selection process and will forward to each such organization a ballot listing at least two qualified nominees selected by the Agency based on the nominations received, together with each nominee's current curriculum vitae or résumé. Ballots are to be filled out and returned to FDA within 30 days. The nominee receiving the highest number of votes ordinarily will be selected to serve as the member representing consumer interests for that particular advisory committee or panel.

IV. Nomination Procedures

Any interested person or organization may nominate one or more qualified persons to represent consumer interests on the Agency's advisory committees or panels. Self-nominations are also accepted. Nominations should include a cover letter and a current curriculum vitae or résumé for each nominee, including a current business and/or home address, telephone number, email address if available, and a list of consumer or community-based organizations for which the candidate can demonstrate active participation.

Nominations should also specify the advisory committee(s) or panel(s) for which the nominee is recommended. In addition, nominations should include confirmation that the nominee is aware of the nomination, unless self-nominated. FDA will ask potential candidates to provide detailed information concerning such matters as financial holdings, employment, and research grants and/or contracts to permit evaluation of possible sources of conflicts of interest. Members will be invited to serve for terms up to 4 years.

FDA will review all nominations received within the specified timeframes and prepare a ballot containing the names of qualified nominees. Names not selected will remain on a list of eligible nominees and be reviewed periodically by FDA to determine continued interest. Upon selecting qualified nominees for the ballot, FDA will provide those consumer organizations that are participating in the selection process with the opportunity to vote on the listed nominees. Only organizations vote in the selection process. Persons who nominate themselves to serve as voting or nonvoting consumer representatives will not participate in the selection process.

Dated: August 14, 2014.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2014–19696 Filed 8–19–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance Program; Negotiation Cooperative Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on July 29, 2014, for the FY 2014 Office of Tribal Self-Governance Program, Negotiation Cooperative Agreement Announcement. The notice contained an incorrect date.

FOR FURTHER INFORMATION CONTACT: Mr. Jeremy Marshall, Policy Analyst, Office of Tribal Self-Governance, Indian Health Service, 801 Thompson Avenue, Suite 240, Rockville, MD 20852, Telephone (301) 443–7821. (This is not a toll-free number.)

Correction

In the **Federal Register** of July 29, 2014, in FR Doc. 2014–17800, on page 44049, in the second column, under the heading Key Dates, the correct date should read as follows:

Signed Tribal Resolutions Due Date: September 8, 2014.

Dated: August 13, 2014.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2014–19700 Filed 8–19–14; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance Program; Planning Cooperative Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on July 29, 2014, for the FY 2014 Office of Tribal Self-Governance Program, Planning Cooperative Agreement Announcement. The notice contained an incorrect date.

FOR FURTHER INFORMATION CONTACT: Mr. Jeremy Marshall, Policy Analyst, Office of Tribal Self-Governance, Indian Health Service, 801 Thompson Avenue, Suite 240, Rockville, MD 20852, Telephone (301) 443–7821. (This is not a toll-free number.)

Correction

In the **Federal Register** of July 29, 2014, in FR Doc. 2014–17801, on page 44043, in the first column, under the heading Key Dates, the correct date should read as follows:

Signed Tribal Resolutions Due Date: September 8, 2014.

Dated: August 13, 2014.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2014–19699 Filed 8–19–14; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request Chimpanzee Research Use Form (OD)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on May 13, 2014, page 27318, and allowed 60 days for public comment. The NIH received two requests to view the form and one comment expressing the opinion that chimpanzee research should be discontinued but did not receive any public comments on the form itself. The purpose of this notice is to allow an additional 30 days for public comment. The NIH Office of the Director (OD), Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments To OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the OMB Office of Regulatory Affairs at *OIRA_submission@omb.eop.gov;* or by fax to 202–395–6974, Attention: NIH Desk Officer.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments or to request more information on the proposed project contact: DPCPSI, OD, NIH, Building 1, Room 260, 1 Center Drive, Bethesda, MD 20892; or call non-toll-free number 301–402–9852; or email the request, including address, to *dpcpsi@od.nih.gov.* Requests for plans and instruments must be made in writing.

