



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Fiscal Year  
2019**

Agency for Toxic Substances and  
Disease Registry

*Justification of  
Estimates for  
Appropriation Committees*



## MESSAGE FROM THE ADMINISTRATOR

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We are pleased to present the Fiscal Year 2019 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal public health agency within the U.S. Department of Health and Human Services with a unique focus on the impact of hazardous substances on Human health. ATSDR also responds to environmental health emergencies; investigates emerging environmental health threats; conducts research on the health impacts of hazardous waste sites; and builds the capabilities of, and provides actionable guidance, to state and local health partners.

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

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



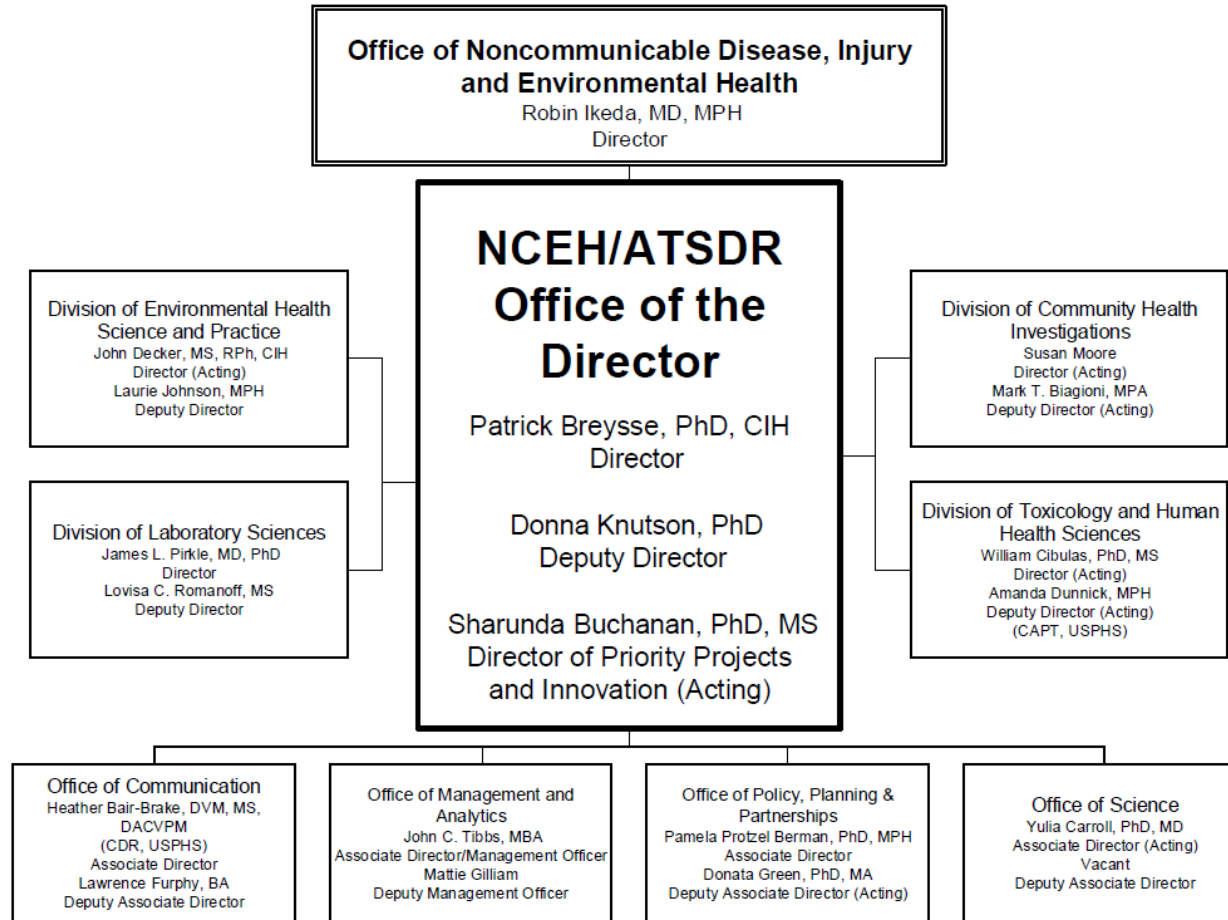
Anne Schuchat, MD (RADM, USPHS)  
Acting Director, Centers for Disease Control and Prevention  
Administrator, ATSDR



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

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# ATSDR ORGANIZATIONAL CHART



February 13, 2018

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## INTRODUCTION AND MISSION

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### About

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

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

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

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

### Mission

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

#### Goals:

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



## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

(dollars in millions)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 PB +/- FY 2018
Budget Authority	\$74.549	\$74.184	\$62.000	-\$12.184
FTEs	255	240	235	-5

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

**Enabling Legislation Status:** Permanent

**Authorization of Appropriations for FY 2019:** Indefinite; Expired/Expiring noted with \*

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

The Agency for Toxic Substances and Disease Registry (ATSDR) provides public health expertise to investigate and prevent the negative health effects of exposures to hazardous substances. ATSDR responds to environmental health emergencies; investigates emerging environmental health threats; conducts research on the health impacts of hazardous waste sites; and builds the capabilities of and provides actionable guidance to state and local health partners.

