ETHICS AND PUBLIC POLICY CENTER

June 5, 2026

Via Federal eRulemaking Portal

Jessica L. Kramer
Assistant Administrator
U.S. Environmental Protection Agency
Water Docket
Mail Code: 28221T
1200 Pennsylvania Avenue, NW
Washington, DC 20460

RE: Proposed Modification to List of Tracked Contaminants in Safe Drinking Water Act (SDWA), Docket ID Number EPA–HQ–OW–2022–0946

Dear Assistant Administrator Kramer:

We are scholars at the Ethics and Public Policy Center (EPPC). Eric Kniffin is an EPPC Fellow, member of EPPC's Administrative State Accountability Project (ASAP), and a former attorney in the U.S. Department of Justice's (DOJ) Civil Rights Division. Rachel Morrison is an EPPC Fellow, Director of ASAP, and a former attorney with the Equal Employment Opportunity Commission. Jamie Bryan Hall is Director of Data Analysis and a Fellow in the Life and Family Initiative at EPPC.

We write to offer public comment in response to the Environmental Protection Agency's (EPA) notice of availability and request for comments, "Drinking Water Contaminant Candidate List 6—Draft," Docket ID Number EPA–HQ–OW–2022–0946 ("Notice").[1] The Notice publishes the draft Sixth Contaminant Candidate List ("CCL 6") under the Safe Drinking Water Act, ("SDWA") identifying 75 chemicals, four contaminant groups (including pharmaceuticals and microplastics for the first time), and nine microbes for prioritized research and potential future regulation, without yet imposing binding requirements on public water systems.

This comment addresses one discrete aspect of EPA's draft CCL 6: its proposal to list *pharmaceuticals* as a priority contaminant group,[2] and its commitment to understanding how pharmaceuticals contaminate Americans' drinking water.[3] We note that EPA has not to date specifically included the progesterone-blocking drug mifepristone. We urge EPA to do so.

[1] 91 Fed. Reg. 17186 (April 6, 2026), https://www.govinfo.gov/content/pkg/FR-2026-04-06/pdf/2026-06662.pdf.

[2] *Id*. at 17192.

[3] *Id.* at 17193.

This is especially important considering the only environmental assessment of mifepristone, the FDA's assessment from 1996, is out of date and inadequate. We believe an updated assessment is deeply needed, and a good start would be for the EPA to identify mifepristone for further study. As shown below, identifying mifepristone via inclusion in the CCL 6 would be consistent with EPA's mandate from Congress, with EPA's actions elsewhere, with this Notice, and with the Trump Administration's MAHA agenda.

A. The FDA's existing environmental assessment of mifepristone is out of date and inadequate.

The only FDA environmental assessment on record was done 30 years ago, in 1996, in conjunction with the Population Council's new drug application for mifepristone. That review acknowledged that "mifepristone may enter the environment from excretion by patients, from disposal of pharmaceutical waste or from emissions from manufacturing." [4] But the assessment resulted in a "finding of no significant impact."[5] The FDA allowed a "Tier 0 approach" for mifepristone because "[p]rojected environmental concentration from use is less than 1 ppb," small enough that a full environmental impact statement was not required.[6] Thus FDA did not at that time initiate any broader, coordinated environmental review under statutes like the Safe Drinking Water Act or the Clean Water Act.

But the presumptions on which the FDA's 1996 assessment was built are out of date, and some were flawed from the start. Reviewing these presumptions and understanding how differently mifepristone is used today from what FDA anticipated under President Clinton is critical to appreciating why EPA should add mifepristone to the CCL 6.

Mifepristone has not been meaningfully studied not because the relevant environmental concerns are implausible, but because successive regulatory actions have expanded access to the drug without triggering the kind of interagency review those questions should have prompted. EPA has stated that it does not currently test for mifepristone in water because it is not compelled to do so. In turn, EPA is not compelled to test because there is no existing occurrence data or established regulatory benchmark for the drug. As shown below, however, the lack of federal occurrence data for mifepristone is at least partly the result of a decision not to look, and the absence of testing data does not establish the absence of contamination.

