

instructions. Application submissions will be accepted until July 12, 2021.

**DATES:** The application period has been extended and will now end on July 12, 2021.

**FOR FURTHER INFORMATION CONTACT:**

Maxine Kellman, DVM, Ph.D., PMP, Designated Federal Official for National Advisory Committees, Washington, DC, Office (202) 260-0447 or email [maxine.kellman@hhs.gov](mailto:maxine.kellman@hhs.gov).

**Corrections**

1. Correction to final notice published in the **Federal Register** on May 13, 2021 entitled “National Advisory Committee on Individuals with Disabilities and Disasters.”

Amendment to the application period which has been extended and applications will be accepted until July 12, 2021.

**Karuna Seshasai,**

*Executive Secretary to the Department, U.S. Department of Health and Human Services.*

[FR Doc. 2021-14059 Filed 6-30-21; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Advisory Committee on Seniors and Disasters: Establishment**

**AGENCY:** Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

**ACTION:** Notice; correction.

**SUMMARY:** The Office of the Secretary has extended the application period for accepting application submissions from qualified individuals who wish to be considered for membership on the National Advisory Committee on Seniors and Disasters (NACSD). Up to seven new voting members with expertise in senior medical disaster planning, preparedness, response, or recovery will be selected for the Committee. Please visit the NACSD website at [www.phe.gov/nacsd](http://www.phe.gov/nacsd) for all application submission information and instructions. Application submissions will be accepted until July 12, 2021.

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Maxine Kellman, DVM, Ph.D., PMP, Designated Federal Official for National Advisory Committees, Washington, DC, Office (202) 260-0447 or email [maxine.kellman@hhs.gov](mailto:maxine.kellman@hhs.gov).

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Request for Information on Drinking Water Contaminants of Emerging Concern for the National Emerging Contaminant Research Initiative; Reopening of Comment Period**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice; reopening of comment period.

**SUMMARY:** The Department of Health and Human Services (HHS), National Institutes of Health (NIH), National Institute of Environmental Health Sciences (NIEHS), on behalf of the Office of Science and Technology Policy (OSTP), published a Notice in the **Federal Register** on May 25, 2021, requesting input from all interested parties on research needed to identify, analyze, monitor, and mitigate drinking water contaminants of emerging concern (DW CECs). Comments provided through this Request for Information (RFI) will inform the development of a National Emerging Contaminant Research Initiative (NECRI). The NECRI will be the precursor to Federal coordination of DW CEC research; and agencies will publish external grant solicitations that align with the goals of the NECRI. The purpose of this Notice is to provide a reopening of the comment period for an additional 30 days to provide more time to receive comments by interested parties.

**DATES:** This Request for Information has been reopened for public comment for 30 days. Responses must be received by August 2, 2021 to ensure consideration.

**ADDRESSES:** Responses to this RFI may be submitted online to [NIEHSCEC@nih.gov](mailto:NIEHSCEC@nih.gov). Email submissions should be machine-readable [PDF, Word] and should not be copy-protected. Submissions should include “RFI Response: Drinking Water Contaminants of Emerging Concern” in the subject line of the email.

Response to this RFI is voluntary. Each individual or organization is requested to submit only one response. Please feel free to respond to one or as many statements as you choose. Responses must not exceed 10 pages in 12 point or larger font (exclusive of attachments), with a page number provided on each page. Responses should include the name of the person(s) or organization(s) filing the response.

Responses containing references, studies, research, and other empirical data that are not widely published should include copies of or electronic links to the referenced materials. Responses containing profanity, vulgarity, threats, or other inappropriate language or content will not be considered.

Comments submitted in response to this RFI are subject to the Freedom of Information Act (FOIA). Responses to this RFI may also be posted, without change, on a Federal website. Therefore, we request that any proprietary information, copyrighted information, or personally identifiable information be omitted from your response to this RFI.

This RFI is for planning purposes only and should not be construed as a solicitation for applications or proposals, or as an obligation in any way on the part of the United States Federal government. The Federal government will not pay for the preparation of any information submitted or for the government’s use. Additionally, the government cannot guarantee the confidentiality of the information provided.