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

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

Several of ATSDR's core functions focus areas include:

**Community Health Investigations:** Assess current and emerging environmental health threats and provide actionable recommendations to protect health at hazardous waste sites and in response to environmental public health emergencies.

**Children's Environmental Health:** Help states promote and implement initiatives to protect children in childcare and early learning facilities from environmental hazards, and provide specialized environmental exposure medical knowledge to pediatric healthcare professionals through the Pediatric Environmental Health Specialty Units.

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

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

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

## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

### BY THE NUMBERS...

- ATSDR and its state partners conducted 121 public health assessments and consultations in 109 communities in FY 2017 to assess the health risks of nearly 1.2 million people potentially exposed to harmful substances.
- ATSDR actions protected an estimated 1,700 children who had harmful exposures to lead. These actions potentially saved \$90 million in lifetime earnings that could have been lost due to lowered IQ.
- ATSDR responded to over 550 community, state and Federal requests in FY 2017, investigating the potential health risk of nearly 1.2 million people around the country. Recommendations at these sites protected nearly 100,000 people from exposure to chemicals such as PFAS, polychlorinated biphenyls (PCBs), trichloroethylene (TCE), mercury, lead, benzene, and dioxin.
- ATSDR educated over 34,000 health professionals in FY 2017 on ways to diagnose and treat conditions related to hazardous exposures.
- ATSDR is currently working in 30 communities across the nation to examine the impact of exposure to Per- and Polyfluoroalkyl Substances (PFAS), which are a large group of man-made chemicals.

References:

All information and calculations are from CDC program data.

<b>Agency For Toxic Substances and Disease Registry Funding History<sup>1</sup></b>	
<b>Fiscal Year</b>	<b>Dollars (in millions)</b>
2015	\$74.691
2015 (PPHF)	\$18.540
2016	\$74.691
2017 Final	\$74.549
2018 Annualized CR	\$74.184
2019 President's Budget	\$62.000

<sup>1</sup> Obamacare (P.L. 111-148) appropriated \$23,000,000 for the period of FY 2010-FY 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 2019 request of **\$62,000,000** is \$12,183,773 below the FY 2018 Annualized CR level. At this funding level, ATSDR will support the highest priority community requests for public health assessments and consultations involving ongoing exposures posing severe risks to human health. The FY 2019 request carries forward the proposed reduction from the FY 2018 President's Budget Request.

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

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

ATSDR's partnerships with communities are protecting Americans. In the Twin Cities East Metro Area, for example, ATSDR and the Minnesota Department of Health, developed new health-based drinking water guidance values for PFAS and have since found nearly 400 private wells with levels above the new guidance values. Residents have been provided bottled water until water filters can be installed. Similarly, in the Moose Creek and Eielson Air Force Base area of Alaska, ATSDR and grantee, Alaska Department of Health and Social Services, are addressing the contamination of residential drinking water wells. ATSDR and local partners are informing the public about potential health risks from consuming water with PFAS contamination. Affected residents have been provided alternative drinking water.

### **Community Health Investigations**

The implementation of ATSDR's community health investigation recommendations protected nearly 100,000 people who were at risk of toxic exposures which cause cancer, developmental disabilities, neurologic and cardiovascular complications, and other severe health problems. The information ATSDR provides to

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

communities helps people take protective action to prevent harmful exposures. When working at contaminated sites, ATSDR:

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

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

### **Children’s Environmental Health**

During community consultations, ATSDR observed that early child care and education centers are often located on or adjacent to hazardous sites, exposing children to environmental contaminants. As part of the Choose Safe Places for Early Care and Education program, ATSDR provides tools for states and other stakeholders to protect children—mitigating environmental hazards prior to opening a child care facility. Children’s exposure to environmental hazards such as lead, arsenic, asbestos, mercury, and radon can slow childhood growth and development and affect lifelong health status. ATSDR invests in and promotes multisector partnerships across public health, child care, and environmental protection, and supports implementation of state-based child care safe siting initiatives through the state cooperative agreement program.

Medical professionals often lack training for and awareness of the health issues associated with harmful environmental exposures. ATSDR’s Pediatric Environmental Health Specialty Units (PEHSUs), located in each federal region across America, fill clinical care gaps by ensuring that healthcare providers have access to specialized environmental medical knowledge and resources to care for children and women of reproductive age. Healthcare providers rely on PEHSUs for guidance on prevention, diagnosis, management, and treatment of health effects from environmental exposures.

