should the number of repetitions for each CSTD:Task pairing be less than or greater than 4?

• What special considerations has NIOSH not considered in developing the new draft performance test protocol?

III. Public Meeting: NIOSH will hold a public meeting to discuss a universal closed system drug-transfer device (CSTD) testing (draft) protocol entitled, *A Performance Test Protocol for Closed System Transfer Devices Used During Pharmacy Compounding and Administration of Hazardous Drugs.* The meeting will allow commenters the opportunity to address the new draft protocol, the proposed list of hazardous drug test surrogates, and to discuss NIOSH questions regarding the new protocol.

The meeting is open to the public, limited only by the capacity (80 attendees) of the conference room. Confirm your attendance to this meeting by sending an email to *DHirst@cdc.gov* by October 21, 2016. An email confirming registration will be sent from NIOSH and will include details needed to participate.

Registration is required for both in-person and LiveMeeting participation. An email confirming registration will be sent from NIOSH for both in-person participation and audio conferencing participation.

Details required to participate via the audio conferencing will be provided by NIOSH in a separate email. This option will be available to participants on a first come, first served basis and is limited to the first 100 participants.

Non-U.S. Citizens: Because of CDC Security Regulations, any non-U.S. citizen wishing to attend this meeting in-person must provide the following information to Deborah V. Hirst. Requests may be submitted by facsimile (513) 841–4506, or emailed to *DHirst@cdc.gov,* no later than September 28, 2016. The information required includes:

Name:
Gender:
Date of Birth:
Place of Birth (city, province, state, country):
Citizenship:
Passport Number:
Date of Passport Issue:
Date of Passport Expiration:
Type of Visa:
U.S. Naturalization Number (if a naturalized citizen):
U.S. Naturalization Date (if a naturalized citizen):
Visitor's Organization:
Organization Address:
Organization Telephone Number:
Visitor's Position/Title within the Organization:

This information will be transmitted to the CDC Security Office for approval. Visitors will be notified as soon as approval has been obtained. If access approval is not granted to a non-U.S. Citizen, the individual may participate by LiveMeeting and audio conference.

Requests to provide oral comments at the public meeting should be submitted by telephone (513) 841–4141, facsimile (513) 841–4506, or emailed to *DHirst@cdc.gov* with ''Request to Speak'' in the subject line. Requests can also be mailed to Deborah V. Hirst, 1090 Tusculum Ave., MS R–5, Cincinnati, OH 45226. All requests to speak should contain the name, address, telephone number, and relevant business affiliations of the speaker, and the approximate time requested for oral comments. Requests must be received by October 21, 2016.

Oral comments from each speaker will be limited to 10 minutes. After reviewing the requests to make oral comments, NIOSH will notify the speaker when his/her oral comments are scheduled. If a participant is not in attendance when he/she is scheduled to speak, the remaining participants will be heard in order. After the last scheduled speaker is heard, participants who missed their assigned times may be allowed to speak, limited by time available.

Attendees who wish to speak but did not submit a request for the opportunity to make oral comments may be given this opportunity after the scheduled speakers are heard, at the discretion of the presiding officer and limited by time available.

Oral comments will be transcribed and included in the docket.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2016–22132 Filed 9–14–16; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Supplement to National Technical Resource Center for the Newborn Hearing Screening and Intervention Program at the Utah State University

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Supplement to National Technical Resource Center for the Newborn Hearing Screening and Intervention Program at the Utah State University—Grant Number U52MC04391.

SUMMARY: HRSA announces the award of a supplement in the amount of $300,000 for the National Technical Resource Center (NTRC) for the Newborn Hearing Screening and Intervention program cooperative agreement. Funding in future years is contingent upon satisfactory performance of the recipient, need, and availability of funds.

The purpose of the NTRC is to address new research, approaches, and practice advances in the fields of family engagement, early language acquisition, and early literacy. The supplement will fund Utah State University, the cooperative agreement recipient, during the budget periods of the supplement 4/1/2016–3/31/2020, to respond to changes in research, policy, technology, and practice in the newborn hearing screening field in the areas of family engagement, early language acquisition, and early literacy. Funding in FY 2017, FY 2018, and FY 2019, is contingent upon appropriations, satisfactory performance of the recipient, need, and availability of funds.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Utah State University.

Amount of Non-Competitive Awards: $300,000.

Period of Supplemental Funding: 4/1/2016–3/31/2020.

CFDA Number: 93.251.

Authority: Public Health Service Act, § 399M, as added by § 702 of the Children's Health Act of 2000 (Pub. L. 106–310) and amended by § 2 of the Early Hearing Detection and Intervention Act of 2010 (Pub. L. 111–337) (42 U.S.C. 280g–1)

JUSTIFICATION: In 2015, following an objective review of its applications, HRSA awarded the NTRC for the Newborn Hearing Screening and Intervention program cooperative agreement to Utah State University, a state institution of higher education.

