SUPPLEMENTARY INFORMATION: CFSAC was established on September 5, 2002 as a discretionary federal advisory committee. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including (1) The current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome (CFS), and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

One amendment was proposed and approved for the new charter. The Committee structure has been expanded to include three non-voting liaison representative positions. These positions will be occupied by representatives from organizations that have interest in, and/or are concerned with, the issues of individuals with CFS. Individuals will be designated by their organizations to serve as non-voting liaison representatives for a term not to exceed two years. The designated federal officer (DFO) for CFSAC or designee will select the organizations to serve in the non-voting liaison representative positions. The non-voting liaison representatives will not receive compensation.

On August 29, 2012, the Secretary of Health and Human Services approved renewal of the CFSAC charter. The new charter was made effective and filed with the appropriate Congressional committees and the Library of Congress on September 5, 2012. Renewal of the CFSAC charter provides authorization for the Committee to continue to operate until September 5, 2014. A copy of the Committee charter is available on the CFSAC Web site at http://www.hhs.gov/advcom/cfs.

The PCFNS is a non-discretionary federal advisory committee. The PCFNS was established under Executive Order 13545, dated June 22, 2010. This authorizing directive was issued to amend the purpose, function, and name of the Council, which formerly operated as the President’s Council on Physical Fitness and Sports (PCPFS). The scope of the Council was changed to include nutrition to bring attention to the importance of good nutrition with regular physical activity for maintaining a healthy lifestyle. The PCFNS is the only federal advisory committee that is focused solely on the promotion of physical activity, fitness, sports, and nutrition. Since the PCFNS was established by Presidential directive, appropriate action had to be taken by the President or agency head to authorize continuation of the PCFNS. The President issued Executive Order 13585, dated September 30, 2011, authorizing the PCFNS to continue to operate until September 30, 2013.

No amendments were recommended for the PCFNS charter. The charter was approved by the Secretary of Health and Human Services and filed with the appropriate Congressional committees and the Library of Congress on September 10, 2012. A copy of the Council charter is available on the PCFNS Web site at http://fitness.gov.

SACHRP is a discretionary federal advisory committee. SACHRP provides advice to the Secretary, through the Assistant Secretary for Health, on matters pertaining to the continuance and improvement of functions within the authority of the Department of Health and Human Services concerning protections for human subjects in research.

No amendments were recommended for the SACHRP charter. On September 21, 2012, the Secretary of Health and Human Services approved renewal of the SACHRP charter. The new charter was filed with the appropriate Congressional committees and the Library of Congress on October 1, 2012. SACHRP is authorized to continue to operate until October 1, 2014. A copy of the charter is available on the Committee Web site at http://www.hhs.gov/ohrp/sachrp/.

The ACBTSAs is a discretionary federal advisory committee. The Committee was established to provide advice to the Secretary, through the Assistant Secretary for Health, on a range of policy issues around the safety and availability of the blood supply and blood products. The following amendments were proposed and approved for the ACBTSAs charter: (1) The Committee title has been changed to Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA); (2) the scope of work to be performed by the Committee has been clarified. For solid organs and blood stem cells, the Committee’s scope will be limited to policy issues related to donor derived infectious disease complications of transplantation; (3) the Committee’s scope of activities and duties have been expanded to include tissues because the ACBTSAs has responsibility for providing advice and making recommendations on transplantation; and (4) the Committee structure has been expanded to increase the number of official representative members to nine to allow representation from the American Association of Tissue Banks, the Eye Bank Association of America, and an organ procurement organization.

On October 9, 2012, the new charter was approved by the Secretary of Health and Human Services and filed with the appropriate Congressional committees and the Library of Congress. ACBTSAs is authorized to operate until October 9, 2014. A copy of the charter can be obtained on the ACBTSAs Web site at http://www.hhs.gov/ash/bloodsafety/index.html.

Copies of the charters for the designated committees also can be obtained by accessing the FACQA database that is maintained by the Committee Management Secretariat under the General Services Administration. The Web site address for the FACQ database is http://fido.gov/facadatabase.

Howard K. Koh,
Assistant Secretary for Health.