**FOR FURTHER INFORMATION CONTACT:**

Questions about this request for information should be directed to Christopher P. Weis, Ph.D., DABT, National Institute of Environmental Health Sciences (NIEHS), Telephone: 301-496-3512, Email: [Christopher.Weis@nih.gov](mailto:Christopher.Weis@nih.gov); or David M. Balshaw, National Institute of Environmental Health Sciences (NIEHS), Telephone: 984-287-3234, Email: [balshaw@niehs.nih.gov](mailto:balshaw@niehs.nih.gov).

**SUPPLEMENTARY INFORMATION:** The Department of Health and Human Services (HHS), National Institutes of Health (NIH), National Institute of Environmental Health Sciences (NIEHS), on behalf of the Office of Science and Technology Policy (OSTP), published a Notice in the **Federal Register** on May 25, 2021, pages (28120-28121), 86 FR 28120, requesting input from all interested parties on research needed to identify, analyze, monitor, and mitigate drinking water contaminants of emerging concern (DW

CECs). In accordance with 42 U.S.C. 2851, of the Public Health Service Act, as amended, NIEHS is reopening the comment period for 30 days to allow additional time to receive comments by interested parties. Drinking water contaminants of emerging concern (DW CECs) are newly identified or re-emerging manufactured or naturally occurring physical, chemical, biological, radiological, or nuclear materials that may cause adverse effects to human health or the environment and do not currently have a national primary drinking water regulation. Through this RFI, NIH/NIEHS seeks input from non-governmental entities (e.g., industry, academia, civil society), State and local governments, and other institutions with scientific and material interest in DW CEC research. Comments provided in response to this RFI will inform the development of a National Emerging Contaminant Research Initiative (NECRI) for protection of U.S. drinking water quality. Responses may also be used to address requests from the 2021 National Defense Authorization Act to identify research questions and priorities in the area of sustainable chemistry. The initiative will build on the National Science and Technology Council's (NSTC) cross-agency Plan for Addressing Critical Research Gaps Related to Emerging Contaminants in Drinking Water published in 2018. The NECRI will be the precursor to Federal coordination of DW CEC research; and, in compliance with the NDAA for Fiscal Year 2020, Title LXXIII, Subtitle D, Sections 7341 and 7342, agencies will "issue a solicitation for research proposals consistent with the Federal research strategy and that agency's mission."

Contaminants of emerging concern may be present in drinking water and in some cases have been shown to cause adverse effects on human health. The 2020 NDAA instructed Office of Science and Technology Policy (OSTP) to establish the NECRI to improve the "identification, analysis, monitoring, and treatment methods of contaminants of emerging concern" and subsequently develop "any necessary program, policy, or budget" to further DW CEC research. The 2020 NDAA also directs the Administrator of the U.S. Environmental Protection Agency (EPA) and the Secretary of Health and Human Services (HHS) to establish an Interagency Working Group on Contaminants of Emerging Concern (CEC IWG) to facilitate coordination of Federal research on CEC. OSTP collaborated with the CEC IWG to identify approaches, tools, and methods

to accelerate DW CEC research, and metrics and indicators to assess progress in reaching the goals of the NECRI.

#### Information Requested

This RFI requests feedback on two sections: The need for coordination of efforts and the scientific focus of a DW CEC effort. Respondents are free to address one or both of the sections listed below and respond to as many items in each section as they choose, while remaining within the 10-page limit, exclusive of attachments.

*Section 1—Feedback on Improving and Coordinating DW CEC Efforts:* This RFI requests feedback on methods to focus and coordinate DW CEC research efforts. Please consider how U.S. Government and external stakeholder action could contribute to DW CEC research, take advantage of emerging science and technology opportunities, measure outcomes, and develop a DW CEC research initiative with the goal to provide safe drinking water for the American people. Please comment on:

1. Barriers that prevent or limit you or your organization's DW CEC research capabilities and success.
2. Potential opportunities to improve coordination and partnership among public and private entities participating in DW CEC research and prevent unnecessarily duplicative efforts.
3. The types of outreach efforts most useful to communicate DW CEC research results for impacted Federal, State, local, and Tribal communities. Please provide examples where possible.
4. Metrics or indicators that you or your organization adopted to measure the success of your DW CEC research or other related research efforts.
5. Metrics or indicators that would be valuable in measuring the success of a National DW CEC research initiative.
6. As an affected community member, the most significant concerns and recommendations for DW CECs.

