

estimated annual amount required from the State for the following year.

(e) If a State racing commission does not elect to remit fees pursuant to 15 U.S.C. 3052(f)(2) or has remitted a partial payment under Rule 8520(a):

(1) The Authority shall on a monthly basis calculate and notify each Racetrack in the State of the applicable fee per racing start for the next month based upon the following calculations:

(i) Calculate the amount due from the Assessment Calculation for each Racetrack as if the State had elected to remit fees pursuant to 15 U.S.C. 3052(f)(2) (after taking into account any partial payment under Rule 8520(a)).

(ii) Estimate the number of starts in covered horseraces for the applicable Racetrack for the applicable year based on historical data as reported by Equibase and the condition book for the applicable Racetrack (the "Total Estimated Starts").

(iii) Calculate the number of starts in covered horseraces for the applicable Racetrack in the previous month that the applicable Racetrack conducted covered horseraces as reported by Equibase (the "Monthly Starts").

(iv) The applicable fee per racing start shall equal (1) the quotient of Monthly Starts divided by Total Estimated Starts; (2) multiplied by the Assessment Calculation for each Racetrack; and (3) such product divided by the Monthly Starts.

(v) If the applicable fee per racing start results in an overpayment or underpayment of the Assessment Calculation for each Racetrack for the applicable year or there are any past due amounts of the Assessment Calculation for each Racetrack, such overpayments, underpayments and/or past due amounts shall be equitably adjusted to account for such differences in the succeeding calendar year.

(2) Each Racetrack shall pay the Assessment Calculation for each Racetrack to the Authority within thirty (30) days from receipt of the applicable invoice.

(3) Pursuant to 15 U.S.C. 3052(f)(3)(B), the applicable fee per racing start for the Assessment Calculation for each Racetrack shall be equitably allocated among covered persons as follows: Racetrack: 50%; Owners: 43.50%; Trainers: 5.00%; and Jockeys: 1.50%. Provided, however, if the horsemen's group that represents the majority of owners and trainers racing at the applicable Racetrack (the "Horsemen's Group") agrees to pay the applicable starter fee for the owners, trainers and jockeys from the purse account or other sources, such payments shall be deemed to be equitably allocated among the

owners, trainers and jockeys. In such case, the Horsemen's Group and the Racetrack may mutually agree to the allocation of the applicable fee per racing start and such mutually agreed allocation shall be deemed equitably allocated among covered persons.

Notwithstanding anything contained herein to the contrary, if a Racetrack voluntarily assumes a larger percentage of the applicable fee per racing start than set forth in this section, such allocation shall be deemed equitably allocated among covered persons. The Racetrack shall collect the applicable fee per racing start from the applicable covered persons involved with covered horseraces.

(f) Not later than March 1 of each year, the Authority shall calculate the actual number of starts in covered horseraces as reported by Equibase for the previous calendar year and the actual total amount of purses paid (including all purse supplements included in the Equibase result chart) for covered horseraces as reported by Equibase for the previous calendar year and apply such amounts to the calculations set forth in Rule 8520(c) instead of the projected amounts utilized in the calculation of the estimated amount provided to the State racing commission pursuant to Rule 8520(b) for the relevant calendar year (the "True-Up Calculation"). The allocation due from each State in the current year shall be equitably adjusted to account for any differences between the estimated amount provided to the State racing commission pursuant to Rule 8520(b) for the previous year and the True-Up Calculation.

(g) In the event that any court of competent jurisdiction issues an injunction that enjoins the enforcement of the Rule 8500 Series based on the use of purses paid in the Assessment Methodology Rule, the applicable States, Racetracks and Covered Persons, as the case may be, shall pay the allocation due from each State pursuant to 15 U.S.C. 3052(f)(1)(C) and 15 U.S.C. 3052(f)(3)(A)–(C) proportionally by the applicable State's respective percentage of Projected Starts (the "Alternative Calculation"). In the event that such injunction is reversed by a court of competent jurisdiction and such reversal is final and non-appealable, the Authority shall adjust the allocation due from the applicable States, Racetracks and Covered Persons, as the case may be, in the current calendar year to account for the overpayment or underpayment created by the use of the Alternative Calculation made during the time that the injunction was in force.

(h) All notices required to be given to the Authority pursuant to the Act and these regulations shall be in writing and shall be mailed to the Authority's address listed on the Authority's website and emailed to jim.gates@hisaus.org.

(i) Interest shall accrue on all past due amounts hereunder at an interest rate equal to the prime rate published in the Wall Street Journal on the date the payment is due, compounded annually, on such amount from the due date of the payment until such amount is paid.

By direction of the Commission.

April J. Tabor,
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2024–0082; NIOSH–354]

World Trade Center Health Program; Request for Information

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the CDC, is soliciting public comment on the scope of two upcoming research funding announcements forecasted for FY2026. The World Trade Center (WTC) Health Program is interested in soliciting applications for Cooperative Research Agreements Related to the World Trade Center Health Program (RFA–OH–26–001) and for Assessment and Evaluation of Emerging Health Conditions Relevant to the World Trade Center Health Program (RFA–OH–26–002). Forecasts are published in [grants.gov](https://www.grants.gov). The WTC Health Program supports research to help answer critical questions about potential September 11, 2001-related physical and mental health conditions, as well as research on diagnosing and treating health conditions on the List of WTC-Related Health Conditions (List).