The FDA presumed mifepristone supply would be small. The FDA's 1996 "no significant impact" finding presumed that mifepristone use would be fairly small, based on a confidential estimate of the amount of mifepristone that would be produced in the U.S. in one year.[7] That calculation failed to account for the potential importation of mifepristone, which is

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[4] Ctr. for Drug Evaluation & Rsch., U.S. Food & Drug Admin. (FDA), Environmental Assessment, NDA 20-687, at 1 (PDF p. 3 of 22) (2000), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2000/20687_Mifepristone_EA.pdf.

[5] *Id*.

[6] *Id*.

[7] "The actual calculations are considered confidential business information …." Ctr. for Drug Evaluation & Rsch., *supra* note 4, at 4 (PDF p. 8 of 22).

now common.[8] More importantly, the FDA failed to anticipate how demand for mifepristone would grow. Mifepristone now accounts for two-thirds of abortions in the U.S.

The FDA presumed mifepristone would be uniformly distributed in America's water supply. The FDA's calculations implicitly assumed a uniform distribution of mifepristone across all publicly owned water treatment works. It failed to address the possibility of a much higher concentration in areas where mifepristone is more commonly used or disposed of in ways that could enter the water supply in higher concentrations.[9]

The FDA presumed its initial restrictions and guidelines would be maintained. The FDA's original environmental assessment also presumed mifepristone "w[ould] be administered in hospitals, health clinics and physicians' offices," and, in those contexts, if disposed of for any reason, treated as "hazardous waste."[10] The initial Material Safety Data Sheet warned, "TOXIC BY INHALATION, IN CONTACT WITH SKIN AND IF SWALLOWED."[11] But today this potential hazardous waste product is routinely sent through the mail with no environmental safeguards.

When the FDA first approved mifepristone in 2000, FDA tightly restricted how and where mifepristone could be used—limiting it to specific clinical settings, prescribers, and an early gestational window; the drug had to be prescribed in person by doctors, patients had to receive the drug in person, and patients were required to sign an agreement form acknowledging its risks.[12]

These safeguards largely stayed in place until 2021. Even in 2020, Trump FDA leadership did not bow to pressure to suspend in-person dispensing during the COVID-19 pandemic.[13] But the FDA loosened restrictions on mifepristone in 2016, 2021, and 2023 and approved generic versions in 2019 and 2025. Those changes contributed substantially to the scale, ease, and geographic dispersion of chemical-abortion use.

The legality of these changes has been challenged and is the subject of ongoing litigation. In one such case, the Fifth Circuit found that "[n]othing" in FDA's conduct shows it undertook a "serious, substantive reconsideration" of the conditions under which FDA originally approved

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[8] Allison McCann, *Inside the Online Market for Overseas Abortion Pills*, N.Y. Times (Apr. 13, 2023), https://www.nytimes.com/interactive/2023/04/13/us/abortion-pill-order-online-mifepristone.html.

[9] The "Expected Introduction Concentration" was the ratio of the mass of mifepristone expected to be produced to the volume of water entering "publicly owned treatment works," with unit-conversion factors applied—a single national estimate. Ctr. for Drug Evaluation & Rsch., *supra* note 4, at 4 (PDF p. 8 of 22).

[10] *Id.* at 3 (PDF p. 18 of 22).

[11] *Id.* at 85 (PDF p. 11 of 22).

[12] *FDA v. All. for Hippocratic Med.*, 602 U.S. 367 (2024); Sophie Dilek et al., *The US Food and Drug Administration's Regulation of Mifepristone*, JAMA (published online Jan. 12, 2026), https://jamanetwork.com/journals/jama/article-abstract/2843710.

[13] *Study: FDA Regulation of Abortion Drug Mifepristone from 2011 to 2023 Shaped by Evidence and Caution*, Johns Hopkins Bloomberg Sch. of Pub. Health (Jan. 12, 2026), https://publichealth.jhu.edu/2026/study-fda-regulation-of-abortion-drug-mifepristone-from-2011-to-2023-shaped-by-evidence-and-caution.

mifepristone in 2000.[14] None of the major federal changes to the abortion-pill regime triggered corresponding review under the environmental statutes most obviously implicated by widespread pharmaceutical waste entering water systems.

The FDA failed to anticipate the Biden Administration's political interference. No account of mifepristone and the actions that federal agencies have taken—*and haven't taken*—is complete without looking at the Biden Administration's political response after the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022). As EPPC scholars Morrison and Kniffin documented in a recent amicus brief, after the Supreme Court decided *Dobbs*, President Biden publicly committed to doing "everything in his power" to protect access to abortion.[15] Federal agencies faithfully carried out this order, including actions that turned pharmacies into abortion-drug dispensaries and otherwise expanded federal support for abortion access.[16] Loosening restrictions on mifepristone was part of the Biden Administration's broader federal effort to make abortion as widely available as possible.[17] In that policy environment, looking carefully at the environmental impact of removing the FDA's 2000 safeguards would have been directly contrary to Biden's promise to do "everything in his power" to expand abortion access. And indeed, no federal agency under Biden undertook any such review.

This background is relevant here. The CCL process exists precisely because agencies do not always study contaminants on their own initiative, especially where testing methods, occurrence data, and health benchmarks are incomplete. EPA's Notice recognizes that data gaps are a reason to prioritize research on pharmaceuticals, not a reason to ignore them. Mifepristone appears to have been overlooked for years not because it plainly falls outside EPA's mission, but because no agency made environmental review a priority while abortion-drug access was being expanded. The CCL 6 process gives EPA an appropriate and statutorily grounded opportunity to correct that omission now.

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Prudence demands that EPA reevaluate the FDA's thirty-year-old environmental assessment of mifepristone in light of these substantial changes to relevant facts about the distribution and use of mifepristone in the United States.

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[14] *All. for Hippocratic Med. v. FDA*, 78 F.4th 210, 243 (5th Cir. 2023), *rev'd and remanded sub nom. FDA v. All. for Hippocratic Med.*, 602 U.S. 367 (2024).

[15] *See* Brief of Amicus Curiae EPPC in Support of Plaintiffs-Appellants at 3-4, *U.S. Conference of Catholic Bishops v. EEOC*, No. 25-30398 (5th Cir. May 26, 2026), https://media.eppc.org/2026/05/USCCB-v.-EEOC-CA5_EPPC-Amicus-Brief_May-2026.pdf.

[16] *See id.* at 22-23.

[17] *See generally id.* at 5-26 (summarizing actions that federal agencies took post-*Dobbs* to conveniently discover never-before-found authority to advance the Biden administration's pro-abortion political agenda).

B. Prioritizing mifepristone for further study would be consistent with EPA's mandate from Congress.

In addition to the practical reasons stated above for why we believe the FDA's 1996 environmental assessment of mifepristone needs updating, we also believe that studying mifepristone would be fully consistent with EPA's mandate from Congress.

The Safe Drinking Water Act directs EPA to publish a Contaminant Candidate List every five years identifying contaminants that are not currently subject to national primary drinking water regulations, are known or anticipated to occur in public water systems, and may require regulation in the future.[18] The statute further instructs EPA to "identify those contaminants that present the greatest public health concern related to exposure from drinking water" and, in doing so, to consider sensitive subgroups such as "infants, children, pregnant women, the elderly, and individuals with a history of serious illness or other subpopulations" that may face greater risk from drinking water exposure.[19] The Notice confirms that this statutory framework is the basis for EPA's decision-making here.[20]

As EPA explained in its April 2 press release:

> The SDWA requires EPA to publish a list of contaminants every five years that are not subject to any proposed or promulgated national primary drinking water regulation, that are known or anticipated to occur in public water systems, and that may require regulation. The CCL is the first step in the SDWA regulatory process. The human health benchmarks for pharmaceuticals are not regulations and are not enforceable on their own, but they are a vital resource, empowering local decision-makers to evaluate risks and protect their communities when pharmaceutical contamination is detected at concerning levels.[21]

Mifepristone fits comfortably within that mandate. It is an unregulated pharmaceutical substance, and EPA has proposed to address pharmaceuticals precisely because certain drugs may occur in water and raise questions of public-health concern that warrant additional research, benchmark development, and possible future monitoring. Mifepristone is especially relevant to the statutory criteria because it is a progesterone-blocking drug designed to disrupt early pregnancy, making it directly relevant to the very sensitive subpopulations Congress instructed EPA to consider, especially pregnant women, unborn children, and those suffering from infertility.

Including or specifically prioritizing mifepristone for further study would therefore be fully consistent with the logic of the CCL process Congress established.

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[18] 42 U.S.C. § 300g-1(b)(1)(B)(i).

[19] 42 U.S.C. § 300g-1(b)(1)(C).

[20] 91 Fed. Reg. at 17187.

[21] Press Release, EPA, *EPA Takes Bold Action to Ensure Drinking Water Is Safe from Microplastics, Pharmaceuticals, and Potential Hidden Contaminants* (Apr. 2, 2026), https://www.epa.gov/newsreleases/epa-takes-bold-action-ensure-drinking-water-safe-microplastics-pharmaceuticals-and.

C. Prioritizing mifepristone for further study would be consistent with EPA's Notice and recent actions.

Prioritizing mifepristone for further study would be fully consistent with EPA's emerging focus on pharmaceuticals in drinking water and its recent actions, including the Notice itself.

For more than a decade, EPA has been signaling that pharmaceuticals would become a focus of its drinking water work. EPA's "pharmaceuticals and personal care products" (PPCP) program has long described pharmaceuticals as "emerging contaminants" that are detectable in surface water, groundwater, and even finished drinking water, and has invested in analytical methods (such as Method 542) and research on occurrence, fate, and potential health effects.[22] In a 2008 white paper, EPA summarized risk assessment approaches for pharmaceuticals in drinking water, underscoring both their presence and the need for screening-level evaluation where health impacts are uncertain.[23] The 2026 step of naming "pharmaceuticals" as a priority contaminant group on draft CCL 6 and publishing comprehensive Human Health Benchmarks for Pharmaceuticals therefore represents not a new concern, but the maturation of a research and methods agenda the Agency has been developing for years.

EPA's March 2026 pharmaceuticals benchmark document recognizes that pharmaceuticals may occur in source waters and treated drinking water.[24] It also affirms that its benchmarks are intended to help states, Tribes, and water systems "prioritize pharmaceuticals for additional monitoring and/or health effects research."[25] EPA further explains that pharmaceuticals can enter the environment through human excretion, wastewater effluent, flushing, landfill leachate, and related pathways.[26] Again, identifying mifepristone for further study would be consistent with these concerns.

Addressing mifepristone would also be consistent with EPA's April 2, 2026, press release, which described the CCL 6 as "a critical tool under the Safe Drinking Water Act (SDWA) that drives research, funding, and future decisions on regulating emerging threats in

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[22] EPA, Office of Water, Method 542: Determination of Pharmaceuticals and Personal Care Products in Drinking Water by Solid Phase Extraction and Liquid Chromatography Electrospray Ionization Tandem Mass Spectrometry, EPA 815-R-15-012 (Sept. 2016), https://nepis.epa.gov/Exe/ZyPURL.cgi?Dockey=P100PF18.TXT; EPA, Office of Water, Contaminants of Emerging Concern (CECs) in Fish: Pharmaceuticals and Personal Care Products (PPCPs), EPA-820-F-13-004 (Sept. 2013), https://www.epa.gov/sites/default/files/2018-11/documents/cecs-ppcps-factsheet.pdf.

[23] EPA, Office of Water, Approaches to Screening for Risk from Pharmaceuticals in Drinking Water and Prioritization for Further Evaluation (Oct. 20, 2008), https://www.acs.org/content/dam/acsorg/policy/acsonthehill/briefings/pharmaceuticalsinwater/epa-approaches-to-screening-pharmaceuticals-in-water.pdf.

[24] EPA, Human Health Benchmarks for Pharmaceuticals in Drinking Water, EPA 822-R26-002 (Mar. 2026), https://www.epa.gov/system/files/documents/2026-03/human-health-benchmarks-for-pharmaceuticals-2026-technical-document.pdf.

[25] *Id.*

[26] *Id.*

public water systems."[27] The press release also said that its decision to designate pharmaceuticals as a new "priority contaminant group" was "a direct response to the concerns of millions of Americans who have long demanded answers about what they and their families are drinking every day."[28] As EPA Administrator Lee Zeldin said, by placing pharmaceuticals on the CCL for the first time, "EPA is sending a clear message: we will follow the science, we will pursue answers, and we will hold ourselves to the highest standards to protect the health of every American family."[29]

EPA's Notice explains that the Contaminant Candidate List identifies contaminants that are not currently regulated, are known or anticipated to occur in public water systems, and may require regulation in the future, while helping EPA "prioritize research and data collection efforts for drinking water contaminants."[30]

EPA need not prejudge any ultimate regulatory determination. As EPA has said, this benchmark effort is designed to support additional monitoring and health-effects research where warranted.[31] We merely ask EPA to acknowledge that a widely used abortion drug, intentionally designed to affect pregnancy and reasonably capable of entering wastewater and drinking water sources, warrants closer scrutiny within EPA's designated pharmaceuticals group. At this stage, the relevant question is not whether EPA is prepared to regulate mifepristone immediately, but whether Congress's criteria support prioritizing it for additional research and evaluation. For the reasons set out above, we believe they do.