*Section 2—Feedback on DW CEC Research Areas:* This RFI requests feedback on needs for broad areas of DW CEC research (detailed below) and research needed for shaping the NECRI.

#### DW CEC Research Areas

Below are descriptions of four areas of DW CEC research identified by the CEC IWG. When submitting your feedback, please indicate which DW CEC research area(s) you are responding to.

##### Research Area 1: Exposure

Exposure to DW CECs can occur through ingestion, inhalation, or dermal routes. Exposure-related research includes contaminant identification and

monitoring from source-to-tap and informs downstream efforts to understand the biological effects of CEC exposures, characterize their risk, and develop mitigation tools. Monitoring can be performed routinely to assess water composition, during acute exposure events, or to estimate the effect of CEC mitigation efforts. Exposure science includes efforts to estimate the type and concentration of contaminants through a range of activities from targeted analysis of specific CEC, non-targeted analysis for the discovery of unknown CEC, and modeling activities. Please include thoughts on identification and measurement tools, such as sensors, to conduct analyses.

##### Research Area 2: Human Health and Environmental Effects

Emerging contaminants may cause adverse effects on human health and the environment. Biological effects research encompasses the identification and characterization of these adverse effects, including factors that influence susceptibility to disease or dysfunction. Research tools may include *in-silico* and receptor-based approaches, predictive modeling, new toxicological assessments, and data analytics strategies. In the context of this research initiative, environmental effects research considers indicators of adverse human health effects.

##### Research Area 3: Risk Characterization To Inform Risk Mitigation

Risk characterization synthesizes available information and communicates uncertainty about exposure, biological effects, and other relevant considerations to inform risk mitigation actions. Risk mitigation actions include research into preventative approaches such as source reduction. Sustainable chemistry efforts may also fall into risk mitigation actions. In addition, treatments, technological development and application, and other interventions may also be considered to reduce or otherwise mitigate risk for individual, mixtures, or classes of CEC.

##### Research Area 4: Risk Communication

Risk communication relays information to relevant groups about risks to human health and actions that could address those risks. The scope of relevant groups includes those affected by exposures, the general public, decision makers, scientists, industry, and other technical experts. Risk communication research includes techniques and media formats used to inform stakeholder groups and studies on the psychosocial aspects of risks,

such as general perceptions of risk, the adoption of risk reduction behaviors, and perceptions framed by scientific controversy or misinformation.

The following statements are provided to obtain feedback to fill existing gaps in DW CEC knowledge and practice in these research areas. Please comment on:

1. The critical, impactful research questions and topics that should be addressed in order to better protect American public health in regard to DW CEC.

2. Research priorities within each of the four areas described below.

3. New or innovative tools, technologies, software, modeling, methods, data/information sharing, etc. that should be developed or employed to address these research areas.

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Additionally, the government cannot guarantee the confidentiality of the information provided.

Dated: June 28, 2021.

**Christopher P. Weis,**

*Toxicology Liaison, National Institute of Environmental Health Sciences, National Institutes of Health.*

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**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Request for Information: Inviting Comments To Inform the Women's Health Consensus Conference (WHCC)

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Request for information.

**SUMMARY:** The National Institutes of Health (NIH) Office of Research on Women's Health (ORWH) is planning a Women's Health Consensus Conference (WHCC) in October 2021, in response to a Congressional request to address NIH research efforts related to women's health research as well as the following specific conditions, rising maternal morbidity and mortality rates, increasing rates of chronic debilitating conditions in women, and stagnant cervical cancer survival rates. The ORWH is seeking comments and

testimonies from the extramural scientific community, professional societies, and the general public regarding the topics mentioned above to assist with identifying research gaps, pitfalls in clinical practices, and obtaining real-life testimonial experiences (direct or indirect) caused by any or all of the listed public health issues.