DATES: Comments must be received by November 22, 2024.

ADDRESSES: Comments may be submitted through either of the following two methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov> (follow the instructions for submitting comments), or

• *By Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS C-34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226-1998.

Instructions: All written submissions received in response to this notice must include the agency name (Centers for Disease Control and Prevention, HHS) and docket number (CDC-2024-0082; NIOSH-354) for this action. All relevant comments, including any personal information provided, will be posted without change to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C-48, Cincinnati, OH 45226; telephone (404) 498-2500 (this is not a toll-free number); email NIOSHregs@cdc.gov.

SUPPLEMENTARY INFORMATION: Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act) (Pub. L. 111-347, as amended by Pub. L. 114-113, Pub. L. 116-59, Pub. L. 117-328, and Pub. L. 118-31), added Title XXXIII to the Public Health Service Act (PHS Act),¹ establishing the WTC Health Program within HHS. The WTC Health Program provides medical monitoring and treatment benefits for health conditions on the List² to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders). The Program also provides benefits 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).

The Zadroga Act also requires that the Program conduct or support research on health conditions that may result from the September 11, 2001, terrorist attacks, addressing the following topics:

- Physical and mental health conditions that may be related to the September 11, 2001, terrorist attacks;
- Diagnosing WTC-related health conditions for which there have been diagnostic uncertainty; and

¹ Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm-300mm-64. Those portions of the Zadroga Act found in Titles II and III of Public Law 111-347 do not pertain to the WTC Health Program and are codified elsewhere.

² The List of WTC-Related Health Conditions is established in 42 U.S.C. 300mm-22(a)(3)-(4) and 300mm-32(b); additional conditions may be added through rulemaking and the complete List is provided in WTC Health Program regulations at 42 CFR 88.15.

- Treating WTC-related health conditions for which there have been treatment uncertainty.

For more information on NIOSH-funded research projects related to the September 11, 2001, terrorist attacks, and areas of interest based on the Program's Research Agenda, please visit the WTC Health Program Research web page (<https://www.cdc.gov/wtc/research.html>).

Request for Information

To further relevant WTC Health Program research in FY2026, NIOSH has forecasted two notices of funding opportunities: (1) RFA-OH-26-001: Cooperative Research Agreements Related to the World Trade Center Health Program (<https://grants.gov/search-results-detail/356163>) and (2) RFA-OH-26-002: Assessment and Evaluation of Emerging Health Conditions Relevant to the World Trade Center Health Program (<https://grants.gov/search-results-detail/356164>).

NIOSH seeks to achieve a suitable mix of meritorious research projects which assess the feasibility of new ways to enhance interventions and program evaluations with the potential to improve WTC Health Program treatment and care, and the overall well-being of 9/11-exposed populations. Clinical research areas of interest include methods, interventions, or procedures which can improve the screening, diagnosis, and treatment of WTC-related health conditions and care for those exposed. NIOSH expects that such clinical research outcomes will incorporate relevant epidemiological aspects and use research results to improve treatment and care. Assessment and evaluation of treatment and care programs for WTC-related health conditions and exposed populations are also of interest. Additional details are provided in the forecasts for these proposed funding opportunities (please refer to the links included in this notice).

Specifically, NIOSH seeks input on research priorities with regard to the following questions:

- (1) What are the primary research needs for the 9/11-exposed population, such as WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors?
- (2) What are the primary health concerns that are potentially related to 9/11 exposure, or the treatment thereof, and how do they differ among groups within the 9/11-exposed population?

- (3) What emerging health conditions that may be related to 9/11 exposure should be prioritized and addressed?

John J. Howard,

Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Tribal Request for Reconsideration Hearing

AGENCY: Office of Child Care; Administration for Children and Families; U.S. Department of Health and Human Services.

ACTION: Notice of request for reconsideration hearing.

SUMMARY: Notice is hereby given to the Inter-Tribal Council of Nevada (ITCN) and interested parties of a reconsideration hearing. The purpose of the hearing is to reconsider the decision of the Administration for Children and Families (ACF), Office of Child Care (OCC) regarding revision to the FY2023-2025 triennial child count submitted by the Inter-Tribal Council of Nevada (ITCN) as part of their triennial plan, submitted on July 1, 2022. Because the child count was submitted as part of ITCN's FY2023-2025 triennial plan, ITCN is entitled to request reconsideration to determine "whether such Plan or amendment conforms to the requirements for approval under the Act and pertinent Federal regulations." The sole issue to be reconsidered is OCC's decision to reduce ITCN's child count.

DATES: December 3, 2024, at 9:00 a.m. PST; 12:00 EST.

ADDRESSES: Virtual via Zoom; Interested parties must submit a request for a registration link to Latasha Abney, Director, ACF Office of Grants Policy latasha.abney@acf.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Latasha Abney, Director, ACF Office of Grants Policy latasha.abney@acf.hhs.gov or (202) 401-5324.

SUPPLEMENTARY INFORMATION: By letter dated January 17, 2023, OCC communicated its decision that ITCN had submitted a duplicated child count in an area that overlapped the service area of another CCDF tribal lead agency, and that the area was not within a