



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES
Fiscal Year
2015**

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 FY 2015 Congressional Justification for the Agency for Toxic Substance and Disease Registry (ATSDR). The budget request provides funding for ATSDR's congressionally mandated programs and activities.

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

Performance improvement is a critical aspect of our work. We evaluate our progress in reducing exposures at the most hazardous sites and closely track programmatic activities. As such, we believe that performance data in ATSDR's FY 2015 Congressional Justification are accurate, complete, and reliable.

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

Sincerely,



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



Tajana Popovic, MD, PhD
Acting Director, CDC National Center for
Environmental Health /Agency for Toxic
Substances and Disease Registry

INTRODUCTION AND MISSION

About

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

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

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

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

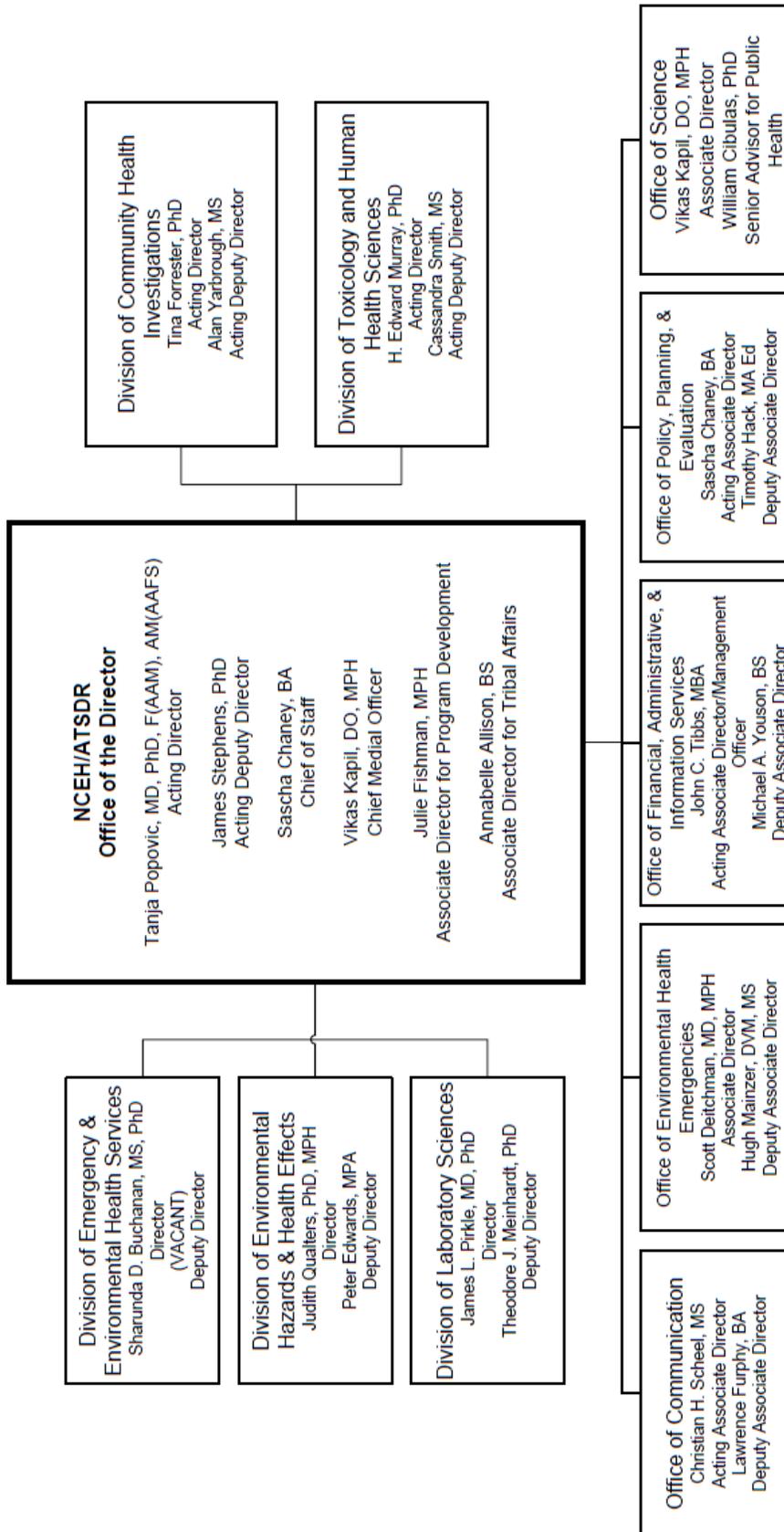
Mission

Serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures.

Goals

- Protect the public from environmental hazards and toxic exposures
- Promote healthy environments
- Advance the science of environmental public health
- Support environmental public health practice
- Promote environmental justice and reduce health disparities associated with environmental exposures
- Provide unique scientific and technical expertise to advance public health science and practice

