

you will need to register with Erin Fowler, Designated Federal Official (DFO). Public comment will be limited to 3 minutes per speaker and is tentatively scheduled for after lunch on the first day of the meeting. Statements and comments can be addressed to Erin Fowler. Please send by email to: nacnep@hrsa.gov.

Please be advised that committee members are given copies of all written statements submitted by the public prior to the meeting. Any further public participation will be at the discretion of the Chair, with approval of the DFO in attendance. Registration through the designated contact for the public comment session is required. Any member of the public who wishes to have printed materials distributed to the Advisory Group should submit materials to the point of contact no later than 12:00 p.m. EST on July 13, 2015.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-16135 Filed 7-6-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council on Blood Stem Cell Transplantation; Notice of Meeting

SUMMARY: 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 of the Advisory Council on Blood Stem Cell Transplantation (ACBSCT).

DATES: September 11, 2015 from 8:00 a.m. to 4:30 p.m. Eastern Time.

ADDRESSES: Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Patricia Stroup, MBA, MPA, Executive Secretary, Healthcare Systems Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 17W65, Rockville, Maryland 20857; telephone (301) 443-1127.

SUPPLEMENTARY INFORMATION:

Status: The meeting will be open to the public.

Purpose: Pursuant to Public Law 109-129, 42 U.S.C. 274k (section 379 of the Public Health Service Act, as amended), the ACBSCT advises the Secretary of the Department of Health and Human Services and the Administrator, Health Resources and Services Administration, on matters related to the activities of the C.W. Bill Young Cell Transplantation

Program (Program) and the National Cord Blood Inventory Program.

Agenda: The Council will hear a report from the ACBSCT Work Group on Advancing Hematopoietic Stem Cell Transplantation for Hemoglobinopathies. The Council also will hear presentations and discussions on topics including: past recommendations made to the Secretary, cord blood bank economics, status of Food and Drug Administration licensure of cord blood banks, and potential impact of haploidentical transplants. Agenda items are subject to changes as priorities indicate.

After Council discussions, members of the public will have an opportunity to provide comment. Because of the Council's full agenda and timeframe in which to cover the agenda topics, public comment may be limited. All public comments will be included in the record of the ACBSCT meeting. Meeting summary notes will be posted on HRSA's Program Web site at http://bloodcell.transplant.hrsa.gov/ABOUT/Advisory_Council/index.html.

The draft meeting agenda will be posted on <https://www.blsmmeetings.net/acbsct>. Those participating at this meeting should pre-register by visiting <https://www.blsmmeetings.net/acbsct>. The deadline to pre-register for this meeting is Thursday, September 10, 2015. Registration will be confirmed on site. For all logistical questions and concerns, please contact Anita Allen, Seamon Corporation, at (301) 658-3442 or send an email to aallen@seamoncorporation.com.

Participants can also join this meeting via teleconference by:

1. (Audio Portion) Calling the Conference Phone Number (800-988-0202) and providing the Participant Passcode (9115853); and
2. (Visual Portion) Connecting to the ACBSCT Adobe Connect Pro Meeting using the following URL and entering as GUEST: https://hrsa.connectsolutions.com/acbsct_webinar/ (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. In order to obtain a quick overview, go to the following URL: http://www.adobe.com/go/connectpro_overview. Call (301) 443-0437 or send an email to ptonge@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 the 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 as time permits.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-16137 Filed 7-6-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005,

(202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857; (301) 443-6593, or visit our Web site at: <http://www.hrsa.gov/vaccinecompensation/index.html>.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that within 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**. Set forth below is a list of petitions received by HRSA on May 1, 2015, through May 31, 2015. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to

the issues described in Section 2112(b)(2) of the PHS Act in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading "For Further Information Contact"), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: June 26, 2015.

James Macrae,
Acting Administrator.

List of Petitions Filed

1. Herbert W. Morgan, La Jolla, California, Court of Federal Claims No: 15-0441V
2. John Dauksts, Jenison, Michigan, Court of Federal Claims No: 15-0442V
3. Roberta Reyna, Baraboo, Wisconsin, Court of Federal Claims No: 15-0443V
4. Elizabeth S. Bell, Cayce, South Carolina, Court of Federal Claims No: 15-0444V
5. Lillian R. Johnson, Gainesville, Florida, Court of Federal Claims No: 15-0447V
6. Ellen Guyer, Boston, Massachusetts, Court of Federal Claims No: 15-0448V
7. Quentin Prideaux, Boston, Massachusetts, Court of Federal Claims No: 15-0449V
8. Julia Telonidis, West Long Branch, New Jersey, Court of Federal Claims No: 15-0450V
9. Gerda Ulysse, Boston, Massachusetts, Court of Federal Claims No: 15-0451V
10. Harvey McBride, Boston, Massachusetts, Court of Federal Claims No: 15-0452V
11. Julie Feaster, Fairfax, Virginia, Court of Federal Claims No: 15-0455V
12. Donald Harris, Dallas, Texas, Court of Federal Claims No: 15-0461V
13. Kimberly Cox, Griffith, Indiana, Court of Federal Claims No: 15-0462V
14. Miranda Laird, Little Rock, Arkansas, Court of Federal Claims No: 15-0463V
15. Dima Schloss on behalf of N. S., Ann Arbor, Michigan, Court of Federal Claims No: 15-0465V
16. Sholom Wolman and Yonit Wolman on behalf of S. D. W., New York, New York, Court of Federal Claims No: 15-0466V
17. Elizabeth J. Zdroik, Richmond, Virginia, Court of Federal Claims No: 15-0468V
18. Joseph Stout, Oxford, Ohio, Court of Federal Claims No: 15-0469V
19. Ronald Cooper on behalf of J. C., Wellesley Hills, Massachusetts, Court of Federal Claims No: 15-0471V
20. Robert Shupe, Tiffin, Ohio, Court of Federal Claims No: 15-0472V
21. Harold Duke, Rock Hill, South Carolina, Court of Federal Claims No: 15-0473V
22. James Perales and Joy Perales on behalf of J. P., Dallas, Texas, Court of Federal Claims No: 15-0474V
23. Judy G. Davidson, Atlanta, Georgia, Court of Federal Claims No: 15-0475V
24. Roy Bush, Boston, Massachusetts, Court of Federal Claims No: 15-0476V
25. Kimberly Sengenberger, Murray, Kentucky, Court of Federal Claims No: 15-0477V
26. Adina Small, Boston, Massachusetts, Court of Federal Claims No: 15-0478V
27. Andrew Hoose, Boston, Massachusetts, Court of Federal Claims No: 15-0479V
28. James Czerwonka, Barron, Wisconsin, Court of Federal Claims No: 15-0482V
29. Lavern Griffis, Oklahoma City, Oklahoma, Court of Federal Claims No: 15-0483V
30. Logan Osberg, Mount Kisco, New York, Court of Federal Claims No: 15-0484V
31. Rosa Allicock on behalf of M. A., Phoenix, Arizona, Court of Federal Claims No: 15-0485V
32. Jacqueline F. King on behalf of Brooklyn Hernandez, Nags Head, North Carolina, Court of Federal Claims No: 15-0486V
33. Lillian Rivera, Bronx, New York, Court of Federal Claims No: 15-0487V
34. Cara Specks, Chicago, Illinois, Court of Federal Claims No: 15-0491V
35. Barry George Jackson, Pasadena, California, Court of Federal Claims No: 15-0492V
36. Enrique Rodriguez-Luna, Arlington, Virginia, Court of Federal Claims No: 15-0496V
37. Michael C. King, Plainfield, Indiana, Court of Federal Claims No: 15-0500V

