

Justification: Targeting the nation's neediest populations and geographic areas, the Health Center Program currently funds more than 1,300 health centers that operate approximately 9,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. More than 23 million patients, including medically underserved and uninsured patients, received comprehensive, culturally competent, quality primary health care services through the Health Center Program award recipients.

Approximately one-third of current award recipients' service areas are scheduled to be competed each year via SACs. SACs are also held prior to a current grant's project period end date when (1) a grant is voluntarily relinquished or (2) a program noncompliance enforcement action taken by HRSA terminates the grant. If a SAC draws no fundable applications, BPHC may extend the current award recipient's budget period to conduct an orderly phase-out of Health Center Program activities and prepare for a new competition for the service area.

The amount of additional grant funds is calculated by pro-rating HRSA's existing annual funding commitment to the service area. The average Health Center Program grant amount is over \$2 million. Approximately 6 months is required to announce and conduct a SAC. BPHC's extensions and administrative supplements are generally for a minimum of 90 days, which is at least 25 percent of the annual grant amount, thereby typically exceeding the allowed maximum. Through the deviations, award recipients receive consistent levels of funding to support uninterrupted primary health care services to the nation's most vulnerable populations and communities during service area award recipient transition.

FOR FURTHER INFORMATION CONTACT: Olivia Shockey, Expansion Division Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration at 301-443-9282 or oshockey@hrsa.gov.

Dated: December 17, 2015.

James Macrae,
Acting Administrator.

[FR Doc. 2015-32355 Filed 12-23-15; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005, (202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857; (301) 443-6593, or visit our Web site at: <http://www.hrsa.gov/vaccinecompensation/index.html>.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR

100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that "[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**." Set forth below is a list of petitions received by HRSA on November 1, 2015, through November 30, 2015. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

a. "[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by" one of the vaccines referred to in the Table, or

b. "[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed

above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of Title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: December 18, 2015,

