen research institutions, and funded 24 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 2023, ATSDR conducted over 350 health education activities in communities nationwide. Engaging with the communities we serve is foundational to our public health activities. Health education activities are tailored to community's capacity, needs, and preferences and they are designed to increase awareness of local environmental conditions, potential exposures, and the impacts of exposures on

individual and public health. Health education helps prepare community members to receive and better understand the findings of ATSDR's public health work.

Agency for Toxic Substances and Disease Registry Performance

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

Measure	Most Recent Result and Target	FY 2024 Target	FY 2025 Target	FY 2025 +/-FY 2024
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2023: 17 Target: 9 (Target Exceeded)	10	10	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 2023: 720 Target: 730 (Target Not Met)	730	750	+20
14.C.1: Percent of people registered for Continuing Education credits who completed a training module of the Public Health Assessment Guidance Manual online training.	FY 2023: 56.5% Target: Baseline	70%	73%	+3%
14.L Number of health professionals trained on environmental health topics (Output)	FY 2023: 30,110 Target: 36,000 (Target Not Met)	36,000	36,000	Maintain

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

On average, ATSDR receives over 500 requests per year 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. In FY 2023, ATSDR responded to over 700 requests from environmental agencies, health agencies, community members, and others. Although ATSDR did not meet the FY 2023 performance target (Measure 14.B) it improved performance for this measure by exceeding the FY 2022 result. In 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. In FY 2025 ATSDR will increase the target to 750, 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 2023, ATSDR continued to experience significant decreases in the number of public health assessments and health consultations completed. 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. Despite these challenges, in FY 2023 ATSDR conducted 28 public health assessments and health consultations in communities across the United States. These activities assessed the health risks of nearly 450,000 people potentially exposed to harmful substances. The ability to complete public health assessments and health consultations depends on a variety of external factors, including the number of requests ATSDR receives, and the availability of data needed to complete the assessment or consultation. In FY 2025, ATSDR will retire this measure and replace it with a measure that better evaluates ATSDR's performance.

One of the most impactful ways in which ATSDR affects public health is through training. The new measure will track the percent of people registered for continuing education credits who completed a training module of the Public Health Assessment Guidance Manual online training (Measure 14.C.1). This measure will evaluate the breadth of training and the proficiency gained around conducting public health assessments by those completing the module assessments and will demonstrate how ATSDR's work is building the capacity of the environmental health workforce.

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 2023 ATSDR and funded partners educated over 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 2024 and FY 2025 targets remain level with FY 2023 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 2023 with 17 published (Measure 14.2.1). The toxicological profile development program anticipates similar resources and performance and has maintained the target in FY 2025.

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 2025, and existing profiles may be updated as necessary.

Analysis of Changes

No significant changes requested for FY 2025.

AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Discretionary Appropriation:			
Enacted	\$85,020,000	\$85,020,000	\$85,020,000
ATB Rescission	N/A	N/A	N/A
Subtotal, adjusted Appropriation	\$85,020,000	\$85,020,000	\$85,020,000
Mandatory and Other Appropriations:			
Subtotal, adjusted Mandatory and Other Appropriations	\$85,020,000	\$85,020,000	\$85,020,000
Recovery of prior year Obligations	\$24,926	\$0	\$0
Unobligated balance start of year	\$25,476,964	\$22,395,270	\$22,039,472
Unobligated balance expiring	\$456,683	\$0	\$0
Unobligated balance end of year	(\$22,395,270)	(\$22,039,472)	(\$21,998,722)
Total Obligations	\$88,583,302	\$85,375,799	\$85,060,749

SUMMARY OF CHANGES

	Dollars	FTEs
FY 2023 Final (Discretionary Program Level)	\$85,020	222
FY 2025 President's Budget (Discretionary Program Level)	\$85,020	226
Net Change	\$0	4

(dollars in thousands)

	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	BA	FTE	BA	FTE	BA	FTE
Increases:						
	\$85,020	222	\$85,020	226	\$0	4
Total Increases	\$85,020	222	\$85,020	226	\$0	4
Decreases:						
ATSDR	\$0	---	\$0	---	\$0	---
Total Decreases	\$0	---	\$0	---	\$0	---
Built-In:						
1. Annualization of 2023 Pay Raise	\$0	---	\$0	---	\$0	---
2. FY 2024 Pay Increases	\$0	---	\$0	---	\$0	---
3. Changes in Day of Pay	\$0	---	\$0	---	\$0	---
4. Rental Payments to GSA and Others	\$0	---	\$0	---	\$0	---
Total Built-In	\$0	---	\$0	---	\$0	---
Total Increases (Program Level)	\$85,020	222	\$85,020	226	\$0	4
Total Decreases (Program Level)	\$0	---	\$0	---	\$0	---
NET CHANGE – Program Level	\$85,020	222	\$85,020	226	\$0	4

AUTHORIZING LEGISLATION

(dollars in thousands)

Enabling Legislation Citation	Enabling Legislation Status	Allocation Methods	FY 2023 Final	FY 2024 CR Level	FY 2025 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. 114-148 P.L. 115-141	Permanent Indefinite	Direct Federal/ Intramural; Competitive Cooperative Agreements/ Grants, including Formula Grants; Contracts; and Other	\$85,020	\$85,020	\$85,020

Note: Expired/Expiring authorization of appropriations noted with *

APPROPRIATIONS HISTORY

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
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	76,000,000	85,020,000	--
2025	85,020,000	--	--	--

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SUPPLEMENTAL TABLES

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OBJECT CLASS TABLE – DIRECT

(dollars in thousands)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel Compensation:				
Full-Time Permanent (11.1)	\$23,588	\$23,588	\$24,928	\$1,340
Other than Full-Time Permanent (11.3)	\$1,525	\$1,525	\$1,526	\$1
Other Personnel Comp. (11.5)	\$939	\$939	\$939	\$0
Military Personnel (11.7)	\$3,471	\$3,471	\$3,559	\$88
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$29,522	\$29,522	\$30,951	\$1,429
Civilian personnel Benefits (12.1)	\$9,580	\$9,580	\$9,584	\$4
Military Personnel Benefits (12.2)	\$326	\$326	\$334	\$8
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
Subtotal Pay Costs	\$39,428	\$39,428	\$40,869	\$1,441
Travel (21.0)	\$436	\$436	\$432	-\$4
Transportation of Things (22.0)	\$19	\$19	\$19	\$0
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$39	\$39	\$39	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$1	\$8	\$8	\$8
NTWK Use Data TRANSM SVC (23.8)	\$0	\$0	\$0	\$0
Printing and Reproduction (24.0)	\$34	\$34	\$34	\$0
Other Contractual Services (25):	<u>\$27,541</u>	<u>\$27,541</u>	<u>\$26,857</u>	<u>-\$685</u>
Advisory and Assistance Services (25.1)	\$12,072	\$12,072	\$11,958	-\$114
Other Services (25.2)	\$1,695	\$1,695	\$1,679	-\$16
Purchases from Government Accounts (25.3)	\$12,509	\$12,509	\$11,966	-\$543
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)	\$1,265	\$1,265	\$1,253	-\$12
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)	\$62	\$62	\$62	\$0
Equipment (31.0)	\$1,586	\$1,586	\$1,571	-\$15
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$15,867	\$15,867	\$15,130	-\$736
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	\$45,592	\$45,592	\$44,151	-\$1,441
Total Budget Authority	\$85,020	\$85,020	\$85,020	\$0
Average Cost per FTE				
Civilian FTEs	197	200	200	3
Civilian Average Salary and Benefits	\$181	\$178	\$185	\$4
Percent change	N/A	-1%	4%	4%
Military FTEs	25	26	26	1
Military Average Salary and Benefits	\$152	\$146	\$150	-\$2
Percent change	N/A	-4%	3%	3%
Total FTEs	222	226	226	4
Average Salary and Benefits	\$178	\$174	\$181	\$3
Percent change	N/A	-2%	4%	4%

SALARIES AND EXPENSES

(dollars in thousands)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel Compensation:				
Full-Time Permanent(11.1)	\$23,588	\$23,588	\$24,928	\$1,340
Other than Full-Time Permanent (11.3)	\$1,525	\$1,525	\$1,526	\$1
Other Personnel Comp. (11.5)	\$939	\$939	\$939	\$0
Military Personnel (11.7)	\$3,471	\$3,471	\$3,559	\$88
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$29,522	\$29,522	\$30,951	\$1,429
Civilian personnel Benefits (12.1)	\$9,580	\$9,580	\$9,584	\$4
Military Personnel Benefits (12.2)	\$326	\$326	\$334	\$8
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
Subtotal Pay Costs	\$39,428	\$39,428	\$40,869	\$1,441
Travel (21.0)	\$436	\$436	\$432	-\$4
Transportation of Things (22.0)	\$19	\$19	\$19	\$0
Rental Payments to Others (23.2)	\$39	\$39	\$39	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$1	\$8	\$8	\$0
Printing and Reproduction (24.0)	\$2	\$2	\$2	\$0
Other Contractual Services (25):	<u>\$27,541</u>	<u>\$27,541</u>	<u>\$26,867</u>	<u>-\$674</u>
Advisory and Assistance Services (25.1)	\$12,072	\$12,072	\$11,958	-\$114
Other Services (25.2)	\$1,695	\$1,695	\$1,679	-\$16
Purchases from Government Accounts (25.3)	\$12,509	\$12,509	\$11,966	-\$543
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)	\$1,265	\$1,265	\$1,253	-\$12
Subsistence and Support of Persons (25.8)	\$0	\$0	\$10	\$10
Supplies and Materials (26.0)	\$62	\$62	\$62	\$0
Subtotal Non-Pay Costs	\$28,139	\$28,139	\$27,460	-\$679
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Total, Salaries & Expenses and Rent	\$67,567	\$67,567	\$68,329	\$762
Direct FTE	222	226	226	4

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)¹

	FY 2023			FY 2024			FY 2025		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
Agency for Toxic Substances and Disease Registry	197	25	222	200	26	226	200	26	226
Direct	196	25	221	200	26	226	200	26	226
Reimbursable	1	-	1	-	-	-	-	-	-

¹ ATSDR FTE only.

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

(dollars in millions)

ACA Program	ACA Sec.	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	2025 Total	2025 FTEs
Medical Monitoring in Libby, MT	10323	\$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	\$4.0	0.9
Total		\$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	\$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 2023 Final	FY 2024 CR	FY 2025 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	19	22
GS-14	79	72	85
GS-13	74	66	81
GS-12	22	25	26
GS-11	15	8	10
GS-10	0	0	0
GS-9	3	3	5
GS-8	0	0	0
GS-7	0	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	212	193	229
Total - GS Salary	\$24,039,360	\$25,453,790	\$25,589,428
Average ES level³			
Average ES salary³			
Average GS grade	13.0	13.0	13.0
Average GS salary	\$113,393	\$131,885	\$111,744
Average Special Pay Categories			
Average Comm. Corps Salary ²	\$136,773	\$163,035	\$115,436
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 SES or Wage Grade employees in ATSDR.