Authorized by the Public Health Service Act, § 399M, as added by the Children's Health Act of 2000, § 702 (Pub. L. 106–310) and further amended by § 2 of the Early Hearing Detection and Intervention Act of 2010 (Pub. L. 111–337) (42 U.S.C. 280g–1), the purpose of the Universal Newborn Hearing Screening (UNHS) program is to utilize specifically targeted and measurable interventions to increase the number of infants who are followed up for rescreening, referral, and intervention after not passing a

physiologic newborn screening examination prior to discharge from the newborn nursery.

As stated in the funding opportunity announcement (FOA) HRSA 15–085, the focus of the NTRC is to provide to state Early Hearing Detection and Intervention (EHDI) programs training and technical assistance for planning, policy development, implementing innovations, and quality improvement methodology to reduce their loss to follow-up rate/loss to documentation, *i.e.* the number of infants who do not receive timely and appropriate screening follow-up and coordinated interventions.

Since the publication of the FOA on September 9, 2014, many changes in research, policy, technology, and practice have occurred in the newborn hearing screening field in the areas of family engagement, early language acquisition, and early literacy. The NTRC cooperative agreement must address these changes to provide appropriate training and technical assistance. The Maternal and Child Health Bureau (MCHB) proposes to supplement the recipient in FY 2016 and 2017 to address new research, approaches, and practice advances in the field of family engagement. MCHB proposes to supplement the recipient in FY 2018 and 2019 to address the latest research findings and advances related to early language acquisition and early literacy. Funding in FY 2017, FY 2018, and FY 2019 is contingent upon appropriations, satisfactory performance of the recipient, need, and availability of funds.

According to the National Institute for Children's Health Quality, families have a unique perspective on how the system currently affects them personally and can provide invaluable viewpoints on the steps that can be implemented to improve the system. Since the system exists to meet the needs of the deaf or hard of hearing infants and children, it is critical that their parents and families' viewpoints are acknowledged and leveraged. MCHB recommends greater representation of individuals who are deaf or hard of hearing throughout the NTRC as well as providing opportunities for families of deaf or hard of hearing children to become leaders within the EHDI system.

To address these deficiencies, Utah State University submitted a prior approval request for funds to improve its family engagement. The NTRC will take a streamlined and targeted approach toward engaging families and family based organizations in its work. Though not introducing new services or activities, the NTRC will use the supplemental funds to refine its current services and activities to:

1. Increase and refocus the family advisory committee to be more reflective of families who have a deaf or hard of hearing child;
2. Target the NTRC's scholarship program toward greater family engagement and leadership development;
3. Enhance family engagement in EHDI quality improvement activities; and
4. Increase the NTRC's financial and programmatic support for the work by Hands & Voices to strengthen family engagement in EHDI programs.

This will be the second supplement for this cooperative agreement.

FOR FURTHER INFORMATION CONTACT: Sadie Silcott, MBA, MPH, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18W57, Rockville, Maryland 20857; Phone: (301) 443–0133; Email: *ssilcott@hrsa.gov*.

Dated: September 2, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–21711 Filed 9–14–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration

Advisory Commission on Childhood Vaccines

AGENCY: Health Resources and Service Administration, HHS.

ACTION: 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 that a meeting is scheduled for Advisory Commission on Childhood Vaccines (ACCV). This meeting will be open to the public. Information about the ACCV and the agenda for this meeting can be obtained by accessing the following Web site: *http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html.*

DATES: The meeting will be held on September 20, 2016, at 10:00 a.m. EDT.

ADDRESSES: This meeting will be held via Adobe Connect Webinar and teleconference. The address for the meeting is 5600 Fishers Lane, Rockville, MD 20857, Conference Room 09N17. The public can join the meeting by:

1. (Audio Portion) Calling the conference phone number 800–799–3561 and providing the following information:

Leader Name: Dr. Narayan Nair
Password: 8164763

2. (Visual Portion) Connecting to the ACCV Adobe Connect Pro Meeting using the following URL: *https://hrsa.connectsolutions.com/accv/* (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 in order 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.*

FOR FURTHER INFORMATION CONTACT: Anyone requesting information regarding the ACCV should contact Annie Herzog, Program Analyst, Division of Injury Compensation Programs (DICP), Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Annie Herzog, Program Analyst, DICP, Health Resources and Services Administration, 5600 Fishers Lane, Room 08N146B, Rockville, Maryland 20857; (2) call (301) 443–6593; or (3) send an email to *aherzog@hrsa.gov*.

SUPPLEMENTARY INFORMATION: The ACCV was established by section 2119 of the Public Health Service Act (the Act) (42 U.S.C. 300aa–19), as enacted by Public Law (Pub. L.) 99–660, and as subsequently amended, and advises the Secretary of Health and Human Services (the Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP).

The activities of the ACCV also include: Recommending changes in the Vaccine Injury Table at its own initiative or as the result of the filing of a petition; advising the Secretary in implementing section 2127 of the Act regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions; surveying federal, state, and local programs and activities related to gathering information on injuries associated with the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b) of the Act; advising the Secretary on the methods of obtaining, compiling, publishing, and using credible data related to the frequency and severity of adverse