

- Massachusetts, Court of Federal Claims No: 13-0611V
45. Mordichai and Chana Pshemish on behalf of Y.P., Boca Raton, Florida, Court of Federal Claims No: 13-0612V
46. Bryan Krehnbrink, Boston, Massachusetts, Court of Federal Claims No: 13-0613V
47. Saro Manoukian, Worcester, Massachusetts, Court of Federal Claims No: 13-0614V
48. Howard S. Kahn, Baraboo, Wisconsin, Court of Federal Claims No: 13-0615V
49. James E. Smith, Lake City, Tennessee, Court of Federal Claims No: 13-0617V
50. John Ryng, Bristol, Connecticut, Court of Federal Claims No: 13-0618V
51. Ruth Day, Denton, Texas, Court of Federal Claims No: 13-0620V
52. Latasha George, Lake Charles, Louisiana, Court of Federal Claims No: 13-0621V
53. Danya Wright, Tarrant, Texas, Court of Federal Claims No: 13-0622V
54. Joseph Wojtanowski, Providence, Rhode Island, Court of Federal Claims No: 13-0623V
55. Cynthia M. Morris (Sabin), Dekalb, Illinois, Court of Federal Claims No: 13-0624V
56. Steven Carpenter, Lander, Wyoming, Court of Federal Claims No: 13-0628V
57. Cathy L. Jackson, Raleigh, North Carolina, Court of Federal Claims No: 13-0630V
58. Douglas Orton on behalf of Walter J. Orton, III, Deceased, Grand Island, New York, Court of Federal Claims No: 13-0631V

[FR Doc. 2013-24220 Filed 10-2-13; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Commission of Childhood Vaccines; Request for Nominations for Voting Members

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is requesting nominations of qualified candidates to fill three vacancies on the Advisory Commission on Childhood Vaccines (ACCV). The ACCV was established by Title XXI of the Public

Health Service Act (the Act), 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).

**DATES:** The agency must receive nominations on or before 60 days after date of publication in the **Federal Register**.

**ADDRESSES:** All nominations are to be submitted to the Director, Division of Vaccine Injury Compensation, Healthcare Systems Bureau (HSB), HRSA, Parklawn Building, Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** Ms. Amber Berrian, Principal Staff Liaison, Division of Vaccine Injury Compensation, HSB, HRSA, at (301) 443-0845 or email [aberrian@hrsa.gov](mailto:aberrian@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** Under the authorities that established the ACCV, the Federal Advisory Committee Act of October 6, 1972 (Pub. L. 92-463) and section 2119 of the Act, 42 U.S.C. 300aa-19, as added by Public Law 99-660 and amended, HRSA is requesting nominations for three voting members of the ACCV.

The ACCV advises the Secretary on the implementation of the VICP. The activities of the ACCV 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 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); advising the Secretary on the methods of obtaining, compiling, publishing, and using credible data related to the frequency and severity of adverse reactions associated with childhood vaccines; consulting on the development or revision of the Vaccine Information Statements; and recommending to the Director of the National Vaccine Program that vaccine safety research be conducted on various vaccine injuries.

The ACCV consists of nine voting members appointed by the Secretary as follows: (1) Three health professionals, who are not employees of the United States Government and have expertise in the health care of children, and the epidemiology, etiology, and prevention of childhood diseases, and the adverse

reactions associated with vaccines, at least two shall be pediatricians; (2) three members from the general public, at least two shall be legal representatives (parents or guardians) of children who have suffered a vaccine-related injury or death; and (3) three attorneys, at least one shall be an attorney whose specialty includes representation of persons who have suffered a vaccine-related injury or death, and one shall be an attorney whose specialty includes representation of vaccine manufacturers. In addition, the Director of the National Institutes of Health, the Assistant Secretary for Health, the Director of the Centers for Disease Control and Prevention, and the Commissioner of the Food and Drug Administration (or the designees of such officials) serve as nonvoting ex officio members.

Specifically, HRSA is requesting nominations for three voting members of the ACCV representing: (1) A health professional, who has expertise in the health care of children; and the epidemiology, etiology, and prevention of childhood diseases; and (2) a member of the general public who is the legal representative (parent or guardian) of a child who has suffered a vaccine related injury or death; and (3) an attorney with no specific affiliation. Nominees will be invited to serve a 3-year term beginning January 1, 2014, and ending December 31, 2016.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals with a view to ensuring that the ACCV includes the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership on the ACCV. Nominations shall state that the nominee is willing to serve as a member of the ACCV and appears to have no conflict of interest that would preclude the ACCV membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the ACCV to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee: (1) A letter of nomination stating the name, affiliation, and contact information for the nominee, the basis for the nomination (i.e., what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of ACCV), and the nominee's field(s) of expertise; (2) a

biological sketch of the nominee and a copy of his/her curriculum vitae; and (3) the name, address, daytime telephone number, and email address at which the nominator can be contacted.

