III. Participating in the Public Web Conference

Registration: To register for the free public web conference, complete the registration form at *https://www.ctti-clinicaltrials.org/briefing-room/meetings/ich-e6-guideline-good-clinical-practice-stakeholder-engagement.* Please provide complete contact information for each attendee, including name, title, affiliation, address, email, and telephone number.

Streaming Public Web Conference: This live web conference will be recorded and archived and will be available after the event at the event website. Persons interested in participating in the live web conference are encouraged to register in advance (see *Registration*). The live web conference will also be available at the website above on the day of the event without preregistration. Detailed information is available at the following website: *https://www.ctti-clinicaltrials.org/briefing-room/meetings/ich-e6-guideline-good-clinical-practice-stakeholder-engagement.*

Registered web conference participants will be sent technical system requirements in advance of the event. It is recommended that you review these technical system requirements prior to joining the streaming web conference of the public event.

FDA has verified the website addresses in this document, as of the date this document publishes in the **Federal Register**, but websites are subject to change over time.

Meeting Materials: All event materials will be provided to registered attendees via email prior to the web conference and will be publicly available at the *https://www.ctti-clinicaltrials.org/briefing-room/meetings/ich-e6-guideline-good-clinical-practice-stakeholder-engagement.*

Transcripts: Please be advised that transcripts of the public web conference will not be available.

Dated: May 15, 2020.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2020–10975 Filed 5–20–20; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2018–N–1242]

Advisory Committee; Arthritis Advisory Committee; Renewal

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; renewal of advisory committee.

SUMMARY: The Food and Drug Administration (FDA) is announcing the renewal of the Arthritis Advisory Committee by the Commissioner of Food and Drugs (the Commissioner). The Commissioner has determined that it is in the public interest to renew the Arthritis Advisory Committee for an additional 2 years beyond the charter expiration date. The new charter will be in effect until April 5, 2022.

DATES: Authority for the Arthritis Advisory Committee would have expired on April 5, 2020, unless the Commissioner had formally determined that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Yinghua Wang, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, Rm. 2417, Silver Spring, MD 20993–0002, 301–796–9001, *AAC@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under 41 CFR 102–3, FDA is announcing the renewal of the Arthritis Advisory Committee. The Committee is a discretionary Federal advisory committee established to provide advice to the Commissioner or designee in discharging responsibilities as they relate to helping to ensure safe and effective drugs for human use and, as required, any other product for which FDA has regulatory responsibility.

The Committee reviews and evaluates data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of arthritis, rheumatism, and related diseases, and makes appropriate recommendations to the Commissioner of Food and Drugs.

Under its Charter, the Committee shall consist of a core of 11 voting members including the Chair. Members and the Chair are selected by the Commissioner or designee from among authorities knowledgeable in the fields of arthritis, rheumatology, orthopedics, epidemiology or statistics, analgesics, and related specialties. Members will be invited to serve for overlapping terms of up to 4 years. Almost all non-Federal members of this committee serve as Special Government Employees. The core of voting members may include one technically qualified member, selected by the Commissioner or designee, who is identified with consumer interests and is recommended by either a consortium of consumer-oriented organizations or other interested persons. In addition to the voting members, the Committee may include one non-voting representative member who is identified with industry interests. There may also be an alternate industry representative.

Further information regarding the most recent charter and other information can be found at *https://www.fda.gov/advisory-committees/human-drug-advisory-committees/arthritis-advisory-committee* or by contacting the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT**). In light of the fact that no change has been made to the Committee name or description of duties, no amendment will be made to 21 CFR 14.100.

This document is issued under the Federal Advisory Committee Act (5 U.S.C. app.). For general information related to FDA advisory committees, please check *https://www.fda.gov/advisory-committees.*

Dated: May 18, 2020.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2020–10996 Filed 5–20–20; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Clinical Care Commission

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The National Clinical Care Commission (the Commission) will conduct a virtual meeting on June 26, 2020. The Commission is charged to evaluate and make recommendations to the U.S. Department of Health and Human Services (HHS) Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

DATES: The meeting will take place on June 26, 2020, from 1 p.m. to approximately 5 p.m. Eastern Daylight time (EDT).

