make a report focusing on informed consent and future use of specimens or data. SAS is charged with developing recommendations for consideration by SACHRP about the application of subpart A of 45 CFR part 46 in the current research environment. This subcommittee was established by SACHRP at its October 2006 meeting. Following the SAS report and lunch, there will be a panel of speakers discussing the emergence of ethics consultations services, and whether such ethical discussions should occur more appropriately within the domain of the IRB. July 20 will conclude with time devoted to a discussion of future directions for SAS.

On July 21, 2010, the morning will begin with a panel discussing regulatory challenges that are posed by the increasing use of the internet and electronic media in human subjects research. After lunch, a panel will focus on the genetic research involving members of the Havasupai Indian tribe, which was the focus of a recently settled lawsuit brought by the Havasupai Indian tribe against the Arizona State University, and the implications this research and the related legal settlement present for informed consent and biospecimen research. The day will conclude with a report from the Subcommittee on Harmonization (SOH). The SOH was established by SACHRP at its July 2009 meeting, and is charged with identifying and prioritizing areas in which regulations and/or guidelines for human subjects research adopted by various agencies or offices within HHS would benefit from harmonization, consistency, clarity, simplification and/or coordination. Public comment will be heard on both days.

Public attendance at the meeting is limited to space available. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact persons. Members of the public will have the opportunity to provide comments on both days of the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed materials distributed to SACHRP members for this scheduled meeting should submit materials to the Executive Director, SACHRP, prior to the close of business Friday, July 16, 2010.

Jerry Menikoff,
Director, Office for Human Research Protections, Executive Secretary, Secretary's Advisory Committee on Human Research Protections.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary
Center for Faith-Based and Neighborhood Partnerships; Office of Health Reform Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (HHS), as last amended at 75 FR 20364–5, dated April 19, 2010, and Chapter AA, Immediate Office of the Secretary, as last amended at 75 FR 20364–5, dated April 19, 2010, are being amended to establish two new chapters, Chapter AAE, “Office of Health Reform (AAE),” and Chapter AW, “Center for Faith-Based and Neighborhood Partnerships,” in the Office of the Secretary. The changes are as follows:

I. Under Part A, Chapter AA, Section AA.10 Organization, after “The Secretary (AA),” insert the following: “Office of Health Reform (AAE).”

II. Under Part A, Chapter AA, Section AA.10 Organization, insert the following: “Center for Faith-Based and Neighborhood Partnerships (AW),”

III. Under chapter AA, establish a new chapter AAE, “Office of Health Reform,” to read as follows:

Chapter AAE, Office of Health Reform
AAE.00 Mission
AAE.10 Organization
AAE.20 Functions

AAE.00 Mission. The Office of Health Reform shall direct and coordinate the Department of Health and Human Services’ (HHS’) efforts to implement a comprehensive health reform plan. The Office of Health Reform’s responsibilities include: (1) Coordinating and liaising with the White House on health reform implementation matters; (2) serving as a representative, on behalf of the Secretary and HHS, to other Federal agencies in matters related to health reform; and (3) coordinating with HHS’ Operating and Staff Divisions, as well as other Federal agencies, in developing and implementing a comprehensive health reform plan.

IV. Under Part A, establish a new Chapter AW, “Center for Faith-Based and Neighborhood Partnerships” to read as follows:

Chapter AW, Center for Faith-Based and Neighborhood Partnerships.

AW.00 Mission
AW.10 Organization
AW.20 Functions

AW.00 Mission. The Center for Faith-Based and Neighborhood Partnerships (CFBNP) coordinates the Department of Health and Human Services’ (HHS’) efforts to support partnerships between HHS and faith and community-based nonprofit organizations in health care and human services sectors in order to better serve people and communities.

AW.10 Organization. CFBNP is headed by a Director, appointed by the Secretary in consultation with the White House Office of Faith-Based and Neighborhood Partnerships, who reports to the Secretary and who serves as the Secretary’s principal advisor on HHS’ activities relating to faith-based and neighborhood partnership activities.

AW.20 Functions. CFBNP engages and communicates with the grassroots, ensuring that local institutions that hold community trust have up-to-date information regarding health and human service activities and resources in their area. CFBNP also works to enable community and faith-based organizations to partner with the government through both non-fiduciary and fiduciary partnerships to achieve both HHS’ and the President’s goals for the Faith-based and Neighborhood Partnership Initiative, which include: strengthening the role of community organizations in the economic recovery and poverty reduction; reducing unintended pregnancies and supporting maternal and child health; promoting responsible fatherhood and healthy families; and fostering interfaith dialogue and collaboration with leaders and scholars around the world and at home.

Dated: June 22, 2010.
E.J. Holland, Jr.
Assistant Secretary for Administration.