

FOR FURTHER INFORMATION CONTACT:

Lillian A. Sparks Robinson, Commissioner, Administration for Native Americans at 202-401-5590, by email at Lillian.sparks@acf.hhs.gov, or by mail at 370 L'Enfant Promenade SW., 2 West, Washington, DC 20447.

SUPPLEMENTARY INFORMATION: On November 5, 2009, President Obama signed the "Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation." The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, through complete and consistent implementation of Executive Order 13175.

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications and are responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

HHS has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, including the initial implementation of a Department-wide policy on tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2010. ACF has developed its own agency-specific consultation policy that complements the Department-wide efforts.

The ACF Tribal Consultation Session will begin the morning of May 21, 2015, and continue throughout the day until all discussions have been completed. To help all participants to prepare for this consultation, planning teleconference calls will be held on:

Wednesday, April 29, 2015, 3:00 p.m.–4:00 p.m. Eastern Time

Wednesday, May 6, 2015, 3:00 p.m.–4:00 p.m. Eastern Time

Wednesday, May 13, 2015, 3:00 p.m.–4:00 p.m. Eastern Time

The call-in number is: 866-769-9393. The passcode is: 4449449#.

The purpose of the planning calls will be to identify individuals who will

provide testimony to ACF, solicit for tribal moderators, and identify specific topics of interest so we can ensure that all appropriate individuals are present.

Testimonies are to be submitted no later than May 15, 2015, to: Lillian Sparks Robinson, Commissioner, Administration for Native Americans, 370 L'Enfant Promenade SW., Washington, DC 20447, anacommissioner@acf.hhs.gov.

To register for the Consultation, please visit: <https://www.surveymonkey.com/s/2015ACFTribalConsultation>.

Dated: April 3, 2015.

Mark H. Greenberg,

Acting Assistant Secretary for Children and Families.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: National Advisory Council on Migrant Health

Dates and Times: May 4, 2015, 9:30 a.m. to 4:30 p.m.; May 5, 2015, 8:00 a.m. to 5:00 p.m.

Place: Riverwalk Plaza Hotel and Suites, 100 Villita Street, San Antonio, Texas 78205, Telephone: 210-225-1234

Status: The meeting will be open to the public.

Purpose: The purpose of the meeting is to discuss services and issues related to the health of migratory and seasonal agricultural workers and their families and to formulate recommendations for the Secretary of Health and Human Services.

Agenda: The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on agricultural worker issues, including the status of agricultural worker health at the local and national levels.

Agenda items are subject to change as priorities indicate.

FOR FURTHER INFORMATION CONTACT: CDR Jacqueline Rodrigue, M.S.W., Office of Quality Improvement, Bureau of Primary Health Care, Health Resources and Services Administration, 5600

Fishers Lane, Room 15-74, Maryland 20857; telephone (301) 443-2339.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-08486 Filed 4-13-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463, codified at 5 U.S.C. App.), notice is hereby given of the following meeting:

Name: Advisory Committee on Heritable Disorders in Newborns and Children.

Dates and Times: May 11, 2015, 8:30 a.m. to 5 p.m., May 12, 2015, 8:30 a.m. to 4 p.m.

Place: Webinar.

Status: The meeting will be open to the public. For more information on registration and webinar details, please visit the Advisory Committee's Web site: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>. The registration deadline is Monday, April 27, 2015, 11:59 p.m. Eastern Time.

Purpose: The Advisory Committee on Heritable Disorders in Newborns and Children (Committee), as authorized by the Public Health Service Act (PHS), Title XI, § 1111 (42 U.S.C. 300b-10), was established to advise the Secretary of the Department of Health and Human Services about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, the Committee's recommendations regarding additional conditions/ inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel (RUSP) and constitute part of the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg-13, non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or

deductible for plan years (*i.e.*, policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

Agenda: The meeting will include: (1) Overview of the Committee's authorizing legislation, (2) nomination process for prospective new committee members, (3) discussion of the newborn screening informed consent amendment in the Newborn Screening Saves Lives Reauthorization Act of 2014, (4) update from the Pilot Study Workgroup, (5) presentation on the Assistant Secretary for Planning and Evaluation funded project on the Affordable Care Act's coverage mandate for conditions on the RUSP and the overall costs of screening for state newborn screening programs, (6) presentation by the Newborn Screening Translational Research Network Long-term Follow-up Project, (7) update on the condition review of Adrenoleukodystrophy, and (8) discussion of projects for the Committee's workgroups and subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training. Tentatively, the Committee is expected to receive comments from states and discuss potential implications of the new legislation, and perhaps to vote on providing such information and/or associated recommendations to the Secretary for consideration regarding the newborn screening informed consent amendment in the Newborn Screening Saves Lives Reauthorization Act of 2014. This tentative vote does not involve any proposed addition of a condition to the RUSP.

Agenda items are subject to change as necessary or appropriate. The agenda, webinar information, Committee Roster, Charter, presentations, and other meeting materials will be located on the Advisory Committee's Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Public Comments: Members of the public may present oral comments and/or submit written comments. Comments are part of the official Committee record. The public comment period is tentatively scheduled for May 11, 2015. Advance registration is required to present oral comments and/or submit written comments. Registration information will be on the Committee Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>. The registration deadline is Monday, April 27, 2015, 11:59 p.m. Eastern Time. Written comments must be received by the deadline in order to be included in the May meeting briefing book. Written

comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (*i.e.*, parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted. For additional information or questions on public comments, please contact Lisa Vasquez, Maternal and Child Health Bureau, HRSA; email: lvasquez@hrsa.gov.

Contact Person: Anyone interested in obtaining other relevant information should contact Debi Sarkar, Maternal and Child Health Bureau, HRSA, Room 18W68, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; email: dsarkar@hrsa.gov.

More information on the Advisory Committee is available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Jackie Painter,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than June 15, 2015.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10C-03, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Maternal, Infant, and Early Childhood Home Visiting (Home Visiting) Program, Competitive Funding Opportunity Announcement OMB No. 0915-0351—Extension

Abstract: The Home Visiting Program, administered by HRSA in close partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. All fifty (50) states, the District of Columbia, five U.S. territories, and eligible nonprofit organizations are eligible for Home Visiting Competitive Funding.

Need and Proposed Use of the Information: The purpose of this announcement is to solicit applications for the fiscal year 2016 (FY16) Home Visiting Competitive Grant program. The Competitive Grants provide funds to eligible entities that are states and certain territories that continue to make significant progress toward implementing a high-quality home visiting program as part of a comprehensive, high-quality early childhood system and are ready and able to take effective programs to scale to address unmet need. Grantees will use the funds to provide ongoing support to high-quality evidence-based home visiting programs and for the incremental expansion of evidence-based home visiting programs funded to achieve greater enrollment and retention of families eligible for home visiting. Additionally, this funding opportunity will continue the program's emphasis on rigorous research by grounding the proposed work in relevant empirical literature and by including requirements to evaluate work proposed under this grant.