HHS strives to ensure that the membership of HHS federal advisory committee is fairly balanced in terms of points of view presented and the committees function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS federal advisory committees and, therefore, the Department encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the Committee. Appointment to this Committee shall be made without discrimination on basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Dated: September 26, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-24304 Filed 10-2-13; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Animal Center Master Plan Record of Decision

**SUMMARY:** The Department of Health and Human Services, the National Institutes of Health (NIH), has decided, after completion of a Final Environmental Impact Statement (FEIS) and a thorough consideration of the public comments on the Draft EIS, to implement the Proposed Action, referred to as the Proposed Action in the Final EIS. This action is for a long-range physical Master Plan for National Institutes of Health Animal Center (NIHAC) located in Dickerson, Maryland. This alternative accounts for potential growth in NIHAC personnel, new construction, additions, renovations, demolitions, and upgrades in site utilities.

*Responsible Official:* Daniel G. Wheeland, Director, Office of Research Facilities Development and Operations, NIH.

**FOR FURTHER INFORMATION CONTACT:** Valerie Nottingham, Deputy Director, DEP, ORF, NIH, Building 13, Room 2S11, 9000 Rockville Pike, Bethesda, MD 20892, Phone 301-496-7775, [nihnepa@mail.nih.gov](mailto:nihnepa@mail.nih.gov).

**SUPPLEMENTARY INFORMATION:**

#### Decision

After careful review of the environmental consequences in the Final Environmental Impact Statement for the Master Plan, National Institutes of Health Animal Center, and consideration of public comment throughout the NEPA process, the NIH has decided to implement the Proposed Action described below as the Selected Alternative.

#### Selected Alternative

The Selected Alternative is intended to be a strategic tool for the efficient allocation of campus resources, the orderly accommodation of future growth, and the creation of an environment, which is both functionally and aesthetically conducive to accomplishing the NIHAC mission. The Selected Alternative will provide a guide for the reasoned and orderly development of the NIHAC campus, one that values and builds on existing resources, corrects current deficiencies and meets changing needs through new construction or renovation. The plan sets forth implementation priorities and a logical sequencing of planned development.

The Selected Alternative is for a long-range physical Master Plan for NIHAC. This alternative covers a 20-year planning period, with reviews every 5 years to ensure that the plan continues to address issues affecting the campus. The alternative addresses the future development of the NIHAC site, including placement of future construction; vehicular and pedestrian circulation on and off-campus; parking within the property boundaries; open space in and around the campus; required setbacks; historic properties; natural and scenic resources; noise; and lighting. This alternative accounts for potential growth in NIHAC personnel, and consequent construction of space over the planning period. Future construction on the site could include such facilities as new animal holding, research laboratories, and support facilities.

NIH will continue to develop NIHAC to accommodate NIH's research needs and required programmatic adjacencies consistent with the commitment to maintain the "campus" character of the site. The alternative advances this objective by programming and locating future NIHAC growth so that new development would tie into the existing utility services and utilities are available to support growth, and establishing development guidelines for future changes to the site that ensure that as the campus grows new development

would be responsive to the context of adjacent neighborhoods or developments. Under the selected alternative, NIHAC's population is anticipated to grow in the next twenty years to a total campus population of 212. The primary growth at the campus would be in intramural research personnel and the administrative and facility staff to support them.

#### Alternatives Considered

The Proposed Action Alternative and No Action Alternative were the two alternatives analyzed in the Final EIS. The Master Plan covers a 20-year planning period, but will be reviewed every 5 years to ensure that the plan continues to remain current and relevant to the key issues affecting the campus. The alternatives addressed the future development of the NIHAC site, including placement of future construction; vehicular and pedestrian circulation on and off-campus; parking within the property boundaries; open space in and around the campus; required setbacks; historic properties; natural and scenic resources; noise; and lighting. They account for potential growth in NIHAC personnel, and consequent construction of space over the planning period. Future construction on the site could include such facilities as new animal holding, research laboratories, and support facilities.

#### Factors Involved in the Decision

The Department of Health and Human Services (HHS) requires that NIH facilities have a Master Plan; however, the previous Master Plan for the NIHAC campus was outdated. In addition, factors such as the aging of facilities that were designed only to accommodate temporary use, animal housing facilities that do not provide adequate space for projected increases in animal populations, and research support facilities not being adequate to sustain current and projected programs played a key role. The Master Plan contains information and recommendations to guide development of individual projects. It also serves as a means of informing city and county officials and utilities of future NIHAC development plans so they can anticipate and plan for the potential effects of NIHAC proposals on their systems.

#### Resources Impacts

The Final EIS describes potential environmental effects of the Selected Alternative. These potential effects are documented in Chapter 3 of the Final EIS. Any potential adverse environmental effects will be avoided or