Proposed Collection: Chimpanzee Research Use Form, 0925–NEW, Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), Office of the Director (OD), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose of this form is to obtain information needed by the NIH to assess whether proposed research triggers consideration by the Chimpanzee Research Use Panel (CRUP) and the NIH Council of Councils (Council), and if so, whether the research satisfies the agency's policy for research involving chimpanzees. The CRUP is a working group of the Council that has been charged with considering whether research proposing to use chimpanzees is consistent with principles and criteria for research involving chimpanzees, as discussed in the 2011 Institute of Medicine report, *Chimpanzees in Biomedical and Behavioral Research: Assessing the Necessity,* and as implemented through agency policy. The NIH, the CRUP, and/or the Council will consider the information submitted through this form prior to the agency making funding decisions or otherwise allowing the research to begin. Completion of this form is a mandatory step toward receiving NIH support or approval for research involving chimpanzees.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 40.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hour
Chimpanzee Research Use Form	Research Community	20	1	2	40

Dated: August 14, 2014.

Lawrence A. Tabak,

Principal Deputy Director, NIH.

[FR Doc. 2014–19820 Filed 8–19–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of NIH Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain

SUMMARY: Notice is hereby given of the National Institutes of Health (NIH) ''Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain,'' which is open to the public.

DATES: The workshop will be held September 29–30, 2014. Sessions will begin at 8:30 a.m. on both days of the workshop.

ADDRESSES: The workshop will be at the NIH Natcher Conference Center, 45 Center Drive, Bethesda, Maryland 20892.

FOR FURTHER INFORMATION CONTACT: Registration and workshop information is available at the NIH Office of Disease Prevention Web site: *https://prevention.nih.gov/programs-events/pathways-to-prevention/upcoming-workshops/opioids-chronic-pain;* or by sending email to *prevention@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: Chronic pain is a major public health problem that is estimated to affect more than 100 million people in the United States and about 20 to 30 percent of the population worldwide. The prevalence of persistent pain is expected to rise in the near future as the incidence of associated diseases (including diabetes, obesity, cardiovascular disorders, arthritis, and cancer) increases in the aging U.S. population.

Opioids are powerful analgesics that are commonly used and found to be effective for many types of pain. However, opioids can produce significant side effects, including constipation, nausea, mental clouding, and respiratory depression, which can sometimes lead to death.

In addition, long-term opioid use can also result in physical dependence, making it difficult to discontinue use even when the original cause of pain is no longer present. Furthermore, there is mounting evidence that long-term opioid use for pain can actually produce a chronic pain state, whereby patients find themselves in a vicious cycle in which opioids are used to treat pain caused by previous opioid use.

Data from the Centers for Disease Control and Prevention indicate that the prescribing of opioids by clinicians has increased threefold in the last 20 years, contributing to the problem of prescription opioid abuse. Today, the number of people who die from prescription opioids exceeds the number of those who die from heroin and cocaine, combined.

Health care providers are in a difficult position when treating moderate to severe chronic pain; opioid treatments may lessen the pain, but may also cause harm to patients. Additionally, there has not been adequate testing of opioids in terms of what types of pain they best treat, in what populations of people, and in what manner of administration. With insufficient data, and often inadequate training, many clinicians prescribe too much opioid treatment when lesser amounts of opioids or non-opioids would be effective. Alternatively, some health care providers avoid prescribing opioids altogether for fear of side effects and potential addiction, causing some patients to suffer needlessly.

The 2014 ''NIH Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain'' will seek to clarify:

- Long-term effectiveness of opioids for treating chronic pain;
- Potential risks of opioid treatment in various patient populations;
- Effects of different opioid management strategies on outcomes related to addiction, abuse, misuse, pain, and quality of life;
- Effectiveness of risk mitigation strategies for opioid treatment; and
- Future research needs and priorities to improve the treatment of pain with opioids.

The workshop is sponsored by the NIH Office of Disease Prevention and the NIH Pain Consortium.

Initial planning for each Pathways to Prevention workshop is coordinated by a Working Group that nominates panelists and speakers and develops and finalizes questions that frame the workshop. After finalizing the