ACTION: Notice.

SUMMARY: In accordance with Section 10(a) of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App.), notice is hereby given that a meeting is scheduled to be held for the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (the "Advisory Group"). The meeting will be open to the public. Information about the Advisory Group and the agenda for this meeting can be obtained by accessing the following Web site: http://www.surgeon general.gov/initiatives/prevention/ advisorygrp/index.html.

DATES: The meeting will be held on March 9–10, 2015. Exact start and end times will be published closer to the meeting date at: http://www.surgeon general.gov/initiatives/prevention/ advisorygrp/index.html.

ADDRESSES: The meeting will be held on March 9–10, 2015. Exact start and end times and location will be published closer to the meeting date at: http:// www.surgeongeneral.gov/initiatives/ prevention/advisorygrp/index.html.

FOR FURTHER INFORMATION CONTACT: Office of the Surgeon General, 200 Independence Ave. SW., Washington, DC 20201; 202–205–9517; prevention.council@hhs.gov.

SUPPLEMENTARY INFORMATION: The Advisory Group is a non-discretionary federal advisory committee that was initially established under Executive Order 13544, dated June 10, 2010, to comply with the statutes under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111– 148. The Advisory Group was established to assist in carrying out the mission of the National Prevention, Health Promotion, and Public Health Council (the Council). The Advisory Group provides recommendations and advice to the Council.

The Advisory Group was terminated on September 30, 2012, by Executive Order 13591, dated November 23, 2011. Authority for the Advisory Group to be re-established was given under Executive Order 13631, dated December 7, 2012. Authority for the Advisory Group to continue to operate until September 30, 2015 was given under Executive Order 13652, dated September 30, 2013.

Ît is authorized for the Advisory Group to consist of not more than 25 non-federal members. The Advisory Group currently has 21 members who were appointed by the President. The membership includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in (1) worksite health promotion; (2) community services, including community health centers; (3) preventive medicine; (4) health coaching; (5) public health education; (6) geriatrics; and (7) rehabilitation medicine.

Topics of discussion for the March 2015 meeting of the Advisory Group will include a welcome from the 19th Surgeon General; an update from the Council; reports from the Prioritization and Collective Impact Working Groups; and the development of recommendations for the Council for the upcoming year.

Members of the public who wish to attend must register by 12:00 p.m. EST on March 2, 2015. Individuals should register for public attendance at prevention.council@hhs.gov by providing a full name and affiliation. Individuals who plan to attend the meeting and need special assistance and/or accommodations, *i.e.*, sign language interpretation or other reasonable accommodations, should indicate so when they register. The public will have the opportunity to provide comments to the Advisory Group on March 9, 2015; public comment will be limited to 3 minutes per speaker. Registration via email (*prevention.council@hhs.gov*) is also required for the public comment session. Any member of the public who wishes to have printed materials distributed to the Advisory Group for this scheduled meeting should submit material to prevention.council@hhs.gov no later than 12:00 p.m. EST on March 2, 2015.

Dated: January 30th, 2015.

Corinne M. Graffunder,

Designated Federal Officer, Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Office of the Surgeon General.

[FR Doc. 2015–02886 Filed 2–11–15; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health IT Standards Committee; Call for Nominations

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Call for nominations.

SUMMARY: The Office of the National Coordinator for Health Information Technology (ONC) is seeking nominations to the Health Information Technology Standards Committee (HITSC) to fill expiring terms of ten (10) current members.

Name of Committee: Health IT Standards Committee.

General Function of the Committee: The HITSC is charged with making recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the Health IT Policy Committee.

Date and Time: Nominations must be received by 12:00 p.m. on Friday, March 6, 2015.

Contact Person: Michelle Consolazio, phone: 781–710–0786, email: *michelle.consolazio@hhs.gov.*

Background: The Health IT Standards Committee was established under the American Recovery and Reinvestment Act 2009 (ARRA) (Pub. L. 111-5), section 13101, new Section 3003. Members of the Health IT Standards Committee are appointed by the Secretary, HHS and shall at least reflect providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant Federal agencies, and individuals with technical expertise on health care quality, privacy and security, and on the electronic exchange and use of health information. Nominees of the HITSC should have experience promoting the meaningful use of health information technology and be knowledgeable in areas such as: small innovative health care providers, providers participating in payment reform initiatives, accountable care organizations, pharmacists, behavioral health professionals, home health care, purchaser or employer representatives, patient safety, health information technology security, big data, consumer e-health, personal health records, and mobile health.

Members will be selected to achieve a balanced representation of viewpoints, areas of experience, subject matter expertise, and representation across the health care system. Terms will be three (3) years from the appointment date. Members of the Committee serve without pay; however, members will be provided per diem and travel costs for Committee services.

