

Dated: July 1, 2014.

**Shellie Y. Pfohl,**

*Executive Director, President's Council on Fitness, Sports, and Nutrition, U.S. Department of Health and Human Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Replacement Funding for Title X Family Planning Service Grant to the Massachusetts Department of Public Health

**AGENCY:** Office of Population Affairs, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Office of Population Affairs (OPA) announces that \$714,000 in fiscal year 2014 funds are being awarded for a replacement family planning service grant to the Massachusetts Department of Public Health for Berkshire, Franklin, Hampshire, and Hampden counties. This grant will establish and operate voluntary family planning service projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families.

**DATES:** The replacement grant will be for the current period: July 1, 2014–March 31, 2015.

**ADDRESSES:** Inquiries may be directed to: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852.

**FOR FURTHER INFORMATION CONTACT:** For programmatic questions, please contact Susan Moskosky, MS, WHNP–BC, Acting Director, Office of Population Affairs, Office of the Assistant Secretary for Health, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852. Phone: (240) 453-2888.

For administrative requirements, please contact Alice Bettencourt, Director, Office of Grants Management, Office of the Assistant Secretary for Health, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. Phone: (240) 453-8822.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family

planning services to any person desiring such services, with priority given to individuals from low-income families. Section 1001 of the Act, as amended, authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” Title X regulations further specify “these projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children” (42 CFR 59.1). Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Section 1008 of the Act, as amended, stipulates that “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

##### II. Title X Statute and Regulations

Requirements regarding the provision of family planning services under Title X can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq.*) and in the implementing regulations which govern project grants for family planning services (42 CFR part 59, subpart A). In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. Authority: Section 1001 of the Public Health Service (PHS) Act. The administrative and funding instrument to be used for this program will be a grant. The replacement grant will be funded with a nine-month project period. Only one award in the amount of \$714,000 will be made with the anticipated start date of July 1, 2014.

##### III. Justification for the Exception to Competition

The replacement grant award is for the maintenance and continuity of Title X services for residents of Hampden, Berkshire, Franklin, and Hampshire counties in Western Massachusetts. Due to the termination and subsequent relinquishment of the grant to Tapestry Health, resulting in the absence of Title X services in a particularly vulnerable part of the state, there was a critical need to ensure these services would continue to be offered. The State of Massachusetts Department of Public Health’s (MDPH) experience in administering a federal grant, familiarity with the requirements of the Title X program and the ability to provide services quickly and with minimal interruption identified it as the optimal candidate to provide these services under the current constraints.

Dated: July 2, 2014.

**Susan B. Moskosky,**

*Acting Director, Office of Population Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Extension of Solicitation for Nominations for Membership on the National Vaccine Advisory Committee

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, National Vaccine Program Office.

**ACTION:** Notice.

**Authority:** 42 U.S.C. 300aa-5, Section 2105 of the Public Health Service (PHS) Act, as amended. The National Vaccine Advisory Committee is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

**SUMMARY:** The National Vaccine Program Office (NVPO), a program office within the Office of the Assistant Secretary for Health, Department of Health and Human Services (HHS), is extending the solicitation period for nominations of qualified candidates to be considered for appointment as public members to the National Vaccine Advisory Committee (NVAC). NVPO is taking this action to allow more time for qualified candidates to be identified to be considered for appointment as public members of the NVAC. NVPO is seeking additional candidates that meet the expertise and qualifications needed to constitute a balanced membership as

outlined in the Committee's charter and to ensure that the membership will be fairly balanced in terms of the points of view represented and the Committee's function. Management and support of the NVAC and its activities are the responsibility of the NVPO.

The NVAC serves an advisory role, providing peer review, consultation, advice, and recommendations to the Assistant Secretary for Health, in his capacity as Director of the National Vaccine Program, on matters related to the Program's responsibilities. Specifically, the Committee studies and recommends ways to encourage the availability of an adequate supply of safe and effective vaccination products in the United States; recommends research priorities and other measures to enhance the safety and efficacy of vaccines. The Committee also advises the Assistant Secretary for Health in the implementation of Sections 2102 and 2103 of the PHS Act; and identifies annually the most important areas of government and non-government cooperation that should be considered in implementing Sections 2102 and 2103 of the PHS Act.

**DATES:** All nominations for membership on the Committee must be received no later than 5:00 p.m. EDT on August 11, 2014, to the address listed below.

**ADDRESSES:** All nominations should be mailed or delivered to: Bruce Gellin, M.D., M.P.H., Executive Secretary, NVAC, Office of the Assistant Secretary for Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 715H, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Gordon, Ph.D., Public Health Analyst, National Vaccine Program Office, Department of Health and Human Services, 200 Independence Avenue SW., Room 715H, Washington, DC 20201; (202) 260-6619; [Jennifer.Gordon@hhs.gov](mailto:Jennifer.Gordon@hhs.gov).

A copy of the Committee charter, which includes the NVAC's structure and functions as well as a list of the current membership, can be obtained by contacting Dr. Gordon or by accessing the NVAC Web site at: [www.hhs.gov/nvpo/nvac](http://www.hhs.gov/nvpo/nvac).

**SUPPLEMENTARY INFORMATION:**

*Committee Function, Qualifications, and Information Required:* Individuals selected for appointment to the NVAC will serve as voting members. The NVAC consists of 17 voting members: 15 public members, including the Chair, and two representative members. Individuals selected for appointment to the NVAC can be invited to serve terms of up to four years. Selection of

members is based on candidates' qualifications to contribute to the accomplishment of NVAC's objectives. Interested candidates should demonstrate a willingness to commit time to NVAC activities and the ability to work constructively and effectively on committees. This announcement is to solicit nominations of qualified candidates to fill positions in the public member category of the NVAC that are scheduled to be vacated during the 2015 calendar year.

*Expertise sought for NVAC:* NVPO is extending the solicitation period for nominations to the Committee to allow for additional nominations of candidates that meet the expertise and qualifications needed to constitute a balanced membership as outlined in the Committee's charter and to ensure that the membership will be fairly balanced in terms of the points of view represented and the Committee's function. NVPO is seeking nominations of individuals to serve on the NVAC as public members in the following disciplines/topic areas:

- Members of parent organizations concerned with immunizations
- Individuals engaged in vaccine research and development, vaccine clinical trials, and vaccine regulatory science

*How to submit nominations:* Nominations should be typewritten. Submitted nominations must include all required information. Nominations that do not include all of the required information will be considered ineligible and will not be processed for consideration. The following information should be included in the package of material submitted for each individual being nominated for consideration:

(1) A letter of nomination that clearly states the name and affiliation of the nominee and the basis for the nomination (i.e., specific attributes which qualify the nominee for service in this capacity);

(2) a signed statement from the nominee that the nominee is willing and able to serve as a member of the Committee;

(3) the nominator's name, address and daytime telephone number, home and/or work address, telephone number, and email address; and

(4) a current copy of the nominee's curriculum vitae.

The letter from the nominator and the letter certifying availability from the nominated individual must both bear original signatures. Digital signatures or reproduced copies of signatures are not acceptable and will cause a nomination

to be considered ineligible. Individuals can nominate themselves for consideration of appointment to the Committee. Applications cannot be submitted by facsimile or via email. The names of federal employees should not be nominated for consideration of appointment to this Committee.

The Department makes every effort to ensure that the membership of HHS federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, gender, ethnic and minority groups, and the disabled are given consideration for membership on HHS federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

**Definitions**

- **Public Members:** Public members are individuals who are appointed to the NVAC to exercise their own independent best judgment on behalf of the government. It is expected that public members will discuss and deliberate in a manner that is free from conflicts of interest. Public members to the NVAC shall be selected from individuals who are engaged in vaccine research or the manufacture of vaccines, or who are physicians, members of parent organizations concerned with immunizations, representatives of state or local health agencies, or public health organizations.

- **Representative Members:** Representative members are individuals who are appointed to the NVAC to provide the views of the vaccine industry. While they may be experts in various topic areas discussed by the Committee, they should not present their own viewpoints, but rather those of the industry they represent. NVAC representative members shall serve specifically to represent the viewpoints or perspectives of the vaccine manufacturing industry or groups engaged in vaccine research or the manufacture of vaccines.