ATSDR ORGANIZATIONAL CHART



January 27, 2014

BUDGET REQUEST

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

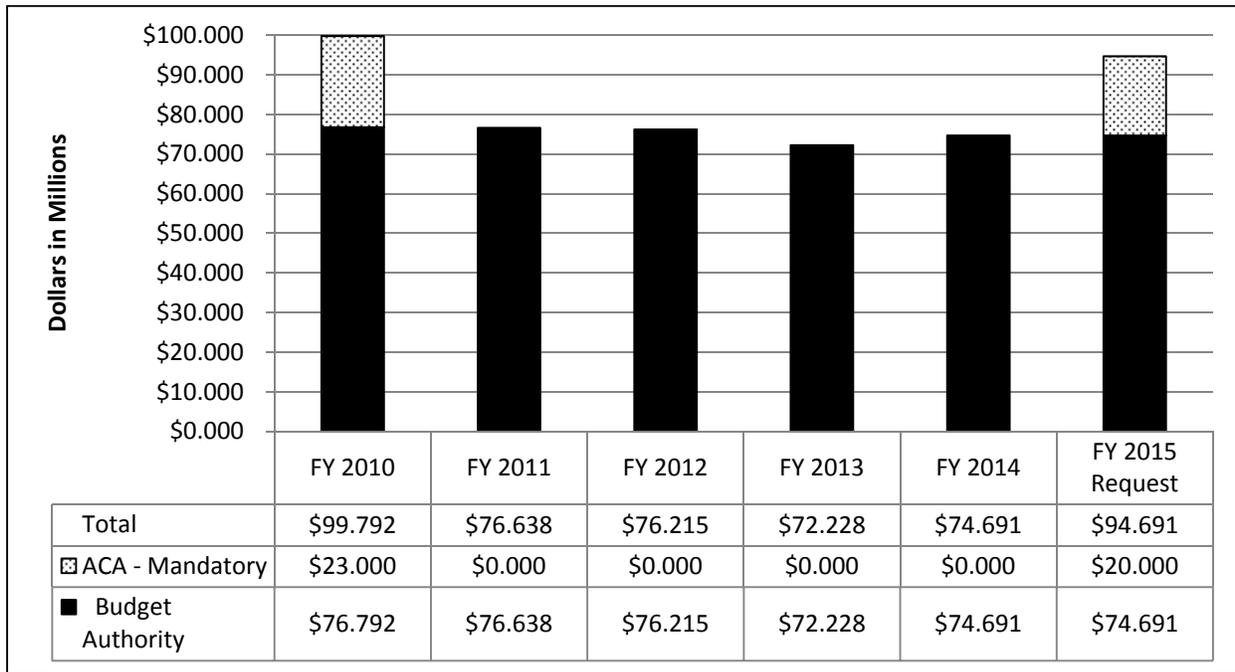
(dollars in millions)		FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	2015 +/-2014
	Budget Authority	\$72.228	\$74.691	\$74.691	\$0.000
	ACA – Mandatory ¹	\$0.000	\$0.000	\$20.000	+\$20.000
	Total Request	\$72.228	\$74.691	\$94.691	+\$20.000
	FTEs	288	288	288	0

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

Summary

The Agency for Toxic Substances and Disease Registry (ATSDR) promotes healthy and safe environments and prevents harmful exposures through responsive public health actions. ATSDR’s FY 2015 request of **\$94,691,000** includes \$20,000,000 in mandatory funding from the Affordable Care Act for the early detection of medical conditions related to environmental hazards for the period of FY 2015–2019. ATSDR’s budget authority request of **\$74,691,000** is the same as the FY 2014 Enacted level.

Agency for Toxic Substances and Disease Registry Funding History¹



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

Budget Request

(dollars in millions)	FY 2013 Final	FY 2014 Enacted	FY 2015	2015
			President's Budget	+/-2014
Budget Authority	\$72.228	\$74.691	\$74.691	\$0.000

Overview

The [Agency for Toxic Substances and Disease Registry](#)¹ (ATSDR) is a non-regulatory, environmental public health agency that investigates public health concerns from possible harmful exposures in communities. Last year, ATSDR worked in over 500 locations across the country, protecting more than 750,000 people from exposures to harmful levels of trichloroethylene, asbestos, lead, vinyl chloride, or other substances in the environment. ATSDR supports environmental health professionals in 10 [regional offices](#)² and field offices in Alaska and Montana and it provides funds to 28 state health departments. Along with Atlanta-based headquarters staff, ATSDR experts are positioned for a 24/7 response to environmental health threats from natural disasters, chemical spills, and other emergency events. ATSDR also maintains formal, consultative relationships with American Indian and Alaska Native tribes.

ATSDR's Cadre of Environmental Health Professionals

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

Budget Proposal

ATSDR's FY 2015 request of **\$74,691,000** in budget authority is the same as the FY 2014 Enacted level. Requested funds are needed to maintain ATSDR's scientific and programmatic capabilities to safeguard human health. The request includes \$2,000,000 to continue epidemiological studies of health conditions caused by non-occupational exposures to uranium released from mining and milling operations at the Navajo Nation.

¹ <http://www.atsdr.cdc.gov/>

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

ATSDR’s projected contributions in FY 2015 include:

- Providing 24/7 response to protect America from health and safety threats
- Investigating potential exposure to harmful substances and educating residents in 450 communities
- Responding to approximately 50 environmental emergency events
- Maintaining toxicological publications on 180 substances, including 29 new publications or updates
- Supporting 31 cooperative agreements

Protecting Human Health in Communities

ATSDR supports federal, state, and local efforts to protect human health from environmental threats. Its work in communities includes investigating hazards in towns with a legacy of industrial pollution to responding to environmental public health emergencies like acute chemical spills. ATSDR responds to direct requests for health expertise from the Environmental Protection Agency (EPA), state and local governments, and the public. Before investigating, ATSDR prioritizes sites based on the extent of potential exposures and the likeliness that ATSDR’s contribution will lead to protective actions. In FY 2013, ATSDR conducted 167 [public health assessments and consultations](#)³, evaluating the health risks of more than 2 million people potentially exposed to harmful substances in more than 500 communities. In FY 2015, ATSDR anticipates conducting more than 125 formal evaluations of health risks in communities across the nation.

While ATSDR’s site-based investigations most often rely on existing environmental data, ATSDR sometimes conducts an [exposure investigation](#)⁴ to better characterize exposures. Examples of ongoing ATSDR investigations include an examination of child blood levels near a lead smelter in Colorado and an examination of perfluorochemical exposures in Alabama. In FY 2015, ATSDR anticipates conducting at least three new exposure investigations.