### **Land Reuse and Development**

Brownfields and land reuse sites are areas that may be contaminated with chemicals from past or current uses. When these properties are redeveloped with community health in mind, they can become community assets, capable of generating new revenues and preventing significant medical costs related to acute and chronic contaminant exposure.

ATSDR provides scientific and programmatic expertise for incorporating health considerations into land redevelopment and reuse decisions. The agency has developed an action model and a site tool that can be used to analyze sampling data in order to identify when levels may be unsafe. ATSDR also provides expertise and assistance to communities and local agencies directly. For example, when residents of Baraboo, Wisconsin were interested in redeveloping an old industrial area along the Baraboo River, ATSDR worked with the Wisconsin Department of Health Services to evaluate environmental hazards to health. ATSDR recommended actions to protect people from exposure to environmental contaminants, such as covering sites with vegetation to prevent exposure to polychlorinated biphenyls (PCBs). Outcomes included the clean-up of environmental hazards, the conversion of vacant buildings, and a \$3,000,000 increase to the city’s tax base.

## State-of-the-Art Science

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. Health care and environmental professionals around the world use ATSDR’s suite of toxicological materials—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and reducing the toxic effect for people exposed to hazardous substances. In addition, ATSDR scientists are working to identify private wells that may be contaminated with per- and polyfluoroalkyl substances. This work to identify private wells at higher risk of contamination can enable residents to protect themselves.

## Tribal Environmental Health

ATSDR collaborates with its tribal partners to identify and evaluate environmental health concerns and empower Tribes to make informed decisions that benefit their people and their communities. For example, members of the Yakutat Tlingit Tribe, fearing health effects from dioxin exposure, stopped harvesting clam and crab for food in the Anka Saltchuk and closed their native culture camp for 14 years. Alaska’s Environmental Public Health Program partnered with ATSDR to assess cancer and noncancer risks from eating dioxin-contaminated seafood, conduct risk communication and health education in the community, and distribute a survey to evaluate the initiative’s effectiveness. The initiative proved successful when a year later, the majority of the community resumed harvesting seafood.

## Funding State and Local Cooperative Agreements

ATSDR’s state cooperative agreement program funds states to detect, respond, and prevent harmful exposures in communities, focusing on the core functions outlined above. Funding health departments increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites and respond to local issues more quickly. ATSDR provides technical assistance to states and supports local experts to investigate community health concerns and implement state-level policies and practices to protect people from harmful exposures. For example, the City of South Gate, California is home to three Superfund sites and other environmental health concerns. ATSDR is working with the California Department of Public Health to conduct two public health assessments using CDC’s Protocol for Assessing Community Excellence in Environmental Health to identify and address the community’s environmental health concerns.

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

(dollars in millions)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President’s Budget
Number of Awards	25	25	25
- New Awards	25	0	0
- Continuing Awards	0	25	25
Average Award	\$0.414	TBD	TBD
Range of Awards	\$0.212-\$0.856	TBD	TBD
<b>Total Awards</b>	<b>\$10. 468</b>	<b>TBD</b>	<b>TBD</b>

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

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

**ATSDR State Funding 2017–2019**

	<b>FY 2017 Estimate</b>	<b>FY 2018 Estimate</b>	<b>FY 2019 Estimate</b>	<b>FY 2019 +/- FY 2018</b>
Alabama	\$0	\$0	\$0	\$0
Alaska	\$404,467	\$404,467	\$404,467	\$0
Arizona	\$0	\$0	\$0	\$0
Arkansas	\$419,585	\$419,585	\$419,585	\$0
California	\$856,060	\$856,060	\$856,060	\$0
Colorado	\$435,472	\$435,472	\$435,472	\$0
Connecticut	\$528,752	\$528,752	\$528,752	\$0
Delaware	\$0	\$0	\$0	\$0
District of Columbia	\$350,000	\$350,000	\$350,000	\$0
Florida	\$443,878	\$443,878	\$443,878	\$0
Georgia	\$239,052	\$239,052	\$239,052	\$0
Hawaii	\$0	\$0	\$0	\$0
Idaho	\$212,073	\$212,073	\$212,073	\$0
Illinois	\$1,500,000	\$1,500,000	\$1,500,000	\$0
Indiana	\$0	\$0	\$0	\$0
Iowa	\$0	\$0	\$0	\$0
Kansas	\$0	\$0	\$0	\$0
Kentucky	\$0	\$0	\$0	\$0
Louisiana	\$299,865	\$299,865	\$299,865	\$0
Maine	\$0	\$0	\$0	\$0
Maryland	\$0	\$0	\$0	\$0
Massachusetts	\$420,000	\$420,000	\$420,000	\$0
Michigan	\$505,853	\$505,853	\$505,853	\$0
Minnesota	\$469,654	\$469,654	\$469,654	\$0
Mississippi	\$0	\$0	\$0	\$0
Missouri	\$380,338	\$380,338	\$380,338	\$0
Montana	\$2,499,839	\$2,499,839	\$2,499,839	\$0
Nebraska	\$0	\$0	\$0	\$0
Nevada	\$0	\$0	\$0	\$0
New Hampshire	\$0	\$0	\$0	\$0
New Jersey	\$640,498	\$640,498	\$640,498	\$0
New Mexico	\$1,310,000	\$0	\$0	\$0
New York	\$573,050	\$573,050	\$573,050	\$0
North Carolina	\$320,938	\$320,938	\$320,938	\$0
North Dakota	\$0	\$0	\$0	\$0
Ohio	\$499,456	\$499,456	\$499,456	\$0
Oklahoma	\$0	\$0	\$0	\$0
Oregon	\$484,352	\$484,352	\$484,352	\$0
Pennsylvania	\$480,284	\$480,284	\$480,284	\$0
Rhode Island	\$0	\$0	\$0	\$0
South Carolina	\$0	\$0	\$0	\$0
South Dakota	\$0	\$0	\$0	\$0
Tennessee	\$305,258	\$305,258	\$305,258	\$0
Texas	\$392,173	\$392,173	\$392,173	\$0
Utah	\$235,314	\$235,314	\$235,314	\$0
Vermont	\$0	\$0	\$0	\$0
Virginia	\$276,218	\$276,218	\$276,218	\$0
Washington	\$0	\$0	\$0	\$0
West Virginia	\$0	\$0	\$0	\$0