Asking EPA to prioritize mifepristone for further study would not require the Agency to depart from its current framework. It would simply ask EPA to apply its announced approach to a specific pharmaceutical that appears to fit the Agency's stated criteria and concerns: an unregulated drug, plausibly introduced into water systems through recognized pathways, with unresolved occurrence and health-effects questions, and with potential implications for sensitive populations. Prioritizing mifepristone would be a straightforward application of EPA's own Notice and recent activity.

D. Prioritizing mifepristone for further study would be consistent with President Trump's MAHA agenda.

In its press release announcing the draft CCL 6, EPA viewed its "landmark set of actions to safeguard the nation's drinking water from microplastics, pharmaceuticals, forever chemicals, and dozens of other contaminants [as] delivering on the Trump administration's promise to Make

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[27] Press Release, EPA, *EPA Takes Bold Action to Ensure Drinking Water Is Safe from Microplastics, Pharmaceuticals, and Potential Hidden Contaminants* (Apr. 2, 2026), https://www.epa.gov/newsreleases/epa-takes-bold-action-ensure-drinking-water-safe-microplastics-pharmaceuticals-and.

[28] *Id*.

[29] *Id*.

[30] 91 Fed. Reg. at 17187.

[31] EPA, Human Health Benchmarks for Pharmaceuticals in Drinking Water, EPA 822-R26-002 (Mar. 2026), https://www.epa.gov/system/files/documents/2026-03/human-health-benchmarks-for-pharmaceuticals-2026-technical-document.pdf.

America Healthy Again (MAHA)."[32] MAHA is a big priority for the Trump Administration.[33] Indeed, President Trump established the MAHA Commission (which includes the Administrator of EPA) to assess and report back about ways the federal government can make Americans, especially children, healthier.[34]

The MAHA Report—an assessment on making American children healthy again—was "a call to action" to address environmental chemicals that children "are exposed to through the food they eat, the water they drink, and the air they breathe" and that "may pose risks to their long-term health, including neurodevelopmental and endocrine effects."[35] Mifepristone, an endocrine disruptor, is one such chemical.

The MAHA Make Our Children Healthy Again Strategy included actions for the federal government, including EPA, to take.[36] On water quality specifically, the Strategy indicated that EPA "will assess ongoing evaluations of water contaminants and update guidance and prioritizations of certain contaminants appropriately."[37] It suggested that "[a]gency research could also include research to inform the understanding of levels of pharmaceuticals in our water supply that could be adversely affecting animal and human health.[38] Adding mifepristone to the contaminant candidate list is the first step in better understanding how that drug is adversely affecting our water and health.

We urge EPA to further the bold actions it has already taken and support President Trump's MAHA agenda by adding the pharmaceutical mifepristone to the contaminant candidate list so that its harmful effects on drinking water and health can also be studied and understood.

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[32] Press Release, EPA, *EPA Takes Bold Action to Ensure Drinking Water is Safe from Microplastics, Pharmaceuticals, and Potential Hidden Contaminants* (Apr. 2, 2026), https://www.epa.gov/newsreleases/epa-takes-bold-action-ensure-drinking-water-safe-microplastics-pharmaceuticals-and.

[33] *See, e.g.*, White House, *MAHA*, https://www.whitehouse.gov/maha/.

[34] *See* E.O. 14212, Establishing the President's Make America Healthy Again Commission, 90 Fed. Reg. 9833 (Feb. 13, 2025), https://www.federalregister.gov/d/2025-02871.

[35] MAHA Commission, The MAHA Report: Make Our Children *Healthy* Again: Assessment, at 16 (May 22, 2025), https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf.

[36] MAHA Commission, Strategy Report: Make Our Children Healthy Again (Sept. 2025), https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf.

[37] *Id.* at 5.

[38] *Id.*

Conclusion

Thank you for the opportunity to provide public comment and for EPA's efforts to ensure Americans have safe drinking water.

Sincerely,

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