James Macraem

Acting Administrator,

List of Petitions Filed

1. Lori McNeal, Columbus, Ohio, Court of Federal Claims No: 15-1295V
2. Mary Lanciani, Sterling, Massachusetts, Court of Federal Claims No: 15-1296V
3. Nancy Burtis, Dresher, Pennsylvania, Court of Federal Claims No: 15-1298V
4. Felecia Brooks-Jones, Montgomery, Alabama, Court of Federal Claims No: 15-1299V
5. Jeffrey Prepejchal, Traverse City, Michigan, Court of Federal Claims No: 15-1302V
6. Jill Sadowsky, Chagrin Falls, Ohio, Court of Federal Claims No: 15-1303V
7. Juanita Messick, Oregon, Missouri, Court of Federal Claims No: 15-1305V
8. Giovanna Villaggio, Dallas, Texas, Court of Federal Claims No: 15-1306V
9. Christopher Harrelson, Washington, District of Columbia, Court of Federal Claims No: 15-1308V
10. Dale Pate, Chipley, Florida, Court of Federal Claims No: 15-1309V
11. Trevor Taylor, Ann Arbor, Michigan, Court of Federal Claims No: 15-1310V
12. Meghan Espinoza, Fort Worth, Texas, Court of Federal Claims No: 15-1311V
13. Alice Mulle, Savannah, Georgia, Court of Federal Claims No: 15-1312V
14. Paula Yeske, Chicago, Illinois, Court of Federal Claims No: 15-1313V
15. Jo-Ann Dodd, Elkview, West Virginia, Court of Federal Claims No: 15-1316V
16. Michael Mickas, Hickory Hills, Illinois, Court of Federal Claims No: 15-1317V
17. John Greeling, Jacksonville, Illinois, Court of Federal Claims No: 15-1318V
18. Jan Busiere, Bradenton, Florida, Court of Federal Claims No: 15-1319V
19. Esmeralda Morales, Plant City, Florida, Court of Federal Claims No: 15-1320V
20. Enos Wisniewski, Columbus, Ohio, Court of Federal Claims No: 15-1321V
21. Dana Riddle, Lucedale, Mississippi, Court of Federal Claims No: 15-1323V
22. David M. Reyburne, Richmond, Virginia, Court of Federal Claims No: 15-1325V
23. Marie E. Lemay, West Hartford, Connecticut, Court of Federal Claims No: 15-1326V
24. Lillian Rozanski, Chicago, Illinois, Court of Federal Claims No: 15-1327V
25. Karen Shock, Round Rock, Texas, Court of Federal Claims No: 15-1328V
26. Julie Rich, Champaign, Illinois, Court of Federal Claims No: 15-1329V
27. Richard Parker, Solomon's Island, Maryland, Court of Federal Claims No: 15-1331V
28. Andrew Fantini, Washington, District of Columbia, Court of Federal Claims No: 15-1332V
29. Marsha Dougherty, Logansport, Indiana, Court of Federal Claims No: 15-1333V
30. Sharyn Synnestvedt, Boulder, Colorado, Court of Federal Claims No: 15-1334V
31. Randall Rice, Lexington, Kentucky, Court of Federal Claims No: 15-1335V
32. Leonia Townsend, Hazel Crest, Illinois, Court of Federal Claims No: 15-1336V
33. Renee Lynn Pennington, Kansas City, Missouri, Court of Federal Claims No: 15-1337V
34. Jeff Weggen and Beth Qualls on behalf of S. W., Phoenix, Arizona, Court of Federal Claims No: 15-1338V
35. Kevin Finnegan, Ellicott City, Maryland, Court of Federal Claims No: 15-1340V
36. Sarah Stabenow, Beverly Hills, California, Court of Federal Claims No: 15-1341V
37. Simrat Suri, New Hyde Park, New York, Court of Federal Claims No: 15-1342V
38. James Jackson, Dacula, Georgia, Court of Federal Claims No: 15-1343V
39. Joan Witkowski, Amherst, Ohio, Court of Federal Claims No: 15-1345V
40. Amy Taylor on behalf of A. T., Cheyenne, Wyoming, Court of Federal Claims No: 15-1346V
41. Jeffrey Hunter, Ogden, Utah, Court of Federal Claims No: 15-1347V
42. Jeannie Onikama on behalf of I. O., Cheyenne, Wyoming, Court of Federal Claims No: 15-1348V
43. Mary Hammond, Johnston, Iowa, Court of Federal Claims No: 15-1350V
44. Gary D. Robinson, Dora, Alabama, Court of Federal Claims No: 15-1352V
45. David Wood, Westerly, Rhode Island, Court of Federal Claims No: 15-1354V