Getting Information Out about Harmful Substances

During site-specific investigations, ATSDR conducts public meetings, develops factsheets and other reference material, and speaks face-to-face with concerned community members. The information ATSDR provides helps people take protective action from harmful exposures. ATSDR applies the lessons learned on a site-specific level to help protect people everywhere in the nation. For example, ATSDR’s newly launched [Don’t Mess with Mercury website](#)⁵ explains to middle school children the hazards of playing with mercury and provides teachers and school administrators with information and tools to prevent costly mercury spills and their health impacts.

ATSDR’s Site Response Process

Review environmental and health data to determine if people are being exposed to chemicals that put their health at risk.

Make recommendations and work with federal, state, and local partners to protect people from health risks.

Educate communities and clinicians about the health risks of harmful substances and how to prevent exposure in the future.

Providing Specialized Medical Information

Whether facing a longstanding, low-level harmful environmental exposure or an acute emergency, people need the best medical information about how to manage potential health effects. Medical professionals, however, often lack training about the health issues associated with harmful environmental exposures. To fill this clinical care gap, in FY 2015 ATSDR will support two networks with expertise in medical toxicology and pediatric environmental health: National Environmental Medicine Education and Consultation Project; Pediatric Environmental Specialty Units.

³ <http://www.atsdr.cdc.gov/HAC/PHA/index.asp>
⁴ <http://www.atsdr.cdc.gov/hac/products/ei.html>
⁵ <http://www.dontmesswithmercury.org>

Responding to Environmental Emergencies

During [chemical emergencies](#),⁶ ATSDR provides 24/7 expertise and makes recommendations to those responding in the field. The agency collaborates with federal, state, and local partners in developing an appropriate health response. In 2013, ATSDR responded to 53 emergency events. Predicting release events is impossible, but ATSDR will likely respond to at least 50 emergency assistance requests from first responders in FY 2015.

Guiding State and Local Decision Making

ATSDR provides scientific and programmatic expertise to local policy makers, planners, and partners for incorporating health considerations into [brownfield and land reuse](#)⁷ decisions. These are sites formally used for commercial and industrial purposes and complicated by real or perceived contamination. In FY 2015, ATSDR will provide guidance to more than 200 communities and directly fund at least four communities to conduct brownfield and health projects.

Providing Scientific Expertise

Science is an essential component of ATSDR's work. The Comprehensive Environmental Response, Compensation, and Liability Act requires ATSDR to maintain toxicological databases, disseminate scientific information, and conduct medical education. Health and environmental professionals around the world use ATSDR's [suite of toxicological materials](#)⁸—ToxProfiles™, ToxFAQs™, and ToxGuides™—to make decisions about cleaning up sites, responding to emergencies, and treating people exposed to hazardous substances. As part of the ToxProfiles™, ATSDR developed over 390 human health [Minimum Risk Levels](#)⁹ (MRLs), which are screening values that allow health professionals to identify whether exposures could harm human health. In FY 2015, ATSDR will develop 9 new ToxProfiles™ and update literature databases for 20 of the 172 existing ToxProfiles™.

Understanding Health Risks

ATSDR conducts [epidemiological studies](#)¹⁰ to understand the distribution and causes of disease or health status in a population. Ongoing efforts include a prospective birth cohort study of uranium and other heavy metal exposures at the Navajo Nation and a documented cluster of polycythemia vera in a rural area of northeast Pennsylvania. ATSDR is expanding the use of technological tools and using new methods to increase its effectiveness and timeliness in protecting communities from environmental hazards. Using a new approach for predicting health risks from multiple chemical contaminants, ATSDR researchers will be able to make comparisons of health risk and conduct cost-benefit analyses. The new approach is also harmonizing the examination of cancer-causing and non-cancer causing substances. ATSDR expects to conduct at least 10 epidemiological investigations in FY 2015.

State and Local Grants

ATSDR's [state cooperative agreement program](#)¹¹ funds health departments to investigate and respond to harmful exposures in communities and teach the public about exposure prevention. Direct funding to states increases local knowledge and improves efficiency as state-based public health officials are able to travel to sites and respond to local issues with greater specificity. ATSDR is recompeting its three-year cooperative agreement

⁶ <http://www.atsdr.cdc.gov/emergencyresponse.html>

⁷ <http://www.atsdr.cdc.gov/sites/brownfields/overview.html>

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

⁹ <http://www.atsdr.cdc.gov/mrls/index.asp>

¹⁰ http://www.atsdr.cdc.gov/dthhs/branches/environmental_epidemiology_branch.html

¹¹ <http://www.atsdr.cdc.gov/states/>

in FY 2014 and expects to fund 25 states/ Funding decisions will be based on a state’s projected burden of harmful environmental exposures, technical capacity to conduct investigations, and ability to educate the public.

Partnership to Promote Local Efforts to Reduce Environmental Exposure Grants

(dollars in millions)	FY 2013 Final	FY 2014 Enacted	FY 2015 President’s Budget	2015 +/-2014
Number of Awards	28	25	25	0
- New Awards	0	25	0	-25
- Continuing Awards	28	0	25	+25
Average Award	\$0.365	\$0.400	\$0.400	\$0.000
Range of Awards	\$0.161–\$0.675	\$0.180–\$0.600	\$0.180–\$0.800	N/A
Total Awards	\$10.200	\$10.200	\$10.200	\$0.000

ITSDR’s [Brownfield and Health Projects](#)¹² grants support communities in identifying health issues prior to redevelopment and monitoring progress on healthy redevelopment. Grantees are selected competitively based on the quality of planned activities, evaluation efforts, and organizational capacity. State, local, and tribal governments are eligible to apply. The grant program cycle transitioned from two-year to one-year cooperative agreements in FY 2013. ATSDR expects to fund four grantees in FY 2015.