The HITSC is seeking applicants with the following areas of expertise:

• Ancillary Healthcare Worker (*e.g.*, rural representative, underserved representative, telehealth representative, behavioral health, and nursing informatics)

- Consumer/Patient Representative
- Health Plans Representative
- Provider Representative (2)
- Research Representative
- Technical Expertise, Health Exchange
- Technical Expertise, Long-Term Care
- Technical Expertise, Privacy
- Technology Vendor

For more information about the HITSC please visit: *http://healthit.gov/facas/health-it-standards-committee*

Submitting Nominations: Nominations should be submitted electronically through the application database at: http://healthit.gov/facas/ faca-workgroup-membershipapplication . All nominations must be compiled and submitted in one complete package. A nomination package must include: A short bio, a current CV including contact information and memberships with professional organizations/advisory committees, and two letters of support.

Dated: February 4, 2015.

Michelle Consolazio,

FACA Program Lead, Office of Policy, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2015–02885 Filed 2–11–15; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry; Notice of Intent To Develop Set 28 Toxicological Profiles

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice of development.

SUMMARY: This notice announces the development of Set 28 Toxicological Profiles. Set 28 Toxicological Profiles consists of one updated profile and three new profiles. These profiles will be available to the public on or about October 17, 2015. Electronic access to these documents will be available at the ATSDR Web site: *http://www.atsdr.cdc.gov/toxprofiles/index.asp.*

FOR FURTHER INFORMATION CONTACT:

Commander Jessilynn B. Taylor, Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road NE., Mail Stop F–57, Atlanta, GA 30333, telephone 770–488– 3313.

SUPPLEMENTARY INFORMATION: The Superfund Amendments and Reauthorization Act of 1986 (SARA) (42 U.S.C. 9601 *et seq.*) amended the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA or Superfund) (42 U.S.C. 9601 *et seq.*) by establishing

certain requirements for ATSDR and the U.S. Environmental Protection Agency (EPA) with regard to hazardous substances that are most commonly found at facilities on the CERCLA National Priorities List (NPL). Among these statutory requirements is a mandate for the Administrator of ATSDR to prepare toxicological profiles for each substance included on the Priority List of Hazardous Substances (www.atsdr.cdc.gov/SPL). This list names 275 hazardous substances that pose the most significant potential threat to human health as determined by ATSDR and EPA. The availability of the revised list of the 275 priority substances was announced in the Federal Register on May 28, 2014 (79 FR 30613). For prior versions of the list of substances, see Federal Register notices dated November 3, 2011 (76 FR 68193); March 6, 2008 (73 FR 12178); December 7, 2005 (70 FR 72840; November 7, 2003 (68 FR 63098); October 25, 2001 (66 FR 54014); October 21, 1999 (64 FR 56792); November 17, 1997 (62 FR 61332); April 29, 1996 (61 FR 18744); February 28, 1994 (59 FR 9486); October 28, 1992 (57 FR 48801); October 17, 1991 (56 FR 52166); October 17, 1990 (55 FR 42067); October 26, 1989 (54 FR 43615); October 20, 1988 (53 FR 41280); and April 17, 1987 (52 FR 12866).

Set 28 Toxicological Profiles

The following toxicological profiles are being developed:

	Name	CAS
1	Antimony (UPDATE)	7440–36–0
2	Glyphosate	1071–83–6
3	2-4, Dichlorophenoxyacetic acid	94–75–7
4	Silica	7631–86–9

Notice of the availability of drafts of these four toxicological profiles for public review and comment will be published in the **Federal Register** on/or about October 17, 2015, with notice of a 90-day public comment period for each profile, starting from the actual release date. Following the close of the comment period, chemical-specific comments will be addressed, and, where appropriate, changes will be incorporated into each profile.

Dated: February 3, 2015.

Sascha Chaney,

Acting Director, Office of Policy Planning and Evaluation, National Center for Environmental Health/, Agency for Toxic Substances and Disease Registry.

[FR Doc. 2015–02548 Filed 2–11–15; 8:45 am] BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Council for the Elimination of Tuberculosis (ACET)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 11:00 a.m.–3:30 p.m., March 3, 2015.

Place: This meeting will be accessible by Web conference. Toll-free +1 (877) 951–7311, Participant Code: 6816256. For Participants: URL: https:// www.mymeetings.com/nc/join/, Conference number: PW1126518, Audience passcode: 6816256.

Participants can join the event directly at: https://www.mymeetings.com/nc/join.php?i= PW1126518&p=6816256&t=c.

Status: Open to the public limited only by web conference. Participation by web conference is limited by the number of ports available. The meeting accommodates 100 ports.

Purpose: This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews