

FOAs beginning in FY 2017. The application will provide project plans and budgets for upcoming years. This information will permit federal staff to assess whether the proposed activities align with statutory and programmatic requirements and objectives and will result in the implementation of a high-quality project. Applications in response to annual FOAs are submitted via Grants.gov.

Failure to collect this information would result in the inability of HRSA to collect information necessary for the determination of the responsiveness and quality of applications and would subject the government to undue risk in awarding formula funds under the Federal Home Visiting Program.

Applicants will be required to submit several types of information in addition to the SF-424 Forms which are included under a separate Information Collection Request. These types of information include: (1) Project Abstract, (2) Project Narrative, (3) Budget Justification, (4) Program-Specific Forms and Tables, and (5) Attachments.

Likely Respondents: Eligible entities under the Social Security Act, Title V, Section 511(c) (42 U.S.C., Section 711(c)), as added by Section 2951 of the ACA (Pub. L. 111-148).

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information

requested. 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. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Total Estimated Annualized burden hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Federal Home Visiting Program Formula Funding Opportunity Announcement	56	1	56	80	4,480
Total	56	1	56	80	4,480

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Jackie Painter,
 Director, Division of the Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463, codified at 5 U.S.C. App.), notice is hereby given of the following meeting:

Name: Advisory Committee on Heritable Disorders in Newborns and Children.

Dates and Times: May 9, 2016, 9:00 a.m. to 5:00 p.m. (Meeting time is

tentative.) May 10, 2016, 9:00 a.m. to 3:00 p.m. (Meeting time is tentative.)

Place: Webcast and In-Person, Fishers Lane Conference Center, Terrace Level, 5635 Fishers Lane, Rockville, MD 20852.

Status: The meeting will be open to the public with attendance limited to space availability. Participants also have the option of viewing the meeting via webcast. Whether attending in-person or via webcast, all participants must register for the meeting. The registration link will be made available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>. The registration deadline is Friday, April 29, 2016, 11:59 p.m. Eastern Time.

Purpose: The Advisory Committee on Heritable Disorders in Newborns and Children (Committee), as authorized by Public Health Service Act, title XI, section 1111 (42 U.S.C. 300b-10), as amended by the Newborn Screening Saves Lives Reauthorization Act of 2014 (Pub. L. 113-240), was established to advise the Secretary of the Department of Health and Human Services about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, the Committee's recommendations regarding additional conditions/ heritable disorders for screening that have been adopted by the Secretary are

included in the Recommended Uniform Screening Panel (RUSP) and constitute part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg-13, non-grandfathered health plans and group and individual health insurance issuers are required to cover evidence-informed care and screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (in the individual market, policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

Agenda: The Committee will hear presentations and discussions on topics including newborn screening long-term follow-up, the Newborn Sequencing in Genomic Medicine and Public Health projects, screening for lysosomal storage disorders, and prenatal education regarding newborn screening bloodspots. The Committee will also review draft reports from the Pilot Study and Cost Analysis workgroups and hear updates from the Committee's subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training. Tentatively, the Committee is expected to review and/or vote on whether or not the nominated condition Guanidinoacetate Methyltransferase

Deficiency should be referred for a full evidence-based review. This vote does not involve a proposed addition of a condition to the Recommended Uniform Screening Panel. The meeting agenda will be available two (2) days prior to the meeting on the Committee's Web site: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Public Comments: Members of the public may present oral comments and/or submit written comments. Comments are part of the official Committee record. The public comment period is tentatively scheduled for both days of the meeting. Advance registration is required to present oral comments and/or submit written comments. Registration information will be on the Committee Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>. The registration deadline for public comments is of Friday April 29, 2016, 11:59 p.m. (Eastern Time). Written comments must be received by the deadline of Friday April 29, 2016, 11:59 p.m. (Eastern Time) in order to be included in the May meeting briefing book. Written comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (*i.e.*, parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below at least 10 days prior to the meeting. For additional information or questions on public comments, please contact Alaina Harris, Maternal and Child Health Bureau, Health Resources and Services Administration; phone: (301) 443-0721; or email: aharris@hrsa.gov.

Contact Person: Anyone interested in obtaining other relevant information should contact Alaina Harris, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18W66, 5600 Fishers Lane, Rockville, Maryland 20857; phone: (301) 443-0721; or email: aharris@hrsa.gov.

More information on the Advisory Committee is available at <http://>

www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.

Jackie Painter,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Temporary Reassignment of State, Tribal, and Local Personnel During a Public Health Emergency

AGENCY: Office of the Secretary, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services, Office of the Secretary is announcing the availability of a final guidance entitled "Guidance for Temporary Reassignment of State, Tribal, and Local Personnel during a Public Health Emergency." Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113-5, amends section 319 of the Public Health Service (PHS) Act to allow the Secretary of HHS, when she declares a public health emergency under section 319 of the PHS Act, to authorize, upon request by a state or tribal organization or their designee, the temporary reassignment of state, tribal, and local personnel funded through programs authorized under the PHS Act to immediately address a public health emergency in the state or Indian tribe. This final guidance addresses that provision.

ADDRESSES: Copy of the final guidance may be obtained at

www.PHE.gov/femporacyReassignment.

Additional Information: For additional information, please contact: Lisa Kaplowitz, MD, MSHA, Deputy Assistant Secretary, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, 200 Independence SW., Washington, DC 20004, telephone number (202) 205-2882.

SUPPLEMENTARY INFORMATION: Section 201 of PAHPRA, Public Law 113-5, amends section 319 of the PHS Act to allow the Secretary of HHS, when she declares a public health emergency under section 319 of the PHS Act, to authorize, upon request by a state or tribal organization or their designee, the temporary reassignment of state, tribal, and local personnel funded through programs authorized under the PHS Act to immediately address a public health emergency in the state or Indian tribe.

The PHS Act requires that HHS issue proposed guidance on this provision, to be followed by a 60-day public comment period. Consistent with this requirement, a notice appeared in the **Federal Register** on October 1, 2013 (78 FR 60283) notifying the public that HHS was accepting comments on such proposed guidance. This 60-day public comment period concluded in December 2013. There were nine submissions received in the public comment period. Five of the submissions were local governments, one state government, and three associations. Revisions made based on feedback received included setting timelines for HHS to review; standardizing the request template for states and Indian tribes, expanding the post event reporting requirements from 90 to 120 days, and clarifications on which Public Health Service programs were potentially affected.

The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs. This authority terminates on September 30, 2018.

This new provision provides an important flexibility to state and local health departments and tribal organizations during an event requiring all the resources at their disposal. The temporary reassignment provision permits state, tribal, and local personnel to be voluntarily reassigned so they can immediately respond to the public health emergency in the affected jurisdiction.

Dated: September 1, 2015.

Sylvia Burwell,
Secretary.

Editorial Note: This document was received for publication by the Office of the Federal Register on March 29, 2016.

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DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

[Docket No. USCBP-2016-0016]

Termination of the Advisory Committee on Commercial Operations to U.S. Customs and Border Protection; Establishment of the Commercial Customs Operations Advisory Committee

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.