*Travel reimbursement and compensation for services provided to the Committee:* All NVAC members are authorized to receive the prescribed per diem allowance and reimbursement for travel expenses that are incurred to attend meetings and conduct authorized NVAC-related business, in accordance with standard government travel regulations. Members appointed to the NVAC as public members (see

definition above) also are authorized to receive a stipend for services provided at public meetings of the Committee. All other services that are performed by the public members outside the Committee meetings shall be provided without compensation. Representative members (see definition above) will serve without compensation.

The Standards of Ethical Conduct for Employees of the Executive Branch ([www.oge.gov/Laws-and-Regulations/Employee-Standards-of-Conduct/Employee-Standards-of-Conduct](http://www.oge.gov/Laws-and-Regulations/Employee-Standards-of-Conduct/Employee-Standards-of-Conduct)) are applicable to individuals who are appointed as public members of federal advisory committees. Individuals appointed to serve as public members of federal advisory committees are classified as special government employees (SGEs). SGEs are government employees for purposes of the conflict of interest laws. Therefore, individuals appointed to serve as public members of NVAC are subject to an annual ethics review to determine if the individual has any interests and/or activities in the private sector that may conflict with performance of their official duties as a member of the NVAC. Individuals appointed to serve as public members of the NVAC will be required to disclose information regarding financial holdings, consultancies, research grants and/or contracts, and the absence of an appearance of a loss of impartiality.

Dated: July 1, 2014.

**Jennifer L. Gordon,**

*Alternate Designated Federal Official,  
National Vaccine Advisory Committee, Public  
Health Analyst, National Vaccine Program  
Office.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[60Day-14-0891]

#### **Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and

instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

#### **Proposed Project**

World Trade Center Health Program Enrollment, Appeals & Reimbursement (OMB No. 0920-0891, expires 12/31/2014)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

Title XXXIII of the PHS Act as amended establishes the WTC Health Program within the Department of Health and Human Services (HHS). The Program provides medical monitoring and treatment benefits to responders to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania, and to survivors of the terrorist attacks in New York City. Title XXXIII requires that

various Program provisions be established by regulation, including eligibility criteria for responders and volunteers at the Pentagon and in Shanksville, Pennsylvania.

This submission will incorporate the World Trade Center Health Program Enrollment, Appeals & Reimbursement (0920-0891, expiration date 12/31/2014), and the World Trade Center Enrollment & Appeals—Pentagon & Shanksville (0920-1001, expiration date 12/31/2016) into one complete package which will be called the World Trade Center Health Program Enrollment, Appeals & Reimbursement. Upon OMB approval, 0920-1001 will be discontinued. The provisions in the interim final rule that contain data collection requirements are:

*§ 88.5 Application process—status as a WTC responder.* This section informs applicants who believe they meet the eligibility criteria for a WTC responder how to apply for enrollment in the WTC Health Program, and describes the types of documentation the WTC Program Administrator will accept as proof of eligibility. We expect that to receive approximately 4,500 applications per year. The burden table reflects the annualized total burden broken into the four separate applicant groups: We estimate that 45 Fire Department of New York (FDNY) responders (1% of applicants); 2,475 general responders (55%); 630 Pentagon/Shanksville responders (14%); and 1,350 survivors (30%) will submit applications. The burden estimates for these three different forms are: FDNY = 23 hours; general responders = 1,238 hours; Pentagon/Shanksville responders = 315 hours; survivors = 405 hours.

*§ 88.11 Appeals regarding eligibility determination—responders and survivors.* This section establishes the process for appeals regarding eligibility determinations. Of the 4,500 applications we expect to receive per year, we expect that 10% will fail due to ineligibility. We further assume that 10% of those individuals, or 45 respondents, will appeal the decision. The burden estimate is 23 hours.

*§ 88.15 Appeals regarding treatment.* This section establishes the timeline and process to appeal the Administrator's determinations regarding treatment decisions. HHS estimates that Program participants will request certification for 20,000 health conditions each year. Of those 20,000, we expect that .01 percent (200) will be denied certification by the WTC Program Administrator. We further expect that such a denial will be appealed 30 percent of the time. Of the projected 451,472 enrollees who will