competence of testing and calibration laboratories) or ISO 15189:2012—Medical laboratories—Requirements for quality and competence plus FDA ASCA program specific requirements? FDA would still retain the authority to recognize, deny, amend, or revoke recognition of testing laboratories and maintain the official list of recognized testing laboratories.

4. Where no appropriate accreditation bodies step forward to serve the needs for the specific areas within the ASCA program, FDA is considering a model under which it will serve as the accreditation body. What are the benefits, weaknesses, incentives/disincentives associated with this approach, and how do you compare this approach to the private sector approach?

5. Describe your familiarity with accreditation to ISO/IEC 17025 (General requirements for testing and calibration laboratories) or ISO 15189:2012—Medical laboratories—Requirements for quality and competence? If accredited, what is the scope of accreditation?

6. Do you utilize another management system other than ISO/IEC 17025 or ISO 15189:2012—Medical laboratories—Requirements for quality and competence? If so, what management system has been implemented?

7. Are there specific FDA recognized consensus standards available at *http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/search.cfm* or testing capabilities related to the medical devices sector that you perform?

8. For more complex standards, such as those that have normative references or include references to management systems (*e.g.,* Risk Management, Quality Management, Cybersecurity, Infection Control), are there specific assessment techniques that should be included?

9. Would you consider participating in the ASCA Pilot Program? If so, what scope of testing would you consider?

10. Generally, are there any other comments that you would like to provide regarding the development of the ASCA pilot program? Do you have recommendations for other alternatives to consider?

Dated: May 10, 2017.

Anna K. Abram,

Deputy Commissioner for Policy, Planning, Legislation, and Analysis.

[FR Doc. 2017–09850 Filed 5–15–17; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Nominations for Appointment to the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS) is soliciting nominations of individuals who are interested in being considered for appointment to the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council) as a non-voting liaison representative member from an organization and/or interest group. Nominations from qualified individuals who wish to be considered for appointment to this member category of the Advisory Council are currently being accepted.

DATES: Nominations must be received no later than 5:00 p.m. ET on June 30, 2017.

ADDRESSES: Information on how to submit a nomination is on the Advisory Council Web site, *http://www.hhs.gov/ash/carb/.*

FOR FURTHER INFORMATION CONTACT: MacKenzie Robertson, Committee Management Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room 715H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Phone: (202) 690–5566; email: *CARB@hhs.gov.* The Advisory Council charter may be accessed online at *http://www.hhs.gov/ash/carb/.* The charter includes detailed information about the Advisory Council's purpose, function, and structure.

SUPPLEMENTARY INFORMATION: Under Executive Order 13676, dated September 18, 2014, authority was given to the Secretary of HHS to establish the Advisory Council, in consultation with the Secretaries of Defense and Agriculture. Activities of the Advisory Council are governed by the provisions of Public Law 92–463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees. The Advisory Council will provide advice, information, and recommendations to the Secretary of HHS regarding programs and policies intended to preserve the effectiveness of antibiotics by optimizing their use; advance research to develop improved methods for combating antibiotic resistance and conducting antibiotic stewardship; strengthen surveillance of antibiotic-resistant bacterial infections; prevent the transmission of antibiotic-resistant bacterial infections; advance the development of rapid point-of-care and agricultural diagnostics; further research on new treatments for bacterial infections; develop alternatives to antibiotics for agricultural purposes; maximize the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers; and improve international coordination of efforts to combat antibiotic resistance.

The Advisory Council is authorized to consist of not more than 30 members, including the voting and non-voting members and the Chair and Vice Chair. The current composition of the Advisory Council consists of 15 voting members, including the Chair and Vice Chair, five non-voting liaison representative members, and 10 non-voting *ex-officio* members. The non-voting liaison representatives are selected from organizations and/or interest groups that have involvement in the development, testing, licensing, production, procurement, distribution, and/or use of antibiotics and/or antibiotic research. Organizations are invited to participate as non-voting liaison representatives as it is deemed necessary by the Secretary or designee to accomplish the established mission of the Advisory Council.

This announcement is to solicit nominations to fill positions that are scheduled to be vacated during the 2017 calendar year in the non-voting liaison representative member category. Non-voting liaison representative members are appointed to serve two-year terms. Individuals from the following sectors are being sought to serve a non-voting liaison representatives: (1) Professional organizations representing infectious disease, epidemiology, infection control, physicians, nurses, pharmacists, microbiologists, and veterinarians; (2) public health organizations representing laboratories, health officials, epidemiologists (state/territorial, county, or local); (3) organizations advocating for patients and consumers; (4) organizations representing state departments of agriculture; (5) hospitals; (6) foundations with an interest in antibiotic resistance and promoting antibiotic stewardship; (7) pharmaceutical industry—animal and

human health; (8) food producers—livestock, poultry, and seafood; (9) *in vitro* diagnostics; (10) food retailers; (11) food processors; (12) animal feed producers; and (13) farm bio-security.

