

assure an orderly phase-out of Health Center Program activities by the current grantee. Often the funds necessary to continue services in these service areas exceed the amount authorized for low-cost extensions and administrative supplements under the AAGAM.

Given the commonality of purpose and time-sensitive circumstances surrounding these low-cost extensions and administrative supplements, approval of a class deviation to allow a streamlined process for these awards would ensure both consistency and efficiency, and support HRSA's commitment to minimizing a disruption in services to health center patients.

The number of grantees that HRSA would award low-cost extensions or administrative supplements to is expected to be extremely limited (less than 10–15 per year) based on recent experience. In addition, the amount of grant funds provided under the extension or supplement would be determined based on pro-rating HRSA's existing funding commitment to the service area. In all cases, current fiscal year funds will be used to supplement or extend the grantee's existing budget period award.

FOR FURTHER INFORMATION CONTACT: Olivia Shockey, Chief, Expansion Branch, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, Maryland 20857, email: oshockey@hrsa.gov.

Dated: April 16, 2014.

Mary K. Wakefield,
Administrator.

[FR Doc. 2014-09132 Filed 4-21-14; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

“Low Income Levels” Used for Various Health Professions and Nursing Programs Included in Titles III, VII, and VIII of the Public Health Service Act

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is updating income levels used to identify a “low income family” for the purpose of determining eligibility for programs that provide health professions and nursing training for individuals from disadvantaged backgrounds. These

various programs are included in Titles III, VII, and VIII of the Public Health Service Act.

The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from low-income families.

SUPPLEMENTARY INFORMATION: The various health professions and nursing grant and cooperative agreement programs that use the low-income levels to determine whether an individual is from an economically disadvantaged background in making eligibility and funding determinations generally make awards to: accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

The Secretary defines a “low-income family/household” for programs included in Titles III, VII, and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together. On June 26, 2013, in *U.S. v. Windsor*, 133 S. Ct. 2675 (2013), the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that in determining eligibility for these programs, same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex spouses and opposite-sex marriages, regardless of where the couple resides. This approach is consistent with a post-Windsor policy of treating same-sex marriages on the same terms as opposite sex marriages to the greatest extent reasonably possible. Thus, a “family or household” includes same-sex spouses that are legally married in a jurisdiction that recognizes same-sex marriage regardless of whether the same-sex spouses live in a

jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage and the family members that result from such same sex-marriage.

A “household” may be only one person. Most HRSA programs use the income of the student's parents to compute low income status. Other programs, depending upon the legislative intent of the program, the programmatic purpose related to income level, as well as the age and circumstances of the participant, will apply these low income standards to the individual student to determine eligibility, as long as he or she is not listed as a dependent on his or her parents' tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index.

The Secretary annually adjusts the low-income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2013.

2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Size of parents' family * | Income level ** |
|---------------------------|-----------------|
| 1 | \$23,340 |
| 2 | 31,460 |
| 3 | 39,580 |
| 4 | 47,700 |
| 5 | 55,820 |
| 6 | 63,940 |
| 7 | 72,060 |
| 8 | 80,180 |

For families with more than 8 persons, add \$8,120 for each additional person.

2014 POVERTY GUIDELINES FOR ALASKA

| Size of parents' family * | Income level ** |
|---------------------------|-----------------|
| 1 | \$29,160 |
| 2 | 39,320 |
| 3 | 49,480 |
| 4 | 59,640 |
| 5 | 69,800 |
| 6 | 79,960 |
| 7 | 90,120 |

2014 POVERTY GUIDELINES FOR ALASKA—Continued

| Size of parents' family * | Income level ** |
|---------------------------|-----------------|
| 8 | 100,280 |

For families with more than 8 persons, add \$10,160 for each additional person.

2013 POVERTY GUIDELINES FOR HAWAII

| Size of parents' family * | Income level ** |
|---------------------------|-----------------|
| 1 | \$26,840 |
| 2 | 36,180 |
| 3 | 45,520 |
| 4 | 54,860 |
| 5 | 64,200 |
| 6 | 73,540 |
| 7 | 82,880 |
| 8 | 92,220 |

For families with more than 8 persons, add \$9,340 for each additional person.