Announcement of Intent To Establish the 2015 Dietary Guidelines Advisory Committee and Solicitation of Nominations for Appointment to the Committee Membership

AGENCY: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health; and U.S. Department of Agriculture, Food, Nutrition, and Consumer Services and Research, Education and Economics.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) is working jointly with the U.S. Department of Agriculture (USDA) to establish the 2015 Dietary Guidelines Advisory Committee (DGAC). It is planned for the Committee to be established in the beginning of calendar year 2013. This notice also will serve to announce that an invitation is being extended for nominations of individuals who are interested in being considered for appointment to the Committee.

DATES: Nominations must be submitted no later than close of business November 26, 2012.

ADDRESSES: Nominations may be submitted by email to...
Beginning with the 1985 edition, the Secretaries of HHS and USDA have established a DGAC to provide advice and make recommendations regarding the Guidelines, based on a thorough evaluation of recent scientific and applied literature. The DGAC is composed of experts in nutrition and health. The Committee is established as a federal advisory committee and is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C., App.). Formation of the 2015 DGAC is necessary and in the public interest.

The Committee is expected to begin meeting during the Spring/Summer of 2013; the Committee will meet, at a minimum, four times during the course of its operation. Pursuant to the FACA, all Committee meetings will be open to the public. The 2015 DGAC will be established to accomplish a single time-limited task. The Committee will develop a report of its recommendations that will be presented to the Secretaries of HHS and USDA. Upon delivery of its report to the Secretaries, the activities of the 2015 DGAC will be terminated.

For those who are interested in reviewing the 2010 edition of the DGAC report, it is available at www.dietaryguidelines.gov. A limited number of hard copies of the report are available upon request from HHS and USDA.

Structure: It is proposed that the 2015 DGAC will consist of up to 17 members; one or more members will be selected to serve as the Chair, Vice Chair, and/or Co-Chairs. Prospective members of the DGAC should be knowledgeable of current scientific research in human nutrition and chronic disease and be respected and published experts in their fields. The prospective members also should be familiar with the purpose, communication, and application of the Guidelines and have demonstrated interest in the public’s health and well-being through research and/or educational endeavors. Expertise will be sought in specific specialty areas that may include, but are not limited to, cardiovascular disease; type 2 diabetes, overweight and obesity; osteoporosis; cancer; pediatrics; gerontology; maternal/gestational nutrition; epidemiology; general medicine; energy balance, which includes physical activity; nutrient bioavailability; nutrition biochemistry and physiology; food processing science, safety and technology; public health; nutrition education and behavior change; and/or nutrition-related systematic review methodology.

Nominations: Nominations, including self-nominations, of individuals who have the above mentioned expertise and knowledge will be considered for appointment as members of the Committee. A nomination should include, at a minimum, the following for each nominee: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (i.e., specific attributes which qualify the nominee to be considered for appointment as a member of the 2015 DGAC), and a statement from the nominee that he/she would be willing to serve as a member of the Committee, if selected; (2) the nominator’s name, address, and daytime telephone number, and the address, telephone number, and email address of the individual being nominated; and (3) a current copy of the nominee’s curriculum vitae or resume, which should be limited to no more than 10 pages.

Equal opportunity practices regarding membership appointments to the 2015 DGAC will be aligned with HHS and USDA policies. Every effort will be made to ensure that the Committee is a diverse group of individuals with representation from various geographic locations, racial and ethnic minorities, women, and persons with disabilities.

Individuals will be appointed to serve as members of the Committee to represent balanced viewpoints of the scientific evidence, not to represent the viewpoints of any specific group. Members of the 2015 DGAC will be classified as special Government employees (SGEs) during their term of appointment on the Committee, and as such are subject to the ethical standards of conduct for federal employees. Upon entering the position and annually throughout the term of appointment, members of the 2015 DGAC will be required to complete and submit a report of their financial holdings.


Howard K. Koh,
Assistant Secretary for Health, U.S. Department of Health and Human Services.


Kevin W. Concannon,
Under Secretary, Food, Nutrition, and Consumer Services, U.S. Department of Agriculture.


Catherine E. Waterki,
Chief Scientist and Under Secretary for Education, and Economics, U.S. Department of Agriculture.

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