should the number of repetitions for
each CSTD:Task pairing be less than or
greater than 4?

- What special considerations has
NIOSH not considered in developing
the new draft performance test protocol?

III. Public Meeting: NIOSH will hold
a public meeting to discuss a universal
closed system drug-transfer device
(CSTD) testing (draft) protocol entitled,
A Performance Test Protocol for Closed
System Transfer Devices Used During
Pharmacy Compounding and
Administration of Hazardous Drugs.
The meeting will allow commenters the
opportunity to address the new draft
protocol, the proposed list of hazardous
drug surrogates, and to discuss
NIOSH questions regarding the new
protocol.

The meeting is open to the public,
limited only by the capacity (80
attendees) of the conference room.

Confirm your attendance to this meeting
by sending an email to DHirst@cdc.gov
by October 21, 2016. An email
confirming registration will be sent from
NIOSH and will include details needed
to participate.

Registration is required for both in-
person and LiveMeeting participation.

An email confirming registration will be
sent from NIOSH for both in-person
participation and audio conferencing
participation.

Details required to participate via the
audio conferencing will be provided by
NIOSH in a separate email. This option
will be available to participants on a
first come, first served basis and is
limited to the first 100 participants.

- Non-U.S. Citizens: Because of CDC
Security Regulations, any non-U.S.
citizen wishing to attend this meeting
in-person must provide the following
information to Deborah V. Hirst.

Details required to participate via the
audio conferencing will be provided by
NIOSH in a separate email. This option
will be available to participants on a
first come, first served basis and is
limited to the first 100 participants.

An email confirming registration will be
sent from NIOSH for both in-person
participation and audio conferencing
participation.

Details required to participate via the
audio conferencing will be provided by
NIOSH in a separate email. This option
will be available to participants on a
first come, first served basis and is
limited to the first 100 participants.

- Non-U.S. Citizens: Because of CDC
Security Regulations, any non-U.S.
citizen wishing to attend this meeting
in-person must provide the following
information to Deborah V. Hirst.

Requests to provide oral comments at
the public meeting should be submitted
by telephone (513) 841–4141, facsimile
(513) 841–4506, or emailed to DHirst@
cdc.gov with “Request to Speak” in the
subject line. Requests can also be mailed
to Deborah V. Hirst, 1090 Tusculum
Ave., MS R–5, Cincinnati, OH 45226.

All requests to speak should contain the
name, address, telephone number, and
relevant business affiliations of the
speaker, and the approximate time
requested for oral comments. Requests
must be received by October 21, 2016.

Oral comments from each speaker will
be limited to 10 minutes. After
reviewing the requests to make oral
comments, NIOSH will notify the
speaker when his/her oral comments are
scheduled. If a participant is not in
attendance when he/she is scheduled to
speak, the remaining participants will
be heard in order. After the last
scheduled speaker is heard, participants
who missed their assigned times may be
allowed to speak, limited by time
available.

Attendees who wish to speak but did
not submit a request for the opportunity
to make oral comments may be given
this opportunity after the scheduled
speakers are heard, at the discretion of
the presiding officer and limited by time
available.

Oral comments will be transcribed and
included in the docket.

John Howard,
Director, National Institute for
Occupational Safety and Health, Centers for Disease Control
and Prevention.

[FR Doc. 2016–22132 Filed 9–14–16; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Health Resources and Services
Administration

Supplement to National Technical
Resource Center for the Newborn
Hearing Screening and Intervention
Program at the Utah State University

AGENCY: Health Resources and Services
Administration (HRSA), Department of
Health and Human Services (HHS).

ACTION: Notice of Supplement to
National Technical Resource Center for
the Newborn Hearing Screening and
Intervention Program at the Utah State
University—Grant Number
U52MC04391.

SUMMARY: HRSA announces the award
of a supplement in the amount of
$300,000 for the National Technical
Resource Center (NTRC) for the
Newborn Hearing Screening and
Intervention program cooperative
agreement. Funding in future years is
contingent upon satisfactory
performance of the recipient, need, and
availability of funds.

The purpose of the NTRC is to
address new research, approaches, and
practice advances in the fields of family
engagement, early language acquisition,
and early literacy. The supplement will
fund Utah State University, the
cooperative agreement recipient, during
the budget periods of the supplement 4/
1/2016–3/31/2020, to respond to
changes in research, policy, technology,
and practice in the newborn hearing
screening field in the areas of family
genagement, early language acquisition,
and early literacy. Funding in FY 2017,
FY 2018, and FY 2019, is contingent
upon appropriations, satisfactory
performance of the recipient, need, and
availability of funds.

SUPPLEMENTARY INFORMATION:
Intended Recipient of the Award:
Utah State University.

Amount of Non-Competitive Awards:
$300,000.

Period of Supplemental Funding: 4/1/

CFDA Number: 93.251.