Brownfield and Health Projects Grants

(dollars in millions)	FY 2013 Final	FY 2014 Enacted	FY 2015 President’s Budget	2015 +/-2014
Number of Awards	4	4	4	0
- New Awards	0	4	4	0
- Continuing Awards	4	0	0	0
Average Award	\$0.150	\$0.150	\$0.150	\$0.000
Range of Awards	\$0.100–\$0.200	\$0.100–\$0.200	\$0.100–\$0.200	N/A
Total Awards	\$0.600	\$0.600	\$0.600	\$0.000

Other Grants

ATSDR funds Pediatric Environmental Health Specialty Units (PEHSUs) to ensure pediatricians have access to specialized medical knowledge and resources that affect children. Pediatricians rely on PEHSUs for guidance on prevention, diagnosis, management, and treatment of health effects from environmental exposures in children. Regional PEHSUs, which are typically based at university medical centers, serve more than 30,000 health care professionals, 25,000 community members, and 1,600 health care providers, parents, and others in the United States annually. In FY 2015, ATSDR plans to support the 11 regional PEHSUs through a \$900,000 award to the Association for Occupational Environmental Clinics.

ATSDR funds a birth cohort study at the Navajo Nation to evaluate the potential association between uranium and other heavy metal exposure and reproductive birth outcomes. Researchers recruit Navajo mothers to participate, assess uranium exposure at key developmental milestones, and follow children post-birth to evaluate any associations with birth defects or developmental delays. The study results will help mitigate and prevent uranium exposure and increase prenatal care utilization. This grant award was not affected by sequestration in FY 2013 because reductions were taken in other activities. In FY 2015, ATSDR will continue supporting the birth cohort study through a \$1,000,000 award to the University of New Mexico.

¹² <http://www.atsdr.cdc.gov/sites/brownfields/>

Affordable Care Act - Mandatory

(dollars in millions)		FY 2013	FY 2014	FY 2015	
		Final	Enacted	President's Budget	2015 +/-2014
	ACA - Mandatory	\$0.000	\$0.000	\$20.000	+\$20.000

Program Overview

The Affordable Care Act (P.L. 111-148) established and appropriated funding for the Early Detection of Certain Medical Conditions Related to Environmental Health Hazards. This program provides comprehensive, coordinated, cost-effective care to individuals residing in or around a geographic area subject to declared public health emergency. Individuals targeted are those at risk for environmental health conditions such as asbestosis, pleural thickening, mesothelioma, and other selected cancers associated with asbestos exposure.

Persons eligible to participant include persons who resided in or around Libby, Montana and Troy, Montana who meet criteria for exposure to asbestos. The Libby asbestos site includes portions of the towns of Libby and Troy and an inactive vermiculite mine seven miles northeast of the town. In FY 2011, ATSDR awarded a four-year grant of approximately \$2,500,000 per year for the Center for Asbestos Related Disease to screen the health status of current and past residents of Libby and Troy. By the beginning of 2013, the Center for Asbestos Related Disease had screened 1,390 people, of which 667 were deemed eligible for Medicare benefits as authorized by the Affordable Care Act.

Budget Proposal

The Affordable Care Act appropriated \$23,000,000 for the period of FY 2010–2014 in no-year funding and \$20,000,000 for each five-year period thereafter for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards. ATSDR's FY 2015 appropriation of **\$20,000,000** in mandatory funding is for the period of FY 2015–2019.

ATSDR State Funding, 2011–2013

Jurisdiction ¹	FY 2011 Enacted	FY 2012 Enacted	FY 2013 Final	2013 +/- 2012
Alaska	\$264,250	\$260,250	\$260,250	\$0
Arizona	--	\$223,040	\$353,040	\$130,000
Arkansas	--	\$226,787	\$226,787	\$0
California	--	\$655,364	\$655,364	\$0
Colorado	\$255,150	\$281,013	\$278,038	-\$2,975
Connecticut	\$435,189	\$431,189	\$431,189	\$0
District of Columbia	\$1,769,368	\$2,197,510	\$1,607,034	-\$590,476
Florida	\$697,876	\$443,878	\$443,878	\$0
Georgia	\$274,661	\$485,661	\$167,461	-\$318,200
Idaho	\$223,879	\$219,879	\$219,879	\$0
Illinois	\$670,531	\$645,192	\$508,692	-\$136,500
Louisiana	\$343,969	\$268,100	\$268,100	\$0
Maryland	\$69,673	--	--	\$0
Massachusetts	\$406,895	\$402,895	\$402,895	\$0
Michigan	\$419,276	\$415,276	\$415,276	\$0
Minnesota	\$440,860	\$436,860	\$436,860	\$0
Missouri	\$335,895	\$331,895	\$331,895	\$0
Montana	\$2,490,094	--	--	\$0
New Hampshire	\$303,659	\$299,659	\$299,659	\$0
New Jersey	\$528,292	\$524,292	\$524,292	\$0
New Mexico	\$999,758	\$1,000,000	1,000,000	\$0
New York	\$993,511	\$872,102	\$675,008	-\$197,094
North Carolina	\$339,141	\$263,712	\$263,712	\$0
Ohio	\$496,592	\$615,592	\$465,098	-\$150,494
Oregon	\$557,772	\$482,166	\$332,176	-\$149,990
Pennsylvania	\$459,685	\$455,685	\$455,685	\$0
South Carolina	--	\$30,000	--	-\$30,000
Tennessee	\$280,788	\$205,360	\$205,360	\$0
Texas	\$595,070	\$341,070	\$341,070	\$0
Utah	\$288,573	\$217,145	\$217,145	\$0
Virginia	\$349,319	\$366,912	\$383,412	\$16,500
Washington	\$540,552	\$536,552	\$536,552	\$0
Wisconsin	\$517,638	\$591,383	\$442,950	-\$148,433
Total	\$16,347,916	\$14,726,419	\$13,148,757	-\$1,577,662

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

PERFORMANCE

Highlights of Agency Accomplishments

- Investigated the potential health risks of more than 2 million people in 500 communities across the nation who were potentially exposed to harmful substances. The investigations resulted in federal, state, and local actions that protected the health of more than 750,000 people who were being exposed to harmful substances.
- Ensured that 85 percent of ATSDR's recommendations were adopted by regulatory agencies, industries, and other partners to prevent and stop hazardous exposures. For example, ATSDR found that people who used water from some private wells and a public water supply system had elevated levels of perfluorochemicals (PFCs) in their blood. Based on ATSDR's recommendations, residents using contaminated well water were provided an alternate water source. The public water system plans to add filters to reduce the level of PFCs and to voluntarily test residents for PFCs in their blood. These actions will prevent exposures to 25,000 system users and an additional 100,000 people who are served by nearby water systems and periodically receive water from the system.
- Funded staff in 28 states to assess environmental hazards and educate people on environmental health risks. For example, under a cooperative agreement, ATSDR and the Georgia Department of Public Health identified naturally occurring uranium and radium in people's private drinking-water wells. With ATSDR's recommendations, state and local elected officials were able to provide funding for a permanent source of safe drinking water to about 400 residents in the portion of the county with naturally occurring uranium and radium. Health educators helped residents understand their health risks and take steps to protect themselves throughout the assessment.
- Responded to an urgent request for assistance from New Jersey when a train derailment released more than 15,000 gallons of vinyl chloride near a community with 6,000 residents. ATSDR staff provided on-the-ground support to the response team and talked to nearly 100 community members and emergency responders to help them understand the health risks of the spill. In FY 2013, ATSDR responded to 58 emergency events such as this one and tracked more than 3,000 chemical incidents in ATSDR's surveillance system.
- Updated 41 scientific guidance values used by environmental and health scientists to determine if actions are needed to protect people's health in areas where the environment is contaminated with harmful chemicals. These updated values will add to the information on 172 substances described by ATSDR's ToxProfiles™.
- Expanded the ability of health care providers to effectively treat people exposed to harmful substances and prevent future exposures. ATSDR's support allowed the 750 Blue Cross/Blue Shield health providers in Michigan to provide the best care to people exposed to naturally occurring asbestos, radon, and arsenic in the state.
- Created a platform allowing researchers to more easily recruit patients from the National Amyotrophic Lateral Sclerosis (ALS) registry to participate in clinical trials and studies, with an emphasis on specialized care. So far, more than 5,000 people with ALS have been linked to researchers. Additionally, a new computer tablet software application allows people with ALS to more easily locate nearby clinics and support groups. As of December 2013, the ALS Service Locator mobile application has been downloaded 385 times from the iTunes store. One user rating/comment regarding the application: "Great application to help patients and families find the nearest facilities to offer specialized care for those with this devastating disease."

Agency Performance Management

ATSDR monitors its performance through long-term performance measures that evaluate success in mitigating harmful exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances. Additionally, ATSDR instituted performance management processes to track progress on a broader set of programmatic activities, yielding useful data on a more frequent basis to make timely and informed decisions regarding program design and resource allocation. The performance data reported by ATSDR for inclusion in the FY 2015 Congressional Justification is accurate, complete, and reliable.

Alignment to Administration Priorities and Initiatives

ATSDR's mission, focus, and overarching strategic goals are complementary to the Department of Health and Human Services (HHS) Strategic Plan and support the Agency's congressional mandate. ATSDR partners with other federal departments and agencies on the President's Task Force on Environmental Health Risks and Safety Risks to Children. This group will collaborate to address the most critical children's environmental health issues facing the Nation.

With HHS, ATSDR is supporting the Interagency Working Group on Environmental Justice. This Task Force is identifying and addressing adverse human health or environmental effects that disproportionately affect minority and low-income populations. The Working Group is also coordinating research efforts among all relevant government agencies.

ATSDR activities directly support the following HHS strategic goals and objectives:

- Increase our understanding of what works in public health and human services practice.
- Advance the health, safety, and well-being of the American people.
- Invest in the HHS workforce to meet America's health and human services needs.
- Improve HHS environmental, energy, and economic performance to promote sustainability.
- Promote the safety, well-being, resilience, and healthy development of children and youth.