ATSDR FY 2019 Congressional Justification

	<b>FY 2017 Estimate</b>	<b>FY 2018 Estimate</b>	<b>FY 2019 Estimate</b>	<b>FY 2019 +/- FY 2018</b>
Wisconsin	\$458,843	\$458,843	\$458,843	\$0
Wyoming	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$15,981,449</b>	<b>\$14,671,449</b>	<b>\$14,671,449</b>	<b>\$0</b>

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

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## AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PERFORMANCE

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### Highlights of Agency Accomplishments

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- ATSDR made recommendations that were implemented 83% of the time by regulatory agencies, industries, and other partners to prevent and stop hazardous exposures. For example, in 2015 ATSDR worked with federal and state agencies and local leaders to test people in Hayden and Winkelman, Arizona for levels of lead and arsenic in their bodies. ATSDR provided results to individual participants and, when necessary, recommendations for reducing exposures to lead and arsenic. ATSDR's actions supported or encouraged actions by other federal, state, and local agencies including oversight and enforcement to improve air quality by the U.S. Environmental Protection Agency; air quality forecasting communications by the state environmental department; community-wide follow up lead testing by the state health department; planned smelter operation upgrades and; a lead-based paint testing and abatement program for local residences and public buildings by Asarco LLC.
- Eighty-two percent of states have used the ToxProfiles™ to inform exposure reduction policy actions. Notable examples include:
  - Implementing 13 state air, water, and fish exposure monitoring programs and interpreting monitoring data using ToxProfile™ health effects, exposure route, and health guidance values information
  - Adopting or updating 7 exposure standards using MRLs, toxicokinetics, and health effects information as methodological support and/or justification
  - Formulating 22 exposure reduction policies using ToxProfile™ information
- As of July 2017, the Navajo Birth Cohort Study has enrolled 781 pregnant women and 230 fathers. Additionally, 703 infants have been born and are currently being assessed. The study results will fill epidemiologic and toxicological knowledge gaps essential to preventing and mitigating current and future uranium exposures and adverse birth and early developmental health outcomes in the Navajo Nation.
- In FY 2017, ATSDR assessed the health effects of exposure to toxic substances and released an Assessment of the Evidence for the Drinking Water Contaminants at Camp Lejeune and Specific Cancers and Other Diseases.
- As of July 2017, ATSDR has recruited hundreds of patients to participate in 27 different clinical trials and epidemiological through the National Amyotrophic Lateral Sclerosis (ALS) Registry. In FY 2016, ATSDR completed a 4-year study to determine the feasibility of creating a National ALS Biorepository of specimens from patients enrolled in the ALS Registry and launched the Biorepository in FY 2017. Over 330 patients from every state contributed specimens (e.g., blood, tissue, bone, skin), resulting in thousands of available samples for researchers to study. In January 2017, the Registry launched the National ALS Biorepository to expand ALS research into the areas of genetics, biomarkers, and disease etiology, which could potentially lead to treatments or a cure.
- In 2017, ATSDR made a major advance in its work to protect children from exposure to hazards by developing a new strategy--Choose Safe Places for Early Care and Education—and incorporating it into its cooperative agreement program with states. The strategy is based on ATSDR's experience at multiple sites across the country in which children were exposed to hazardous substances due to the poor location of early care and education programs. ATSDR is providing financial and technical support to 25 states to ensure the safe location of programs serving young children and has developed a guidance manual, checklists, and toolkits to help states and other interested organizations.