Authority: Public Health Service Act,
§ 399M, as added by § 702 of the
Children’s Health Act of 2000 (Pub. L.
106–310) and amended by § 2 of the
Early Hearing Detection and
Intervention Act of 2010 (Pub. L. 111–
337) (42 U.S.C. 280g–1)

JUSTIFICATION: In 2015, following an
objective review of its applications,
HRSA awarded the NTRC for the
Newborn Hearing Screening and
Intervention program cooperative
agreement to Utah State University, a
state institution of higher education.

Authorized by the Public Health
Service Act, § 399M, as added by the
Children’s Health Act of 2000, § 702
(Pub. L. 106–310) and further amended
by § 2 of the Early Hearing Detection
and Intervention Act of 2010 (Pub. L.
111–337) (42 U.S.C. 280g–1), the
purpose of the Universal Newborn
Hearing Screening (UNHS) program is to
utilize specifically targeted and
measurable interventions to increase the
number of infants that are followed up
for rescreening, referral, and
intervention after not passing a
As stated in the funding opportunity announcement (FOA) HRSA 15–085, the focus of the NTRC is to provide to state Early Hearing Detection and Intervention (EHDI) programs training and technical assistance for planning, policy development, implementing innovations, and quality improvement methodology to reduce their loss to follow-up rate/loss to documentation, i.e. the number of infants who do not receive timely and appropriate screening follow-up and coordinated interventions.

Since the publication of the FOA on September 9, 2014, many changes in research, policy, technology, and practice have occurred in the newborn hearing screening field in the areas of family engagement, early language acquisition, and early literacy. The NTRC cooperative agreement must address these changes to provide appropriate training and technical assistance. The Maternal and Child Health Bureau (MCHB) proposes to supplement the recipient in FY 2016 and 2017 to address new research, approaches, and practice advances in the family engagement field. MCHB proposes to supplement the recipient in FY 2018 and 2019 to address the latest research findings and advances related to early language acquisition and early literacy. Funding in FY 2017, FY 2018, and FY 2019 is contingent upon appropriations, satisfactory performance of the recipient, need, and availability of funds.

According to the National Institute for Children’s Health Quality, families have a unique perspective on how the system currently affects them personally and can provide invaluable viewpoints on the steps that can be implemented to improve the system. Since the system exists to meet the needs of the deaf or hard of hearing infants and children, it is critical that their parents and families’ viewpoints are acknowledged and leveraged. MCHB recommends greater representation of individuals who are deaf or hard of hearing throughout the NTRC as well as providing opportunities for families of deaf or hard of hearing children to become leaders within the EHDI system.

To address these deficiencies, Utah State University submitted a prior approval request for funds to improve its family engagement. The NTRC will take a streamlined and targeted approach toward engaging families and family organizations in its work. Though not introducing new services or activities, the NTRC will use the supplemental funds to refine its current services and activities to:

1. Increase and refocus the family advisory committee to be more reflective of families who have a deaf or hard of hearing child;
2. Target the NTRC’s scholarship program toward greater family engagement and leadership development;
3. Enhance family engagement in EHDI quality improvement activities; and
4. Increase the NTRC’s financial and programmatic support for the work by Hands & Voices to strengthen family engagement in EHDI programs.

This will be the second supplement for this cooperative agreement.

FOR FURTHER INFORMATION CONTACT:
Sadie Silcott, MBA, MPH, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18N57, Rockville, Maryland 20857; Phone: (301) 443–0133; Email: ssilcott@hrsa.gov.

Dated: September 2, 2016.
James Macrae,
Acting Administrator.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Service Administration
Advisory Commission on Childhood Vaccines

AGENCY: Health Resources and Service Administration, HHS.

ACTION: Notice of Meeting.

SUMMARY: In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given that a meeting is scheduled for Advisory Commission on Childhood Vaccines (ACCV). This meeting will be open to the public. Information about the ACCV and the agenda for this meeting can be obtained by accessing the following Web site: http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html.

DATES: The meeting will be held on September 20, 2016, at 10:00 a.m. EDT.

ADDITIONAL INFORMATION:
1. (Audio Portion) Calling the conference phone number 800–799–3561 and providing the following information:
   - Leader Name: Dr. Narayan Nair
   - Password: 8164763
2. (Visual Portion) Connecting to the ACCV Adobe Connect Pro Meeting using the following URL: https://hrsa.connectsolutions.com/accv/ (copy and paste the link into your browser if it does not work directly, and enter as a guest). Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm and get a quick overview by following URL: http://www.adobe.com/go/connectpro_overview.

FOR FURTHER INFORMATION CONTACT:
Anyone requesting information regarding the ACCV should contact Annie Herzog, Program Analyst, Division of Injury Compensation Programs (DICP), Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Annie Herzog, Program Analyst, DICP, Health Resources and Services Administration, 5600 Fishers Lane, Room 08N146B, Rockville, Maryland 20857; (2) call (301) 443–6539; or (3) send an email to aherzog@hrsa.gov.

SUPPLEMENTARY INFORMATION: The ACCV was established by section 2119 of the Public Health Service Act (the Act) (42 U.S.C. 300aa–19), 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).

The activities of the ACCV also 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 of the Act 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) of the Act; advising the Secretary on the methods of obtaining, compiling, publishing, and using credible data related to the frequency and severity of adverse