

allegations in the criminal information to which Holloway pled guilty under her plea agreement. As Holloway argues, however, the records of her criminal proceedings reflect that she did not admit to any of the specific factual allegations in the information during the plea colloquy conducted by the court. In fact, her attorney during the criminal proceedings explicitly stated, “[The information] contains many allegations that Ms. Holloway disputes.” After the prosecution summarized the evidence that it planned to introduce at trial, which closely mirrored the allegations in the information, the court accepted Holloway’s guilty plea on the basis of the following exchange:

*THE COURT:* Okay. I gather that some of the facts are in dispute; is that correct?

*THE DEFENDANT:* Correct.

*THE COURT:* Do you want to make a statement or, counsel, do you want to make a statement?

\* \* \* \* \*

*[DEFENSE COUNSEL]:* Ms. Holloway is, she is prepared to admit that she promoted BEXTRA for off label usage, and she understands that that constitutes the introduction of BEXTRA into interstate commerce with inadequate directions for use.

*THE COURT:* All right. Ms. Holloway, do you agree, do you accept your counsel’s representation as to the facts that you accept to be true?

*THE DEFENDANT:* Yes, ma’am.

In her request for a hearing and subsequent submissions (March 24, 2010, and November 15, 2013), Holloway argued that her lack of admission to any specific facts during her criminal proceedings calls into question ORA’s findings with respect to certain considerations under section 306(c)(3). In addition, with regard to certain ORA allegations in the proposed order to debar Holloway (January 20, 2010), and in support of facts weighing against debarment, Holloway has presented particularized challenges supported by explanations or documentary evidence.

After a review of the record, the Acting Chief Scientist concludes that, given the exceptional circumstances of this matter, it appears that it would likely be necessary to grant the pending request for a hearing. Such a hearing would require a broad scope to address any genuine and substantial issues of fact that are material to weighing the applicable considerations under section 306(c)(3) of the FD&C Act. As a result of this extraordinary posture, the scope of the disputed facts in this matter includes many of the facts that a prior criminal proceeding would typically have established, as well as those additional facts in dispute that relate to

certain of the applicable debarment considerations in section 306(c)(3) of the FD&C Act. Because few factual findings relating to Holloway’s specific conduct and actions between December 2001 and April 2005 underlying her 2009 conviction were generated during the criminal proceedings, a hearing to establish ORA’s proposed findings would require a substantial devotion of the Agency’s limited resources to this individual debarment proceeding.

The Acting Chief Scientist has weighed the Agency’s limited resources against the factors that weigh in favor of proceeding to evaluate ORA’s proposed debarment order at an evidentiary hearing. Chief among these countervailing considerations are the nature and seriousness of the offense articulated by ORA and the Agency’s interest in effectuating the remedial purpose of the statute in furtherance of the public health. The Acting Chief Scientist has accorded significant weight to those countervailing considerations but, in reaching a decision in this matter, has balanced those considerations against the extraordinary resources necessary to conduct an evidentiary hearing on the factual underpinnings for ORA’s proposed findings as to the considerations in section 306(c)(3) of the FD&C Act, when there were few specific facts established as part of the criminal proceeding.

After a careful evaluation of the arguments and information provided by both ORA and Holloway as they relate to the nature and breadth of the factual disputes at issue here, and after a consideration of the resources necessary to proceed under this unusual set of circumstances, the Acting Chief Scientist has determined that the revocation of the proposed order to debar Holloway is appropriate in this instance.

### III. Order

Upon review of the request for hearing, evidence, and arguments, the Acting Chief Scientist revokes the January 20, 2010, proposed order to debar Holloway and provides this notice of revocation in the **Federal Register** as required by § 12.26.

Dated: May 14, 2018.

**Denise Hinton,**

*Acting Chief Scientist.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Recruitment of Sites for Assignment of National Health Service Corps Scholarship Program Participants

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

**ACTION:** Notice.

**SUMMARY:** This notice announces that the listing of entities that will receive priority for assignments of National Health Service Corps (NHSC) Scholarship recipients (NHSC scholars) was posted on the Health Workforce Connector website (formerly known as the NHSC Jobs Center) at <https://connector.hrsa.gov/>. The Health Workforce Connector includes sites approved to receive an assignment of NHSC scholars who are available for service during the period of October 1, 2018, through September 30, 2019, as well as the site’s Health Professional Shortage Area (HPSA) scores. Please note that entities on this list may or may not have current job vacancies.

**DATES:** Entities interested in providing additional data and information in support of their inclusion on the proposed listing, or in support of a higher priority determination, must do so in writing no later than June 20, 2018.

**ADDRESSES:** Entities wishing to submit information to support an entity’s inclusion on the list or to request a higher priority determination should submit it to Beth Dillon, Director, Division of Regional Operations, Bureau of Health Workforce, 1961 Stout Street, Denver, CO 80294. HRSA will consider this information when preparing the final list of entities that receive priority for the assignment of NHSC scholars.

**SUPPLEMENTARY INFORMATION:** The program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

#### Evaluation and Selection Process

In approving applications for the assignment of NHSC scholars, the HHS Secretary shall give priority to any such application that is made for a position in a HPSA with the greatest shortage. HPSAs of greatest shortage are defined by its HPSA scores.