46. Devin Beck, Pittsburgh, Pennsylvania, Court of Federal Claims No: 15-1355V
47. Marsha Shoreman, Marlton, New Jersey, Court of Federal Claims No: 15-1355V
48. Priscilla Brierton, Fort Worth, Texas, Court of Federal Claims No: 15-1357V.
49. Carl Becker, Boca Raton, Florida, Court of Federal Claims No: 15-1358V
50. Michelle Leon, Oviedo, Florida, Court of Federal Claims No: 15-1360V
51. Merle Galper, Santa Monica, California, Court of Federal Claims No: 15-1361V
52. Angeline Howk, Glen Falls, New York, Court of Federal Claims No: 15-1362V
53. Arlene McFeely, Ocean Township, New Jersey, Court of Federal Claims No: 15-1367V
54. Erin Moore on behalf of P. C. S., San Francisco, California, Court of Federal Claims No: 15-1368V
55. Tom Crouch, Crownpoint, Indiana, Court of Federal Claims No: 15-1369V
56. Warran Fiske, Richmond, Virginia, Court of Federal Claims No: 15-1370V.
57. Michelle Handrow, Waupun, Wisconsin, Court of Federal Claims No: 15-1373V
58. Sandra Phillips, Washington, Pennsylvania, Court of Federal Claims No: 15-1374V
59. Diane Gail Strobel, Washington, District of Columbia, Court of Federal Claims No: 15-1375V
60. Naomi Yanagawa, Washington, New York, Court of Federal Claims No: 15-1376V
61. Tyler Jossart, Appleton, Wisconsin, Court of Federal Claims No: 15-1377V
62. Sharon Allen, Dallas, Texas, Court of Federal Claims No: 15-1378V
63. Barbara J. Smith, Norristown, Pennsylvania, Court of Federal Claims No: 15-1379V
64. Ansel Walters on behalf of Shakima Davis-Walters, Linwood, New Jersey, Court of Federal Claims No: 15-1380V
65. Janet Cakir on behalf of C A C, Raleigh, North Carolina, Court of Federal Claims No: 15-1383V
66. Donna Nawatny on behalf of David E Nawatny, Deceased, South Bend, Indiana, Court of Federal Claims No: 15-1384V
67. Valerie Robertson, Sewickley, Pennsylvania, Court of Federal Claims No: 15-1385V
68. Terri Davis, Sanford, North Carolina, Court of Federal Claims No: 15-1386V
69. Loralyn Webb on behalf of Chandler Blake Webb, Deceased, New York, New York, Court of Federal Claims No: 15-1387V,
70. Rita Dowaschinski, Jacksonville, Florida, Court of Federal Claims No: 15-1390V
71. Dawnita Noble, Linwood, New Jersey, Court of Federal Claims No: 15-1391V
72. Gail Boteler, Kenner, Louisiana, Court of Federal Claims No: 15-1392V
73. Angela R. Folkers, Urbandale, Iowa, Court of Federal Claims No: 15-1393V
74. Lora McMullen, Las Vegas, Nevada, Court of Federal Claims No: 15-1394V
75. Judith Semanisin, Phoenix, Arizona, Court of Federal Claims No: 15-1395V
76. Mirsa Joosten, Dallas, Texas, Court of Federal Claims No: 15-1396V
77. Susan Murphy, Middlebury, Connecticut, Court of Federal Claims No: 15-1398V
78. Deborah Vanderpool, Clinton, Washington, Court of Federal Claims No: 15-1400V
79. Robert Rowan, Newark, Delaware, Court of Federal Claims No: 15-1402V
80. Jeffrey Treadway, Mountain Home, Tennessee, Court of Federal Claims No: 15-1404V
81. Isabelle Cowans, Beverly Hills, California, Court of Federal Claims No: 15-1407V
82. Michael Ware, Buffalo, New York, Court of Federal Claims No: 15-1410V
83. Beverly A. Blakely, Oklahoma City, Oklahoma, Court of Federal Claims No: 15-1412V
84. Jeff Cardello, Phoenix, Arizona, Court of Federal Claims No: 15-1413V
85. Kimberly and David Tait on behalf of J T, Phoenix, Arizona, Court of Federal Claims No: 15-1414V
86. Kimberly Tait on behalf of D T, Phoenix, Arizona, Court of Federal Claims No: 15-1415V
87. Michael Bailey, Dublin, Ohio, Court of Federal Claims No: 15-1417V
88. Emanuel Woods, Los Angeles, California, Court of Federal Claims No: 15-1419V
89. Dennis D. Nelson, Laguna Hills,