ADDRESSES: The meeting will be held online via webinar. To register to attend the meeting, please visit the registration website at *https://kauffmaninc.adobeconnect.com/nccc_june2020/event/event_info.html.*

FOR FURTHER INFORMATION CONTACT: Jennifer Anne Bishop, ScD, MPH, Designated Federal Officer, National Clinical Care Commission, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Suite 420, Rockville, MD 20852. Email: *OHQ@hhs.gov.*

SUPPLEMENTARY INFORMATION: The National Clinical Care Commission Act (Pub. L. 115–80) requires the HHS Secretary to establish the National Clinical Care Commission. The Commission consists of representatives of specific federal agencies and non-federal individuals and entities who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

The seventh meeting will be held virtually, and will consist of updates from the Commission's three subcommittees and a discussion of public comments and outreach to stakeholder organizations. The final meeting agenda will be available prior to the meeting at *https://health.gov/our-work/health-care-quality/national-clinical-care-commission/meetings.*

Public Participation at Meeting: The Commission invites public comment on issues related to the Commission's charge. There will be an opportunity for limited oral comments (each no more than 3 minutes in length) at this virtual meeting. Virtual attendees who plan to provide oral comments at the Commission meeting during a designated time must register prior to the meeting at *https://kauffmaninc.adobeconnect.com/nccc_june2020/event/event_info.html.*

Written comments are welcome throughout the entire development process of the Commission's work and may be emailed to *OHQ@hhs.gov.* Written comments should not exceed three pages in length.

Individuals who need special assistance, such as sign language interpretation or other reasonable accommodations, should indicate the special accommodation when registering online or by notifying Jennifer Gillissen at *jennifer.gillissen@kauffmaninc.com* by June 12, 2020.

Authority: The National Clinical Care Commission is required under the National Clinical Care Commission Act (Pub. L. 115–80). The Commission is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C., App.) which sets forth standards for the formation and use of federal advisory committees.

Dated: 05/15/2020.

Carter Blakey,

Acting Director, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health.

[FR Doc. 2020–10925 Filed 5–20–20; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Designation for the Little Shell Tribe of Chippewa Indians of Montana

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) is establishing the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) (formerly Contract Health Service Delivery Area or CHSDA) for the newly federally recognized Little Shell Tribe of Chippewa Indians of Montana.

DATES: This notice is applicable as of June 22, 2020.

ADDRESSES: This notice can be found at *https://www.federalregister.gov.* Written requests for information or comments submitted by postal mail or delivery should be addressed to Evonne Bennett, Acting Director, Division of Regulatory and Policy Coordination, Indian Health Service, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: CDR John Rael, Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop: 10E85C, Rockville, Maryland 20857. Telephone (301) 443–0969 (This is not a toll free number).

SUPPLEMENTARY INFORMATION: The IHS currently provides services under regulations in effect on September 15, 1987, and republished at 42 CFR part 136, subparts A–C. When Tribes are recognized under Federal law, either Congress legislatively designates counties to serve as PRCDAs, or the Director, IHS, exercises reasonable administrative discretion to designate PRCDAs to effectuate the intent of Congress for these Tribes. The Director, IHS, publishes a notice in the **Federal Register** *(FR)* when there are revisions or updates to the list of PRCDAs, including the designation of PRCDAs for newly recognized or restored Tribes.

At 42 CFR part 136 Subpart C, a PRCDA is defined as the geographic area within which Purchased/Referred Care (PRC) will be made available by the IHS to members of an identified Indian community who reside in the area. The regulations provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation (42 CFR 136.22(a)(6)). Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed but not available at an IHS or Tribal facility are provided under the PRC program depending on the availability and accessibility of alternate resources in accordance with the regulations.

Under Public Law 116–92 (the ''Act''), the Little Shell Tribe of Chippewa Indians of Montana was officially recognized as an Indian Tribe within the meaning of Federal law. The Act sets forth the service area for the newly recognized Tribe for the purpose of the delivery of Federal services and benefits to Tribal members. The purpose of this FR notice is to notify the public of the establishment of the PRCDA for the newly recognized Little Shell Tribe of Chippewa Indians of Montana. Consistent with the Act, IHS is designating the counties of Blaine, Cascade, Glacier, and Hill in the State of Montana as the Tribe's PRCDA.

Under 42 CFR 136.23, those otherwise eligible Indians who do not reside on a reservation but reside within a PRCDA must be either members of the Little Shell Tribe of Chippewa Indians of Montana or maintain close economic and social ties with the Tribe. The financial resources required to meet the immediate needs of the Little Shell Tribe of Chippewa Indians of Montana members residing in the PRCDA are determined by the IHS, through consultation with the Tribe and will be placed in the Billings Area PRC budget.

This notice does not contain reporting or recordkeeping requirements subject to prior approval by the Office of Management and Budget under the Paperwork Reduction Act.