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2013.

Separate poverty guidelines figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. Puerto Rico or other outlying jurisdictions shall use income guidelines for the 48 contiguous states and the District of Columbia.

Dated: April 16, 2014.

Mary K. Wakefield,
Administrator.

[FR Doc. 2014–09131 Filed 4–21–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Organ Transplantation; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Advisory Committee on Organ Transplantation (ACOT).

Date and Time: May 15, 2014, 10:00 a.m. to 4:00 p.m. Eastern Time.

Place: The meeting will be via audio conference call and Adobe Connect Pro.

Status: The meeting will be open to the public.

Purpose: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, and 42 CFR 121.12 (2000), ACOT was established to assist the Secretary in enhancing organ donation, ensuring that the system of organ transplantation is grounded in the best available medical science, and assuring the public that the system is as effective and equitable as possible, thereby increasing public confidence in the integrity and effectiveness of the transplantation system. ACOT is composed of up to 25 members including the Chair. Members serve as Special Government Employees and have diverse backgrounds in fields such as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine, and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members.

Agenda: The Committee will hear presentations including those on the following topics: Donor Management Research and Innovation; Alignment of CMS Regulatory Requirements with the Organ Procurement and Transplantation Network and the Health Resources and Services Administration; Vascularized Composite Allografts; the HOPE Act; and Electronic Tracking and Transport. Agenda items are subjects to change as priorities indicate.

After Committee discussions, members of the public will have an opportunity to comment. Because of the Committee's full agenda and timeframe in which to cover the agenda topics, public comment will be limited. All public comments will be included in the record of the ACOT meeting. Meeting summary notes will be posted on the Department's donation Web site at <http://www.organdonor.gov/legislation/advisory.html#meetings>.

The draft meeting agenda will be posted on www.blsm meetings.net/ACOT. Those participating in this meeting should register by visiting www.blsm meetings.net/ACOT. The deadline to register for this meeting is Wednesday, May 14, 2014. For all logistical questions and concerns, please contact Anita Allen, Seamon Corporation, at 301–658–3442 or send an email to aallen@seamoncorporation.com.

The public can join the meeting by:

1. (Audio Portion) Calling the Conference Phone Number (888–324–4391) and providing the Participant Code (9916969); and

2. (Visual Portion) Connecting to the ACOT Adobe Connect Pro Meeting using the following URL and entering as GUEST: <https://hrsa.connectsolutions.com/acot1/> (copy and paste the link into your browser if it does not work directly, and enter as a guest).

Participants should call and connect 15 minutes prior to the meeting for logistics to

be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm and get a quick overview by following URL: http://www.adobe.com/go/connectpro_overview. Call (301) 443–0437 or send an email to ptongele@hrsa.gov if you are having trouble connecting to the meeting site.

Public Comment: It is preferred that persons interested in providing an oral presentation email a written request, along with a copy of their presentation to Patricia Stroup, MBA, MPA, Executive Secretary, Healthcare Systems Bureau, Health Resources and Services Administration, at pstroup@hrsa.gov. Requests should contain name, address, telephone number, email address, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative.

The allocation of time may be adjusted to accommodate the level of expressed interest. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may request it during the public comment period. Public participation and ability to comment will be limited to time as it permits.

FOR FURTHER INFORMATION CONTACT:

Patricia Stroup, MBA, MPA, Executive Secretary, Healthcare Systems Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 12C–06, Rockville, Maryland 20857; telephone (301) 443–1127.

Dated: April 15, 2014.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2014–09187 Filed 4–21–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; The Social Security Administration (SSA)-National Institutes of Health (NIH) Collaboration to Improve the Disability Determination Process: Calibration II & Predictive Validity Testing of Item Response Theory-Computer Adaptive Testing Tools (IRT-CAT) (CC)

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Clinical Center (CC), National Institutes of Health (NIH), will publish periodic