- California, Court of Federal Claims No: 15-1423V
90. Ron Shackelford, Dallas, Texas, Court of Federal Claims No: 15-1424V
91. Marcella Bennett, Johnson City, Tennessee, Court of Federal Claims No: 15-1426V
92. James Patterson, Greensboro, North Carolina 27401, Court of Federal Claims No: 15-1428V
93. Katherine Doherty, Austin, Texas, Court of Federal Claims No: 15-1429V
94. Lori Hillstead, Sarasota, Florida, Court of Federal Claims No: 15-1430V
95. Laurie J. Ferenc, North Tonawanda, New York, Court of Federal Claims No: 15-1431V
96. Robert T. Ferenc, North Tonawanda, New York, Court of Federal Claims No: 15-1432V
97. Dwan Petti and Anthony Petti on behalf of M. J. P. Vienna, Virginia, Court of Federal Claims Number: 15-1433V
98. Zoe Wright, Quilcene, Washington, Court of Federal Claims No: 15-1436V

[FR Doc. 2015-32371 Filed 12-23-15; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Loan Repayment Program for Repayment of Health Professions Educational Loans; Announcement Type: Initial.

CFDA Number: 93.164

Key Dates: January 15, 2016 first award cycle deadline date; August 19, 2016 last award cycle deadline date; September 9, 2016 last award cycle deadline date for supplemental loan repayment program funds; September 30, 2016 entry on duty deadline date.

I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget request for Fiscal Year (FY) 2016 includes \$28,940,752 for the IHS Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service as defined in the IHS LRP policy clarifications at http://www.ihs.gov/loanrepayment/documents/LRP_Policy_Updates.pdf in Indian health programs.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS which competes with other Government and private health management organizations to employ qualified health professionals.

This program is authorized by the Indian Health Care Improvement Act (IHCIA) Section 108, codified at 25 U.S.C. 1616a.

II. Award Information

The estimated amount available is approximately \$19,755,896 to support approximately 437 competing awards averaging \$45,208 per award for a two year contract. The estimated amount available is approximately \$9,184,856 to support approximately 395 competing awards averaging \$23,253 per award for a one year extension. One year contract extensions will receive priority consideration in any award cycle. Applicants selected for participation in the FY 2016 program cycle will be expected to begin their service period no later than September 30, 2016.

III. Eligibility Information

A. Eligible Applicants

Pursuant to 25 U.S.C. 1616a(b), to be eligible to participate in the LRP, an individual must:

(1)(A) Be enrolled—

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

(ii) In an approved graduate training program in a health profession; or

(B) Have a degree in a health profession and a license to practice in a State; and

(2)(A) Be eligible for, or hold an appointment as a commissioned officer in the Regular Corps of the Public Health Service (PHS); or

(B) Be eligible for selection for service in the Regular Corps of the PHS; or

(C) Meet the professional standards for civil service employment in the IHS; or

(D) Be employed in an Indian health program without service obligation; and

(3) Submit to the Secretary an application for a contract to the LRP. The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy. The IHS LRP's ranking system gives high site scores to those sites that are most in need of specific health professions. Awards are given to the applications that match the highest

priorities until funds are no longer available.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

25 U.S.C. 1616a authorizes the IHS LRP and provides in pertinent part as follows:

(a)(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the Loan Repayment Program) in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

25 U.S.C. 1603(10) provides that:

“Health Profession” means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term “Indian health program” is defined in 25 U.S.C. 1616a(a)(2)(A), as follows:

(A) The term Indian health program means any health program or facility funded, in whole or in part, by the Service for the benefit of Indians and administered —

(i) Directly by the Service;

(ii) By any Indian Tribe or Tribal or Indian organization pursuant to a contract under —

(I) The Indian Self-Determination Act, or

(II) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(iii) By an urban Indian organization pursuant to Title V of this Act.

25 U.S.C. 1616a, authorizes the IHS to determine specific health professions for which IHS LRP contracts will be awarded. Annually, the Director, Division of Health Professions Support, sends a letter to the Director, Office of Clinical and Preventive Services, IHS Area Directors, Tribal health officials, and urban Indian health programs directors to request a list of positions for which there is a need or vacancy. The list of priority health professions that follows is based upon the needs of the IHS as well as upon the needs of American Indians and Alaska Natives.

(a) Medicine: Allopathic and Osteopathic.

(b) Nurse: Associate, B.S. and M.S. Degree.