Individuals who are appointed to serve as non-voting liaison representative members may be allowed to receive per diem and reimbursement for any applicable expenses for travel that is performed to attend meetings of the Advisory Council in accordance with federal travel regulations. The Advisory Council meets, at a minimum, two times per fiscal year depending on the availability of funds. Meetings are open to the public, except as determined otherwise by the Secretary or other official to whom the authority has been delegated in accordance with guidelines under the Government in the Sunshine Act, 5 U.S.C. 552b(c).

Nominations, including self-nominations, of individuals who represent organizations that have the specified expertise and knowledge sought will be considered for appointment as non-voting liaison representative members of the Advisory Council. Every effort will be made to ensure that the Advisory Council is a diverse group of individuals with representation from various geographic locations, racial and ethnic minorities, all genders, and persons living with disabilities. Detailed information on what is required in a nomination package and how to submit one is on the Advisory Council Web site, *http://www.hhs.gov/ash/carb/.*

Dated: April 25, 2017.

Jewel Mullen,

Acting Director, National Vaccine Program Office.

[FR Doc. 2017–09778 Filed 5–15–17; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Office of Minority Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting conducted as a telephone conference call. This call will be open to the public. Preregistration is required for both public participation and comment. Any individual who wishes to participate in the call should email *OMH-ACMH@hhs.gov* by May 30, 2017. Instructions regarding participating in the call and how to provide verbal public comments will be given at the time of preregistration.

Information about the meeting is available from the designated contact and will be posted on the Web site for the Office of Minority Health (OMH), *www.minorityhealth.hhs.gov.* Information about ACMH activities can be found on the OMH Web site under the heading *About OMH.*

DATES: The conference call will be held on June 1, 2017, 12:30 p.m.–2:30 p.m. ET.

ADDRESSES: Instructions regarding participating in the call will be given at the time of preregistration.

FOR FURTHER INFORMATION CONTACT: Dr. Minh Wendt, Designated Federal Officer, Advisory Committee on Minority Health, Office of Minority Health, Department of Health and Human Services, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240–453–8222; fax: 240–453–8223; email *OMH-ACMH@hhs.gov.*

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105–392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health on improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the OMH.

The topics to be discussed during the teleconference include creating a work plan for developing recommendations related to opioid usage and health disparities. The recommendations will be given to the Deputy Assistant Secretary for Minority Health.

This call will be limited to 125 participants. The OMH will make every effort to accommodate persons with special needs. Individuals who have special needs for which special accommodations may be required should contact Professional and Scientific Associates at (703) 234–1700 and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to two minutes per speaker during the time allotted. Individuals who would like to submit written statements should email, mail, or fax their comments to the designated contact at least seven (7) business days prior to the meeting.

Any members of the public who wish to have electronic or printed material distributed to ACMH members should email *OMH-ACMH@hhs.gov* or mail their materials to the Designated Federal Officer, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business on May 25, 2017.

Dated: May 11, 2017.

Minh Wendt,

Designated Federal Officer, Advisory Committee on Minority Health.

[FR Doc. 2017–09862 Filed 5–15–17; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Solicitation of Public Comments on the Draft Federal Pain Research Strategy

National Institute of Neurological Disorders and Stroke, Interagency Pain Research Coordinating Committee Solicitation for Public Comments on the Draft Federal Pain Research Strategy

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App), notice is hereby given of a meeting hosted by the National Institutes of Health to present the Draft Federal Pain Research Strategy and to solicit public comments on this document. The meeting will be open to the public and videocast.

Dates: June 1, 2017.

Time: 12:45 p.m. to 3:30 p.m. *Eastern Time*.

Agenda: Invited speakers will present and discuss research recommendations developed for the Draft Federal Pain Research Strategy. Attendees will have the opportunity to pose questions on site or on-line. Information to submit comments in advance and during the meeting will be posted on May 25th, 2017, at *https://iprcc.nih.gov/.*

Summary: The Federal Pain Research Strategy is an effort of the Interagency Pain Research Coordinating Committee (IPRCC) and the NINDS Office of Pain Policy to oversee development of a long-term strategic plan for pain research. A diverse and balanced group of scientific experts, patient advocates, and federal representatives identified and prioritized research recommendations as a basis for a long-term strategic plan to coordinate and advance the federal research agenda. The key areas of prevention of acute and chronic pain, acute pain and acute pain management, the transition from acute to chronic