## 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 2018 Target	FY 2019 Target	FY 2019 +/-FY 2018
14.2.1 Number of toxicological profiles for substances hazardous to human health published (Output)	FY 2017: 11 Target: 9 (Target Exceeded)	6	6	Maintain
14.2.3 Percentage of site assessments in which ATSDR health guidance values are used to make a public health decision (Outcome)	FY 2017: 85% Target: 80% (Target Exceeded)	80%	80%	Maintain
14.B Number of requests ATSDR and cooperative agreement partners have responded to from environmental agencies, health agencies, policy makers and community members (Output)	FY 2017: 555 Target: 500 (Target Exceeded)	425	425	Maintain
14.C Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2016: 121 Target: 125 (Target Not Met)	110	110	Maintain
14.L Number of health professionals trained on environmental health topics (Output)	FY 2017: 34,596 Target: 36,000 (Target Not Met but Improved)	36,000	36,000	Maintain

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

Each year, ATSDR receives more than 500 requests for public health assessments, consultations and technical assistance from the Environmental Protection Agency, state and local governments, and the public. The number of products and community services that ATSDR provides aligns with the varying number of requests for assistance that ATSDR receives each year and the resources available. Between FY 2013 and FY 2017, ATSDR responded to an average of 560 requests annually for public health assessments, consultations, and technical assistance from stakeholders and community members nationwide, consistently exceeding performance targets (Measure 14.B). The FY 2019 target was decreased to reflect resources budgeted for this program. ATSDR aims

to respond to at least 425 requests from environmental agencies, health agencies, policy makers, and community members per year in FY 2019.

ATSDR prioritizes its site work, focusing resources on producing quality assessments that address the highest priority public health problems. Through FY 2016, ATSDR consistently exceeded performance targets for the number of public health assessments and health consultations completed (Measure 14.C). In FY 2017, ATSDR conducted 121 public health assessments and health consultations in communities across the U.S. to assess the health risks of more than a million people potentially exposed to harmful substances. Through implementation of ATSDR's recommendations, over 93,000 people who were at risk of exposure were protected. ATSDR decreased its FY 2019 target to reflect resources budgeted for the program, and will complete 110 health consultations and public health assessments.

ATSDR provides important information to local residents on their health risks and steps they can take to protect themselves. In FY 2017, ATSDR and funded partners educated over 34,000 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measure 14.L), and provided health education about preventing harmful exposures and other environmental health topics to more than 65,000 community members. Although outreach to health professionals declined in FY 2015 due to start-up demands of two new Pediatric Environmental Health Specialty Units (PEHSU) cooperative agreement partners, outreach efforts increased in FY 2016. For FY 2017, the program set an aggressive performance target based on these increased efforts. Though the target was not met, there was a 10% increase over FY 2016 results. ATSDR continues to focus on pediatric environmental health and proposes targets for FYs 2018 and 2019 based on that focus.

Through the toxicological profiles (ToxProfiles™), and accompanying educational materials, ATSDR provides key scientific information for health and environmental professionals around the world to make decisions about cleaning up hazardous waste sites, responding to emergencies, and treating people exposed to harmful substances. Since modifying the finalization process for the ToxProfiles™ in FY 2014, ATSDR has met or exceeded the target for toxicological profiles (Measure 14.2.1). Based on the resources available for FY 2019, the toxicological profile development program will produce fewer ToxProfiles™ and provide less information to health professionals for projecting or determining the health impacts of a population's exposure to hazardous or toxic substances. The proposed resources would also reduce the program's ability to update the ToxProfiles and help ensure public health decisions at hazardous waste sites are based on the most current science.

As part of the ToxProfile™ development process, ATSDR produces health guidance values (i.e., minimal risk levels [MRLs]), which are peer-reviewed health-based screening values designed to help health assessors identify which substances and exposure routes pose a potential human health risk, particularly among susceptible populations. ATSDR assesses the utility of its health guidance values and solicits feedback from health assessors about their relevance and usability (Measure 14.2.3). In FY 2017, ATSDR exceeded the target of site assessments in which ATSDR health guidance values were used to make a public health decision.

## FY 2019 DISCONTINUED MEASURES TABLE

**Measure ID 14.1.1: Increase the percentage of ATSDR recommendations implemented at hazardous waste sites (Outcome)**

FY	Target	Result
2019	Discontinued	N/A
2018	85%	Jan 5, 2017
2017	85%	83% (Target Not Met)
2016	85%	85.5% (Target Exceeded)
2015	85%	85% (Target Met)
2014	85%	85% (Target Met)
2013	85%	85% (Target Met)

ATSDR is not able to track this measure comprehensively, due to the measure's exclusion of critical recommendations made outside of final ATSDR assessment reports. ATSDR will retire this measure in FY 2019.