38. Stephanie Delapaz, Houston, Texas, Court of Federal Claims No: 15–0502V
39. Bernhard Kreten, San Diego, California, Court of Federal Claims No: 15–0504V
40. Adam Raszkievicz, Mount Kisco, New York, Court of Federal Claims No: 15–0509V
41. Susana Gonzales-Sexauer, Las Cruces, New Mexico, Court of Federal Claims No: 15–0512V
42. Anne Tinsley, Piermont, New York, Court of Federal Claims No: 15–0513V
43. Robin Adkins on behalf of Sherman Arrowood, Deceased, Lavalette, West Virginia, Court of Federal Claims No: 15–0514V
44. Elizabeth Gram on behalf of A. L. M., Houston, Texas, Court of Federal Claims No: 15–0515V
45. Beth Britt, Sarasota, Florida, Court of Federal Claims No: 15–0516V
46. Jeremy Eamick, Fayetteville, North Carolina, Court of Federal Claims No: 15–0519V
47. Jeremy Svagdis and Kimberly Svagdis on behalf of A. S., Cumming, Georgia, Court of Federal Claims No: 15–0520V
48. David Wilson on behalf of Estelle Maltz, Deceased, San Diego, California, Court of Federal Claims No: 15–0521V
49. Jeffrey Norris, Granite Falls, North Carolina, Court of Federal Claims No: 15–0525V
50. Lee Liggett, Washington, District of Columbia, Court of Federal Claims No: 15–0526V
51. Terrence Francis and Michelle Francis on behalf of M. F., Middletown, Delaware, Court of Federal Claims No: 15–0527V
52. Scott A. Fundermann, Correctionville, Iowa, Court of Federal Claims No: 15–0529V
53. MaryAnn Story, Layton, Utah, Court of Federal Claims No: 15–0530V
54. Raymond L. Sparks, Riverton, Wyoming, Court of Federal Claims No: 15–0531V
55. Karl Steger, Washington, District of Columbia, Court of Federal Claims No: 15–0532V
56. Brittany Arnold on behalf of L. H., Philadelphia, Pennsylvania, Court of Federal Claims No: 15–0534V
57. Vernon D. Begley, Florida City, Florida, Court of Federal Claims No: 15–0535V
58. Winifred Campbell, Depew, New York, Court of Federal Claims No: 15–0541V
59. Diane M. Sphar, Cincinnati, Ohio, Court of Federal Claims No: 15–0544V
60. Catherine Henry, Memphis, Tennessee, Court of Federal Claims No: 15–0545V
61. Robert Berkley, Houston, Texas, Court of Federal Claims No: 15–0546V
62. Angela Thomas, Philadelphia, Pennsylvania, Court of Federal Claims No: 15–0550V
63. Roby Wilson and Jeana Wilson on behalf of J. W., Washington, District of Columbia, Court of Federal Claims No: 15–0551V

[FR Doc. 2015–16170 Filed 7–6–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes; National Indian Health Outreach and Education, Policy/Budget/Diabetes; Announcement Type: Limited New and Competing Continuation Funding Announcement Number: HHS–2015–IHS–NIHOE–I–PBD–0002; Catalog of Federal Domestic Assistance Number: 93.933

Key Dates

Application Deadline Date:

September 8, 2015.

Review Date: September 10, 2015.

Earliest Anticipated Start Date:

September 30, 2015.

Proof of Non-Profit Status Due Date:

September 8, 2015.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive cooperative agreement applications for the National Indian Health Outreach and Education, Policy/Budget/Diabetes (NIHOE–I) limited competition cooperative agreement program. This award includes the following four components, as described in this announcement: “Line Item 128 Health Education and Outreach funds,” “Health Care Policy Analysis and Review,” “Budget Formulation,” and “Tribal Leaders Diabetes Committee” (TLDC). This program is authorized under the Snyder Act, codified at 25 U.S.C. 13. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

The NIHOE1 program carries out health program objectives in the American Indian and Alaska Native (AI/AN) community in the interest of improving Indian health care for all 566

Federally-recognized Tribes, including Tribal governments operating their own health care delivery systems through self-determination contracts with the IHS and Tribes that continue to receive health care directly from the IHS. This program addresses health policy and health program issues and disseminates educational information to all AI/AN Tribes and villages. This program requires that public forums be held at Tribal educational consumer conferences to disseminate changes and updates in the latest health care information. This program also requires that regional and national meetings be coordinated for information dissemination as well as the inclusion of planning and technical assistance and health care recommendations on behalf of participating Tribes to ultimately inform IHS based on Tribal input through a broad based consumer network.

Purpose

The purpose of this IHS cooperative agreement is to further IHS’s mission and goals related to providing quality health care to the AI/AN community through outreach and education efforts with the sole outcome of improving Indian health care. This award includes the following four health services components: Line Item 128 Health Education and Outreach funds, Health Care Policy Analysis and Review, Budget Formulation, and TLDC.

Limited Competition Justification

Competition for the award included in this announcement is limited to national Indian health care organizations with at least ten years of experience providing education and outreach on a national scale. This limitation ensures that the awardee will have: (1) A national information-sharing infrastructure which will facilitate the timely exchange of information between the Department of Health and Human Services (HHS) and Tribes and Tribal organizations on a broad scale; (2) a national perspective on the needs of AI/AN communities that will ensure that the information developed and disseminated through the projects is appropriate, useful and addresses the most pressing needs of AI/AN communities; and (3) established relationships with Tribes and Tribal organizations that will foster open and honest participation by AI/AN communities. Regional or local organizations will not have the mechanisms in place to conduct communication on a national level, nor will they have an accurate picture of the health care needs facing AI/ANs