Performance Measures

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

Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
14.1.1: Increase percent of ATSDR recommendations accepted by EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (Outcome)	FY 2013: 85% (Target Met)	85%	85%	Maintain
14.2.1: Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by increasing the number of toxicological profiles for substances hazardous to human health published. (Outcome)	FY 2013: 12 (Target Exceeded)	9	9	Maintain
14.2.2: Fill knowledge/data gaps for human health effects/risks relating to hazardous exposures. (Output)	FY 2013: 10 (Target Met)	10	10	Maintain
14.3.1: Increase the percentage of sites where human health risks or disease have been mitigated, based on comparative morbidity/mortality rates, biomarker tests, levels of environmental exposures, and/or behavior change of community members and/or health professionals. (Outcome)	FY 2013: 75% (Target Met)	75%	75%	Maintain
14.B: Number of sites where ATSDR and cooperative agreement partners have responded to requests from environmental agencies, health agencies, policy makers and community members (Output)	FY 2013: 535 (Target Exceeded)	450	450	Maintain
14.C: Number of public health assessments and health consultations issued by ATSDR and cooperative agreement partners (Output)	FY 2013: 167 (Target Exceeded)	125	125	Maintain
14.E: Number of biological and environmental exposure investigations (Output)	FY 2013: 1 (Target Not Met)	3	3	Maintain
14.L: Number of health professionals trained on environmental health topics (Output)	FY 2013: 35,848 (Target Exceeded)	25,000	30,000	+5,000
14.M: Number of community members educated on environmental health topics (Output)	FY 2012: 216,000 (Target Exceeded)	75,000	75,000	Maintain
14.N: Number of ToxProfile citations in peer-reviewed health and environmental literature (Output)	FY 2013: 1,940 (Target Exceeded)	900	900	Maintain

Performance Trends

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

Between FY 2010 and FY 2013, the Environmental Protection Agency (EPA), state regulatory agencies, and private industries accepted 85 percent of ATSDR recommendations to stop or reduce harmful exposures (Measure 14.1.1). For example, ATSDR identified a health hazard for people living near an old aluminum recycling and smelting facility in Connecticut. EPA used ATSDR recommendations to support taking a time-critical action to remove waste piles and drums from the site, eliminating the source of harmful exposures to the people living nearby and positioning the site for productive redevelopment.

Since FY 2010, ATSDR has consistently implemented interventions at about 75 percent of sites posing an urgent or public health hazard, nearly meeting or exceeding targets (Measure 14.3.1). For example, in FY 2013 ATSDR identified harmful levels of trichloroethylene (TCE) in homes and businesses at several sites across the country. TCE can cause birth defects and immune system complications. EPA used ATSDR's assessments to justify installing filtration or vapor mitigation systems in affected buildings and temporarily evacuating a family from a home in Maryland.

The number of products developed and community services provided by ATSDR aligns with requests for assistance and varies from year to year. In FY 2013, ATSDR and cooperative agreement partners worked at 535 different sites across the country (Measure 14.B). The number of sites where ATSDR worked each year began steadily declining in FY 2010. Additionally, ATSDR has consistently reduced the number of formal evaluations of exposure conducted each year, from 277 in FY 2010 to 167 in FY 2013 (Measure 14.C). This aligns with recent efforts to better prioritize the agency's site work, focusing resources on producing quality assessments that address the highest priority public health problems.

During ATSDR's site evaluations, ATSDR provides important information to local residents on their health risks and the steps they can take to protect themselves. In FY 2013, ATSDR and funded partners provided information on preventing harmful exposures and other environmental health topics to over 200,000 community members, up from 99,298 in FY 2012, and educated 35,848 health professionals on ways to diagnose and treat conditions related to hazardous exposures (Measures 14.L, 14.M). ATSDR is working to improve both the quality and effectiveness of our health education products and services; this may reduce the overall number reached but create a larger health impact.

When ATSDR's site work identifies data gaps for answering questions about people's health risks, ATSDR works to fill those gaps by conducting exposure investigations and epidemiological studies. From FY 2010 to FY 2012, ATSDR consistently met targets set for conducting health studies, which filled 10 knowledge/data gaps for human health effects/risks relating to hazardous exposures each year (Measure 14.2.2). ATSDR and its partners use this information to appropriately respond to community health concerns. In FY 2013, ATSDR did not meet its target of conducting three exposure investigations. Due to the intensive resources and time required for investigations, ATSDR recently focused investigations on sites with urgent public health needs. This is also reflected in level FY 2014 and FY 2015 targets. FY 2013 Sequestration reduced the funding allocated to conducting exposure investigations (Measure 14.E).

ATSDR provides key scientific expertise for health and environmental professionals around the world through its toxicological profiles (ToxProfiles™) and accompanying educational materials. ATSDR has consistently met or exceeded targets relating to the development and dissemination of the ToxProfiles™ for the past five years

(Measure 14.2.1), releasing 11 or more final ToxProfiles™ each year for FYs 2010–2013. Due to shifts in the development process, ATSDR has adjusted targets to reflect expected program outcomes. In FY 2013, ATSDR developed and verified 41 health guidance values, known as minimal risk levels (MRLs), for hazardous substances published in ToxProfiles™. This included MRLs for several pesticides, such as endosulfan and hexachlorobenzene, whose health effects are pervasive throughout the world due to their extensive use beginning in the 1950s. Public health assessors from EPA, states, and other regulatory agencies use ATSDR's MRLs to determine if actions are needed to protect public health.

Authors of peer-reviewed scientific literature continued to increase their use of ATSDR's ToxProfiles™; citations of the ToxProfiles™ increased from 900 in 2010 to 1,940 in FY 2013 (Measure 14.N). By tracking these citations, ATSDR ensures these documents and tools remain accessible and meet the information needs of key stakeholders. In FY 2015, ATSDR will continue to focus resources on updating existing profiles and using new evidence-based tools and processes to enhance transparency and ensure the accuracy of new ToxProfiles™. However, FY 2014 and FY 2015 targets will remain constant to reflect anticipated resources. Additionally, ATSDR educated 750 physicians in the Blue Cross/Blue Shield provider network; these physicians delivered clinical preventive environmental health services to identify and reduce environmental exposures linked to cancer.