# BUDGET EXHIBITS

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## **APPROPRIATIONS LANGUAGE**

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

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA and section 3019 of the Solid Waste Disposal Act, \$62,000,000: Provided, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited healthcare providers: Provided further, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: Provided further, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year [2018]2019, and existing profiles may be updated as necessary.

#### **Analysis of Changes**

No significant changes requested for FY 2019.

## AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
<b>Discretionary Appropriation:</b>			
Enacted	\$74,691,000	\$74,691,000	\$62,000,000
ATB Rescission	(\$142,000)	(\$507,000)	N/A
<b>Subtotal, adjusted Appropriation</b>	<b>\$74,549,000</b>	<b>\$74,184,000</b>	<b>\$62,000,000</b>
<b>Mandatory and Other Appropriations:</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Subtotal, adjusted Mandatory Appropriation</b>	<b>\$74,549,000</b>	<b>\$74,184,000</b>	<b>\$62,000,000</b>
Recovery of prior year Obligations	\$1,399	\$0	\$0
Unobligated balance start of year	\$25,506,200	\$22,906,389	\$22,469,370
Unobligated balance expiring	\$323,653	\$0	\$0
Unobligated balance end of year	(\$22,906,389)	(\$22,469,370)	(\$19,215,216)
<b>Total Obligations</b>	<b>\$77,473,863</b>	<b>\$74,621,019</b>	<b>\$65,254,153</b>



## SUMMARY OF CHANGES

(dollars in thousands)	Dollars		FTEs	
FY 2018 Annualized CR (Program Level)	\$74,184		240	
FY 2019 President's Budget (Program Level)	\$62,000		235	
<b>Net Change</b>	<b>(\$12,184)</b>		<b>(5)</b>	

	FY 2018 Annualized CR		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority
<b>Increases:</b>				
		\$0	---	\$0
<b>Total Increases</b>	---	<b>\$0</b>	---	<b>\$0</b>
<b>Decreases:</b>				
<b>ATSDR</b>	---	\$74,184	---	(\$12,184)
<b>Total Decreases</b>		<b>\$74,184</b>	---	<b>(\$12,184)</b>
<b>Built-In:</b>				
1. Annualization of 2017 Pay Raise	---	---	---	\$0
2. FY 2018 Pay Increases				\$0
3. Changes in Day of Pay	---	---	---	\$0
4. Rental Payments to GSA and Others	---	---	---	\$0
<b>Total Built-In</b>	---	<b>\$0</b>	---	<b>\$0</b>
Absorption of Current Services				\$0
<b>Total</b>	---	---	---	<b>\$0</b>
<b>Total Increases (Program Level)</b>	---	<b>N/A</b>	<b>0</b>	<b>\$0</b>
<b>Total Decreases (Program Level)</b>	---	<b>\$74,184</b>	<b>0</b>	<b>(\$12,184)</b>
<b>NET CHANGE – Program Level</b>	<b>240</b>	<b>\$74,184</b>	<b>(5)</b>	<b>(\$12,184)</b>

## AUTHORIZING LEGISLATION

(dollars in millions)	<b>Enabling Legislation Status</b>	<b>Allocation Methods</b>	<b>FY 2018 Annualized CR</b>	<b>FY 2019 President's Budget</b>
<b>ATSDR</b>				
Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (42 U.S.C. 9604(i))*; The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); The Clean Air Act, as amended (42 U.S.C. 7401 et seq)	Permanent	Direct Federal/Intramural, Contracts, Competitive Grants/Cooperative Agreements	\$74.184	\$62.000

Note: Expired/Expiring authorization of appropriations noted with \*

## APPROPRIATIONS HISTORY

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Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
<b>2010</b>	76,792,000	76,792,000	76,792,000	76,792,000
<b>2011</b>	76,337,000	----	76,337,000	76,638,000
<b>2012</b>	76,337,000	74,039,000	76,638,000	76,215,000
<b>2013</b>	76,300,000		76,300,000	72,228,000
<b>2014</b>	76,300,000	--	--	74,691,000
<b>2015</b>	74,691,000	--	--	74,691,000
<b>2015</b>	20,000,000			20,000,000
<b>2016</b>	74,691,000	--	--	74,691,000
<b>2017</b>	74,691,000	74,691,000	74,691,000	74,691,000
<b>2018</b>	62,000,000	72,780,000	74,691,000	--
<b>2019</b>	62,000,000	--	--	--

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# SUPPLEMENTAL TABLES

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**OBJECT CLASS TABLE – DIRECT<sup>1</sup>**