**DATES:** The Women's Health Consensus Conference (WHCC) Request for Information is open for public comment through September 15, 2021. Comments must be received by September 15, 2021, to ensure consideration.

Comments received after the public comment period has closed may be considered by the Office of Research on Women's Health.

**ADDRESSES:** Submissions must be sent electronically to Elizabeth Barr, Ph.D., [WHCC@od.nih.gov](mailto:WHCC@od.nih.gov).

**FOR FURTHER INFORMATION CONTACT:**

Questions about this request for information should be directed to Elizabeth Barr, Ph.D., Office of Research on Women's Health, 6707 Democracy Boulevard, Suite 400, Bethesda, MD 20817, [WHCC@od.nih.gov](mailto:WHCC@od.nih.gov), 301-402-7895.

**SUPPLEMENTARY INFORMATION:** ORWH was established at NIH on September 10, 1990. The Office was reaffirmed by statute in congressional legislation by the NIH Revitalization Act of 1993 (Pub. L. 103-43, Section 486) to serve as the focal point for women's health research at NIH, reporting directly to the NIH Director, and working in a collaborative partnership with the Institutes, Centers, and Offices. ORWH is convening the Women's Health Consensus Conference in response to significant items (SI) in H.R. 7614—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (2021). The SIs require that a consensus forum assessing research on the health of women be held by the fall of 2021.

*Goals and Requirements.* Both the House and Senate directed NIH to evaluate research underway related to women's health and provide an update on priority areas for additional study to advance women's health research, including reproductive sciences. In preparation for the WHCC, ORWH, and partners from other NIH Institutes, Centers, and Offices will assess the current state of NIH-supported women's health research; delineate research gaps and, in turn, opportunities related to research on the health of women; and set contemporary priorities for research on the health of women. The following specific topics, among others, will be

addressed: Maternal morbidity and mortality,<sup>1,2</sup> the rising rates of chronic debilitating conditions in women<sup>3</sup> and stagnant cervical cancer survival rates.<sup>4</sup> To inform the WHCC meeting and discussion, ORWH seeks comment and testimony on current research efforts on the health of women.

#### 1. Maternal Morbidity and Mortality

Birthing people in the United States are dying during the postnatal period from conditions that can be treated, such as cardiovascular disease, hypertension, thrombotic pulmonary embolism, and hemorrhage, among others. An estimated six in ten maternal deaths are preventable.<sup>5</sup> The public health challenge is to reduce U.S. maternal mortality rates (17.2 per 100,000 live births in 2011–15)<sup>6</sup> to be comparable with or lower than other first world countries such as United Kingdom, Germany, France, and Canada (rates all below 9.2 per 100,000 live births in 2015).<sup>7</sup>

Individual, behavioral, and structural factors influence incidence of maternal morbidity and mortality.<sup>5</sup> Structural racism,<sup>5</sup> implicit bias,<sup>6</sup> & racially biased policies and practices<sup>7</sup> contribute to significant and persistent racial disparities in maternal morbidity and mortality. From 2011–2015 non-Hispanic Black and American Indian/Alaska Native women had the highest incidences of pregnancy-related deaths. Black women are three times more likely to die from a pregnancy-related cause than White women,<sup>6</sup> in New York City, Black women are twelve times more likely than White women to die from pregnancy-related causes.<sup>8</sup> Similar racial disparities exist in maternal morbidity.<sup>9</sup> Neither education nor higher socioeconomic status mitigates the elevated risks of severe maternal morbidity and maternal mortality among Black women.

#### 2. Chronic Debilitating Conditions in Women

Chronic Debilitating Conditions include diseases that occur in both men and women such as diabetes, cardiovascular disease, cancer, and autoimmune diseases as well as sex-specific conditions such as fibroids and endometriosis. In the United States, six in ten adults have a chronic disease; chronic disease is the leading cause of death and disabilities.<sup>10</sup>

Rates of many chronic diseases in women are rising, for example COPD in women,<sup>11</sup> and new discoveries related to sex-difference and molecular mechanisms of disease are being published every day.<sup>12</sup> Biomedical and socio-behavioral understandings of sex