BUDGET EXHIBITS

APPROPRIATIONS LANGUAGE

Comparison to the FY 2014 Omnibus Appropriations Act

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

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA); section 118(f) of the Superfund Amendments and Reauthorization Act of 1986 (SARA);] and section 3019 of the Solid Waste Disposal Act, \$74,691,000, of which up to \$1,000 per eligible employee of the Agency for Toxic Substances and Disease Registry shall remain available until expended for Individual Learning Accounts: *Provided*, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited healthcare providers: *Provided further*, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: *Provided further*, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section [104(l)] 104(i) of CERCLA during fiscal year [2014]2015, and existing profiles may be updated as necessary.

Analysis of Changes

Change in Language	Explanation
[; section 118(f) of the Superfund Amendments and Reauthorization Act of 1986 (SARA);]	<p>Obsolete provision. Required ATSDR to submit a report to Congress on the nature and extend of lead poisoning in children from environmental sources. ATSDR completed the report in 1988.</p> <p>Report citation:</p> <p>Agency for Toxic Substance and Disease Registry, <i>The Nature and Extent of Lead Poisoning in Children in the United States: A Report to Congress</i> (1988). Available online at http://files.eric.ed.gov/fulltext/ED324135.pdf</p>
<i>Provided further</i> , 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(l)] 104(i) of CERCLA...	Corrects a typographical error. The provision should reference section 104i of CERLCA.

AMOUNTS AVAILABLE FOR OBLIGATION

(dollars in millions)	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
Discretionary Appropriation:			
FY 2013 Enacted Amount	\$76,215,000	\$74,691,000	\$74,691,000
OMB 0.2% Rescission	(\$153,000)	\$0	\$0
Sequestration	(\$3,834,000)	\$0	\$0
Subtotal, adjusted Discretionary Appropriation	72,228,000	74,691,000	74,691,000
Mandatory and Other Appropriations:			
Transfers from Other Accounts	\$0	\$0	\$0
Mandatory Appropriation	\$0	\$0	\$20,000,000
Subtotal, adjusted Mandatory Appropriation	\$0	\$0	\$20,000,000
Recovery of prior year Obligations	\$0	\$0	\$0
Unobligated balance start of year	\$17,083,180	\$14,412,090	\$11,741,000
Unobligated balance expiring	\$263,766	\$0	\$0
Unobligated balance end of year	(\$14,412,090)	(\$11,741,000)	(\$25,069,910)
Total Obligations	75,162,856	77,362,090	81,362,090

¹ Excludes the following amounts for reimbursements: FY 2013: \$5,757,000; and FY 2014: \$5,757,000; FY 2015: \$5,757,000

ATSDR – SUMMARY OF CHANGES

(dollars in millions)	Dollars		FTEs	
FY 2015 Budget (Budget Authority)	\$74,691		288	
FY 2014 Enacted (Budget Authority)	\$74,691		288	
Net Change	\$0		0	
	FY 2013	Appropriation	Change from Base	
		Budget		Budget
	FTE	Authority	FTE	Authority
Increases:				
ATSDR	---	\$74,691	---	\$0
Total Increases	N/A	N/A	N/A	\$0
Decreases:				
ATSDR	---	\$74,691	---	\$0
Total Decreases	N/A	N/A	0	\$0
Built-In:				
1. Annualization of Jan - 2014 Pay Raise	---	---	---	\$95
2. Annualization of Jan - 2015 Pay Raise	---	---	---	\$286
3. Changes in Day of Pay	---	---	---	\$0
4. Rental Payments to GSA and Others	---	---	---	\$0
Total Built-In	288	\$74,691	0	\$382
1. Absorption of Current Services	---	---	---	(\$382)
Total	---	---	---	(\$382)
Total Increases (Budget Authority)	288	\$74,691	0	\$0
Total Decreases (Budget Authority)	N/A	N/A	0	N/A
NET CHANGE - BUDGET AUTHORITY	288	\$74,691	0	\$0
Other Program Level Changes:				
1. ACA - Early Detection of Certain Medical Conditions Related to Environmental Health Hazards	---	\$0	---	\$20,000
Total	---	---	---	\$20,000
NET CHANGE – Program Level	288	\$74,691	0	\$94,691

AUTHORIZING LEGISLATION

(dollars in millions)	FY 2014 Amount Authorized	FY 2014 Appropriations Act	FY 2015 Amount Authorized	FY 2015 Presidents Budget
ATSDR				
Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (42 U.S.C. 9604(i))*; The Defense Environmental Restoration Program (10 U.S.C. 2704); Section 3019 of the Solid Waste Disposal Act (42 U.S.C. 6939a); The Clean Air Act, as amended (42 U.S.C. 7401 et seq)	Indefinite	\$74.691	Indefinite	\$74.691

Note: Expired/Expiring authorization of appropriations noted with *

APPROPRIATIONS HISTORY

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

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

SIGNIFICANT ITEMS

There are no significant items for ATSDR.

SUPPORTING INFORMATION

OBJECT CLASS TABLE

Object Class	FY 2013 Enacted	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 PB +/- FY 2014
Personnel Compensation:				
Full-Time Permanent(11.1)	\$23,142	\$23,631	\$23,867	\$236
Other than Full-Time Permanent (11.3)	\$1,233	\$1,198	\$1,210	\$12
Other Personnel Comp. (11.5)	\$529	\$547	\$552	\$5
Military Personnel (11.7)	\$3,594	\$3,592	\$3,628	\$36
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$28,498	\$28,968	\$29,258	\$290
Civilian personnel Benefits (12.1)	\$7,464	\$7,719	\$7,796	\$77
Military Personnel Benefits (12.2)	\$1,440	\$1,489	\$1,504	\$15
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
SubTotal Pay Costs	\$37,402	\$38,176	\$38,558	\$382
Travel (21.0)	\$342	\$354	\$361	\$7
Transportation of Things (22.0)	\$51	\$53	\$54	\$1
Rental Payments to GSA (23.1)	\$0	\$0	\$0	\$0
Rental Payments to Others (23.2)	\$3	\$3	\$3	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$4,579	\$4,735	\$4,825	\$90
NTWK Use Data TRANSM SVC (23.8)	\$3	\$3	\$3	\$0
Printing and Reproduction (24.0)	\$9	\$9	\$9	\$0
Other Contractual Services:				
Advisory and Assistance Services (25.1)	\$3,265	\$3,878	\$3,672	(\$116)
Other Services (25.2)	\$5,080	\$5,253	\$5,096	(\$157)
Purchases from Government Accounts (25.3)	\$6,799	\$7,031	\$6,821	(\$210)
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)	\$529	\$547	\$531	(\$16)
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Consultants, other and misc (25.9)	\$68	\$70	\$68	(\$2)
Subtotal Other Contractual Services	\$15,741	\$16,779	\$16,277	(\$502)
Supplies and Materials (26.0)	\$262	\$271	\$281	\$10
Equipment (31.0)	\$638	\$660	\$673	\$13
Land and Structures (32.0)	\$0	\$0	\$0	\$0
Investments and Loans (33.0)	\$0	\$0	\$0	\$0
Grants, Subsidies, and Contributions (41.0)	\$13,197	\$13,647	\$13,647	\$0
Insurance Claims and Indemnities (42.0)	\$1	\$1	\$1	\$0
Interest and Dividends (43.0)	\$0	\$0	\$0	\$0
Refunds (44.0)	\$0	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$34,826	\$36,515	\$36,133	(\$382)
Total Budget Authority	\$72,228	\$74,691	\$74,691	\$74,691
Average Cost per FTE				
Civilian FTEs	249	249	249	0
Civilian Average Salary and Benefits	\$130	\$133	\$134	\$1
Percent change	N/A	2%	1%	-1%
Military FTEs	39	39	39	0
Military Average Salary and Benefits	\$129	\$130	\$132	\$1
Percent change	N/A	1%	1%	0%
Total FTEs	288	288	288	\$0
Average Salary and Benefits	\$130	\$133	\$134	\$1
Percent change	N/A	2%	1%	-1%

SALARIES AND EXPENSES

	FY 2013 Enacted	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 PB +/- FY 2014
Personnel Compensation:				
Full-Time Permanent(11.1)	\$23,142	\$23,631	\$23,867	\$236
Other than Full-Time Permanent (11.3)	\$1,233	\$1,198	\$1,210	\$12
Other Personnel Comp. (11.5)	\$529	\$547	\$552	\$5
Military Personnel (11.7)	\$3,594	\$3,592	\$3,628	\$36
Special Personal Service Comp. (11.8)	\$0	\$0	\$0	\$0
Total Personnel Compensation	\$28,498	\$28,968	\$29,258	\$290
Civilian personnel Benefits (12.1)	\$7,464	\$7,719	\$7,796	\$77
Military Personnel Benefits (12.2)	\$1,440	\$1,489	\$1,504	\$15
Benefits to Former Personnel (13.0)	\$0	\$0	\$0	\$0
SubTotal Pay Costs	\$37,402	\$38,176	\$38,558	\$382
Travel (21.0)	\$342	\$354	\$361	\$7
Transportation of Things (22.0)	\$51	\$53	\$54	\$1
Communications, Utilities, and Misc. Charges (23.3)	\$4,579	\$4,735	\$4,825	\$90
Printing and Reproduction (24.0)	\$9	\$9	\$9	\$0
Other Contractual Services:				
Advisory and Assistance Services (25.1)	\$3,265	\$3,878	\$3,762	(\$116)
Other Services (25.2)	\$5,080	\$5,253	\$5,096	(\$157)
Purchases from Government Accounts (25.3)	\$6,799	\$7,031	\$6,821	(\$210)
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)	\$529	\$547	\$531	(\$16)
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0	\$0
Subtotal Other Contractual Services	\$15,673	\$16,709	\$16,209	(\$500)
Supplies and Materials (26.0)	\$262	\$271	\$281	\$10
Subtotal Non-Pay Costs	\$20,916	\$22,131	\$21,739	(\$392)
Rental Payments to Others (23.2)	\$3	\$3	\$3	\$0
Total, Salaries & Expenses and Rent	\$58,321	\$60,310	\$60,300	(\$10)
Direct FTE	279	279	279	0

DETAIL OF FTE EMPLOYMENT

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

DETAIL OF POSITIONS

(dollars in millions)	FY 2013 Actual	FY 2014 Base	FY 2015 Budget
Executive Level			
Executive level I	-	-	
Executive level II	-	-	
Executive level III	-	-	
Executive level IV	-	-	
Executive level V	-	-	
Subtotal	-	-	
Total-Executive Level Salary	-	-	
Total - SES			
	0	0	0
Total - SES Salary	\$0	\$0	\$0
General Schedule			
GS-15	24	22	18
GS-14	80	70	64
GS-13	82	69	65
GS-12	51	36	34
GS-11	13	13	13
GS-10	2	1	1
GS-9	15	12	8
GS-8	4	2	3
GS-7	14	10	11
GS-6	3	3	3
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	288	238	220
Total - GS Salary	\$22,658,695	\$23,131,458	\$22,733,747
Average ES level			
Average ES salary			
Average GS grade	12.0	12.0	12.0
Average GS salary	78,676	97,191	103,335
Average Special Pay Categories			
Average Comm. Corps Salary ²			
Average Wage Grade Salary ³			

¹Includes special pays and allowances.

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

³ There are no Wage Grade employees in ATSDR

ATSDR FULL TIME EQUIVALENTS FUNDED BY THE AFFORDABLE CARE ACT

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

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.