

workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001 or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors). Certain specific activities of the WTC Program Administrator are reserved to the Secretary, HHS, to delegate at his discretion; other WTC Program Administrator duties not explicitly reserved to the Secretary, HHS, are assigned to the Director, NIOSH. The administration of the WTCHP STAC is left to the Director of NIOSH in his role as WTC Program Administrator. CDC and NIOSH provide funding, staffing, and administrative support services for the WTCHP STAC. The charter was reissued on May 12, 2019, and will expire on May 12, 2021.

Policy on Redaction of Committee Meeting Transcripts (Public Comment): Transcripts will be prepared and posted to <http://www.regulations.gov> within 60 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public website. Such reasonable steps include a statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted. If, in making a statement, individuals reveal personal information (e.g., medical information) about themselves, that information will not usually be redacted. The CDC Freedom of Information Act coordinator will, however, review such revelations in accordance with the Freedom of Information Act and, if deemed appropriate, will redact such information. Disclosures of information concerning third party medical information will be redacted.

Matters To Be Considered: The agenda will include discussions on research integration activities that the WTC Health Program is undertaking, including research evaluation and strategic planning; an update on the policies and procedures in effect within the WTC Health Program that are used to determine whether sufficient evidence is available to support adding a non-cancer condition to the List of WTC-Related Health Conditions; and an update on the development of the Inventory of 9/11 Agents that the

Program will use for administrative purposes. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

*Director, Strategic Business Initiatives Unit,
Office of the Chief Operating Officer, Centers
for Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Advisory Council for the Elimination of Tuberculosis (ACET)

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the ACET. The ACET consists of 10 experts in fields associated with public health, epidemiology, immunology, infectious disease, pulmonary disease, pediatrics, tuberculosis, microbiology, or preventive health care delivery. They are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). ACET provides advice and recommendations regarding eliminating tuberculosis (TB) to the Secretary, HHS; the Assistant Secretary for Health, HHS; and the CDC Director. ACET (a) makes recommendations regarding TB prevention and control policies, strategies, objectives, and priorities; (b) addresses development and application of new technologies; (c) provides guidance and review of CDC's TB prevention research portfolio and program priorities; and (d) reviews the extent to which progress has been made toward eliminating TB. Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of ACET's objectives. Nominees will be selected on the basis of their expertise in public health, epidemiology, immunology, infectious diseases, pulmonary disease, pediatrics,

tuberculosis, microbiology, or preventive health care delivery. Federal employees are ineligible for membership. Members may be invited to serve for up to four year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of ACET's objectives.

DATES: Nominations for ACET membership must be received no later than August 31, 2019. Packages received after that date will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to 1600 Clifton Road NE, Mailstop E07, Atlanta, GA 30329-4027; or emailed (recommended) to zkr7@cdc.gov; or faxed to 404-639-8600.

FOR FURTHER INFORMATION CONTACT: Margie Scott-Cseh, Committee Management Specialist, NCHHSTP, CDC, 1600 Clifton Road NE, Mailstop E07, Atlanta, GA 30329-4027; telephone: 404-639-8317; email: zkr7@cdc.gov.

SUPPLEMENTARY INFORMATION: The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for ACET membership each year, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in July 2020, or as soon as the HHS selection process is complete. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. SGE Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, and email address).

- Cover letter, including a description of the candidate qualifications and why the candidate would be a good fit for ACET.

- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (e.g., CDC, NIH, FDA, etc.) [see <https://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html> for a full list]).

Nominations may be submitted by the candidate him- or herself, or by a person/organization recommending the candidate.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2019-0068; NIOSH-324]

State-Based Occupational Health Surveillance; Request for Information and Meeting Notice

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice of public teleconference meeting and request for information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), announces a public teleconference meeting and an opportunity to comment on funding mechanisms and other considerations for state-based occupational health surveillance.

DATES: Comments must be received October 18, 2019. The public teleconference meeting will be held on Monday, September 16, 2019, 2 p.m. to 4 p.m. EST, or after the last public commenter in attendance has spoken, whichever occurs first. The public meeting will be held as a web-based teleconference available by remote access.

ADDRESSES: You may submit written comments, identified by docket numbers CDC-2019-0068 and NIOSH-324, by either of the following two methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov> Follow the instructions for submitting comments.

- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC-2019-0068; NIOSH-324]. All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

FOR FURTHER INFORMATION CONTACT:

Kerry Souza, 395 E St SW, Washington, DC 20004; phone: 202-245-0639 (not a toll free number); email: ksouza@cdc.gov.

SUPPLEMENTARY INFORMATION:

Request for Information

State health agencies have a critical role in the identification and prevention of occupational illnesses and injuries. NIOSH has supported state agencies (primarily departments of public health and, in some cases, departments of labor) since the 1970s, through a combination of funding and technical assistance.¹ Since that time, NIOSH has supported states to build capacity in occupational safety and health, ranging from the development of case-based surveillance to creating focused public health interventions addressing the occupational health needs of higher risk populations. The work of these state programs exemplifies the concept of “information for action” by ensuring that collection, analysis, interpretation, and dissemination of occupational health data are linked to prevention and control activities. Numerous examples of these successes can be found in the published literature, in state reports and

on state websites, and NIOSH website topic pages.

In 2019, NIOSH funded 26 state occupational health surveillance programs of varying sizes and capacities. The portfolio of state based activities includes 49 projects addressing work related morbidity and mortality, exposure reduction, or special populations of interest.² These states are funded through a research cooperative agreement mechanism. The most recent (2014) announcement can be found at the following web address: <https://grants.nih.gov/grants/guide/pa-files/PAR-14-275.html>.

For its state-based surveillance and intervention cooperative agreements, NIOSH is considering switching from a research cooperative agreement approach to a non-research cooperative agreement approach. CDC generally defines public health research as an activity that develops or contributes to generalizable knowledge to improve public health practice; a non-research activity is one that is designed to identify and control a health problem or improve a public health program or service.³ A non-research mechanism could be a public health practice cooperative agreement or another cooperative agreement type, and may or may not be a better fit for the scope of activities ordinarily conducted by occupational health programs in a public health context.

Under the research mechanism currently used, submissions for funding are evaluated on the following criteria: Significance, investigators, innovation, approach, and environment. Under a non-research approach, proposals would likely be evaluated based upon how well the proposal identifies important occupational health burdens in the state; approach for tracking these concerns; relevance and potential impact of the public health actions proposed; and organizational capacity of the applicant to achieve the proposal.

This exploration of funding mechanism type presents an opportunity for NIOSH to receive stakeholder input and identify the best type from a programmatic, logistic, and administrative point of view. Exploring this and other approaches is recommended by the National Academies of Science, Engineering and Medicine in its report “A Smarter National Surveillance System for

² See <https://www.cdc.gov/niosh/oeop/statesurv.html>.

³ CDC [2010], *Distinguishing Public Health Research and Public Health Nonresearch Policy*, <https://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

¹ Eligible applicants include state and other government entities such as local, county, or tribal health departments, henceforth referred to as ‘states.’