For the program year October 1, 2018, through September 30, 2019, priority for assignment of NHSC scholars will be

determined as follows: (1) Primary medical care HPSAs with scores of 18 and above are authorized for the assignment of NHSC scholars who are primary care physicians, primary care nurse practitioners, primary care physician assistants, or certified nurse midwives; (2) mental health HPSAs with scores of 18 and above are authorized for the assignment of NHSC scholars who are psychiatrists, mental health nurse practitioners, or mental health physician assistants; and (3) dental HPSAs with scores of 18 and above are authorized for the assignment of NHSC scholars who are dentists. The NHSC has determined that a minimum HPSA score of 18 for all service-ready NHSC scholars will enable it to meet its statutory obligation to identify a number of entities eligible for NHSC scholar placement that is at least equal to, but not greater than, twice the number of NHSC scholars available to serve in the 2018–2019 placement cycle.

Beginning on April 1, 2019, and on or about April 1 of each subsequent year, HRSA will publish on its website <https://connector.hrsa.gov/>, the HPSA scores used to determine priority for assignment of NHSC scholars for placement cycles after September 30, 2019, and entities that would receive priority for the placement of NHSC scholars. Entities wishing to provide additional data and information to support their inclusion on the proposed list of entities receiving priority in assignment of NHSC scholars, or to support a higher priority determination, must do so in writing no later than May 1, 2019, or within 30 days following the publication of a revised list in subsequent years.

Sites wishing to request an additional scholar must complete an Additional Scholar Request form available at [http://nhsc.hrsa.gov/downloads/additional\\_requestform.pdf](http://nhsc.hrsa.gov/downloads/additional_requestform.pdf). NHSC-approved sites that do not meet the authorized threshold HPSA may post job openings on the Health Workforce Connector; however, scholars seeking placement will be advised that they can only compete for positions at sites that meet the threshold that is in effect at the time they seek to be placed at an NHSC-approved site. Although vacancies in HPSAs that have scores less than the authorized threshold are not eligible for scholar placements, such vacancies will be used by the NHSC when evaluating the HPSA threshold score for the next annual scholarship placement cycle.

#### Application Requests

The list of HPSAs and entities eligible to receive priority for the placement of NHSC scholars is updated periodically.

New entities may be added to the Health Workforce Connector during a Site Application competition. Likewise, entities that no longer meet eligibility criteria, including those sites whose 3-year approval as an NHSC service site has lapsed or whose HPSA designation has been withdrawn or whose withdrawal is being processed, will be removed from the priority listing.

Dated: May 15, 2018.

**George Sigounas,**  
Administrator.

[FR Doc. 2018–10699 Filed 5–18–18; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Request for Information for the Development of the Fiscal Year 2021–2023 Trans-NIH Strategic Plan for HIV and HIV-Related Research

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** Through this Request for Information (RFI), the Office of AIDS Research (OAR) in the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), National Institutes of Health (NIH), invites feedback from investigators in academia, industry, health care professionals, patient advocates and health advocacy organizations, scientific or professional organizations, federal agencies, community, and other interested constituents on the development of the fiscal year (FY) 2021–2023 Trans-NIH Strategic Plan for HIV and HIV-Related Research (the Plan). The Plan is designed to identify and articulate future directions to maximize the NIH's investments in HIV research.

**DATES:** The OAR's Request for Information is open for public comment for a period of 30 days. Comments must be received by June 20, 2018 to ensure consideration. After the public comment period has closed, the comments received by OAR will be considered in a timely manner for the development of the FY 2021–2023 Trans-NIH Strategic Plan for HIV and HIV-related Research.

**ADDRESSES:** Submissions may be electronically entered at <https://grants.nih.gov/grants/rfi/rfi.cfm?ID=76>.

#### FOR FURTHER INFORMATION CONTACT:

Questions about this request for information should be directed to the Office of AIDS Research, National

Institutes of Health, email: [NIHOARRFI@nih.gov](mailto:NIHOARRFI@nih.gov), 5601 Fishers Lane Rockville, Maryland 20852.

**SUPPLEMENTARY INFORMATION:** To respond to this RFI, go to the following web address: <http://grants.nih.gov/grants/rfi/rfi.cfm?ID=76>.

As legislatively mandated, OAR plans and coordinates research through the development of an annual Trans-NIH Strategic Plan for HIV and HIV-Related Research that articulates the overarching HIV research priorities and serves as the framework for developing the trans-NIH HIV research budget. OAR oversees and coordinates the conduct and support of all HIV research activities across the NIH Institutes and Centers (ICs). The NIH-sponsored HIV research programs include both extramural and intramural research, buildings and facilities, research training, program evaluation, and supports a comprehensive portfolio of research representing a broad range of basic, clinical, behavioral, social sciences, and translational research on HIV and its associated coinfections and comorbidities.

The Plan provides information about the NIH's HIV research priorities to the scientific community, Congress, community stakeholders, HIV-affected communities, and the broad public at large. The fiscal year 2018 Trans-NIH Plan for HIV-Related Research was recently distributed on the OAR website: ([https://www.oar.nih.gov/strategic\\_plan/plan\\_18.asp](https://www.oar.nih.gov/strategic_plan/plan_18.asp)).

The current overarching priorities for HIV/AIDS research are defined in the NIH Director's Statement of August 12, 2015, and Guide Notice NOT–OD–15–137 (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html>).

High Priority topics of research for support include:

- (1) Reducing the incidence of HIV/AIDS;
- (2) Developing the next generation of HIV therapies;
- (3) Identifying strategies towards a cure;
- (4) Improving the prevention and treatment of HIV-associated comorbidities, coinfections, and complications; and
- (5) Cross-cutting areas that includes basic research, behavioral and social sciences research, health disparities, trainings, capacity-building, and infrastructure.

This RFI is for planning purposes only and should not be construed as a solicitation for applications or proposals, or as an obligation in any way on the part of the United States Federal Government. The Federal