(dollars in thousands)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$21,529	\$21,424	\$21,613	\$189
Other than Full-Time Permanent (11.3)	\$2,306	\$2,295	\$2,315	\$20
Other Personnel Comp. (11.5)	\$627	\$624	\$630	\$6
Military Personnel (11.7)	\$3,320	\$3,304	\$3,357	\$53
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$27,783</b>	<b>\$27,647</b>	<b>\$27,915</b>	<b>\$268</b>
Civilian personnel Benefits (12.1)	\$7,895	\$7,857	\$7,926	\$69
Military Personnel Benefits (12.2)	\$1,469	\$1,462	\$1,485	\$24
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$37,147</b>	<b>\$36,965</b>	<b>\$37,326</b>	<b>\$361</b>
Travel (21.0)	\$473	\$471	\$489	\$19
Transportation of Things (22.0)	\$25	\$25	\$26	\$1
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$2	\$2	\$2	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$138	\$137	\$142	\$5
NTWK Use Data TRANSM SVC (23.8)	\$0	\$0	\$0	\$0
Printing and Reproduction (24.0)	\$4	\$4	\$5	\$0
Other Contractual Services (25):	<u>\$22,614</u>	<u>\$22,503</u>	<u>\$9,920</u>	<u>-\$12,584</u>
Advisory and Assistance Services (25.1)	\$7,636	\$7,599	\$3,350	-\$4,249
Other Services (25.2)	\$5,046	\$5,021	\$2,213	-\$2,808
Purchases from Government Accounts (25.3)	\$9,169	\$9,124	\$4,022	-\$5,102
Operation and Maintenance of Facilities (25.4)	\$0	\$0	\$0	\$0
Research and Development Contracts (25.5)	\$234	\$233	\$103	-\$130
Medical Services (25.6)	\$1	\$1	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$486	\$484	\$213	-\$270
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Consultants, other and misc (25.9)	\$42	\$42	\$19	-\$24
Supplies and Materials (26.0)	\$124	\$123	\$125	\$2
Equipment (31.0)	\$301	\$300	\$312	\$12
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$13,563	\$13,496	\$13,496	\$0
Insurance Claims and Indemnities (42.0)	\$158	\$157	\$157	\$0
Interest and Dividends (43.0)	\$0	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$37,402</b>	<b>\$37,219</b>	<b>\$24,674</b>	<b>-\$12,545</b>
<b>Total Budget Authority</b>	<b>\$74,549</b>	<b>\$74,184</b>	<b>\$62,000</b>	<b>-\$12,184</b>
<b>Average Cost per FTE</b>				
<b>Civilian FTEs</b>	<b>219</b>	<b>210</b>	<b>207</b>	<b>-3</b>
Civilian Average Salary and Benefits	\$148	\$153	\$157	+\$4
Percent change	N/A	4%	1%	-2%
<b>Military FTEs</b>	<b>36</b>	<b>30</b>	<b>28</b>	<b>-2</b>
Military Average Salary and Benefits	\$133	\$159	\$173	+\$14
Percent change	N/A	19%	9%	-11%
<b>Total FTEs</b>	<b>255</b>	<b>240</b>	<b>235</b>	<b>-5</b>
<b>Average Salary and Benefits</b>	<b>\$146</b>	<b>\$154</b>	<b>\$159</b>	<b>+5</b>
<b>Percent change</b>	<b>N/A</b>	<b>6%</b>	<b>3%</b>	<b>-3%</b>

<sup>1</sup> FY 2019 FTE estimates may be adjusted based on proposed funding level as CDC develops a plan to implement proposed policy requirements.

**SALARIES AND EXPENSES<sup>1</sup>**

(dollars in thousands)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
<b>Personnel Compensation:</b>				
Full-Time Permanent(11.1)	\$21,529	\$21,424	\$21,613	\$189
Other than Full-Time Permanent (11.3)	\$2,306	\$2,295	\$2,315	\$20
Other Personnel Comp. (11.5)	\$627	\$624	\$630	\$6
Military Personnel (11.7)	\$3,320	\$3,304	\$3,357	\$53
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
<b>Total Personnel Compensation</b>	<b>\$27,783</b>	<b>\$27,647</b>	<b>\$27,915</b>	<b>\$268</b>
Civilian personnel Benefits (12.1)	\$7,895	\$7,857	\$7,926	\$69
Military Personnel Benefits (12.2)	\$1,469	\$1,462	\$1,485	\$24
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$37,147</b>	<b>\$36,965</b>	<b>\$37,326</b>	<b>\$361</b>
Travel (21.0)	\$473	\$471	\$489	\$19
Transportation of Things (22.0)	\$25	\$25	\$26	\$1
Rental Payments to Others (23.2)	\$2	\$2	\$2	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$138	\$137	\$142	\$5
Printing and Reproduction (24.0)	\$4	\$4	\$5	\$0
Other Contractual Services (25):	<u>\$22,572</u>	<u>\$22,461</u>	<u>\$9,901</u>	<u>-12,560</u>
Advisory and Assistance Services (25.1)	\$7,636	\$7,599	\$3,350	-4,249
Other Services (25.2)	\$5,046	\$5,021	\$2,213	-2,808
Purchases from Government Accounts (25.3)	\$9,169	\$9,124	\$4,022	-5,102
Operation and Maintenance of Facilities (25.4)	\$0	\$0	\$0	\$0
Research and Development Contracts (25.5)	\$234	\$233	\$103	-130
Medical Services (25.6)	\$1	\$1	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$486	\$484	\$213	-270
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Supplies and Materials (26.0)	\$124	\$123	\$125	\$2
<b>Subtotal Non-Pay Costs</b>	<b>\$23,338</b>	<b>\$23,224</b>	<b>\$10,691</b>	<b>-12,533</b>
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
<b>Total, Salaries &amp; Expenses and Rent</b>	<b>\$60,485</b>	<b>\$60,189</b>	<b>\$48,016</b>	<b>-12,172</b>
<b>Direct FTE</b>	<b>255</b>	<b>240</b>	<b>235</b>	<b>-5</b>

<sup>1</sup> FY 2019 FTE estimates may be adjusted based on proposed funding level as CDC develops a plan to implement proposed policy requirements.



## DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)<sup>1,2,3</sup>

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	FY 2017			FY 2018			FY 2019		
	Civilian	CC	Total	Civilian	CC	Total	Civilian	CC	Total
<b>Agency for Toxic Substances and Disease Registry</b>	<b>219</b>	<b>36</b>	<b>255</b>	<b>210</b>	<b>30</b>	<b>240</b>	<b>207</b>	<b>28</b>	<b>235</b>
Direct	219	36	255	210	30	240	207	28	235
Reimbursable	-	-	-	-	-	-	-	-	-

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

<sup>2</sup> FY 2019 FTE estimates may be adjusted based on proposed funding level as CDC develops a plan to implement proposed policy requirements.

<sup>3</sup> FTE displayed reflect updated estimated levels for FY 2017, FY 2018, and FY 2019.

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

(dollars in millions)

ACA Program <sup>1,2</sup>	ACA Sec.	2010 Total	2010 FTEs	2011 Total	2011 FTEs	2012 Total	2012 FTEs	2013 Total	2013 FTEs	2014 Total	2014 FTEs	2015 Total	2015 FTEs	2016 Total	2016 FTEs	2017 Total	2017 FTEs	2018 Total	2018 FTEs	2019 Total	2019 FTEs
Medical Monitoring in Libby, MT	10323	N/A	N/A	\$0.0	2.0	\$0.0	2.5	\$4.0	1.1	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9	\$4.0	0.9
<b>Total</b>		<b>N/A</b>	<b>N/A</b>	<b>\$0.0</b>	<b>2.0</b>	<b>\$0.0</b>	<b>2.5</b>	<b>\$4.0</b>	<b>1.1</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>	<b>\$4.0</b>	<b>0.9</b>

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

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

## DETAIL OF POSITIONS<sup>1,2,3</sup>

	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
<b>Executive Level</b>			
Executive level I	-	-	
Executive level II	-	-	
Executive level III	-	-	
Executive level IV	-	-	
Executive level V	-	-	
<b>Subtotal</b>	-	-	
<b>Total-Executive Level Salary</b>	-	-	
<b>Total - SES</b>			
	<b>0</b>	<b>1</b>	<b>0</b>
<b>Total - SES Salary</b>			
	<b>\$0</b>	<b>\$171,513</b>	<b>\$173,896</b>
<b>General Schedule</b>			
GS-15	23	22	21
GS-14	72	63	63
GS-13	82	72	71
GS-12	19	18	16
GS-11	10	8	10
GS-10	2	2	2
GS-9	12	12	12
GS-8	2	2	2
GS-7	6	4	4
GS-6	1	0	0
GS-5	0	0	0
GS-4	3	2	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<b>Subtotal</b>	<b>232</b>	<b>205</b>	<b>201</b>
<b>Total - GS Salary</b>	<b>\$22,632,161</b>	<b>\$22,676,210</b>	<b>\$23,476,438</b>
<b>Average ES level</b>			
<b>Average ES salary</b>			
Average GS grade	12.0	12.0	12.0
Average GS salary	\$97,552	\$110,616	\$116,798
<b>Average Special Pay Categories</b>			
Average Comm. Corps Salary <sup>2</sup>	\$82,496	\$93,786	\$101,824
Average Wage Grade Salary <sup>3</sup>			

<sup>1</sup> Includes special pays and allowances.

<sup>2</sup> This table reflects "positions" not full-time equivalent(s) (FTEs)

<sup>3</sup> There are no Wage Grade employees in ATSDR