

Toxic Substances and Disease Registry, 1600 Clifton Rd. NE, MS F-57, Atlanta, GA 30329. Attn: Docket No. ATSDR-2018-0003.

Instructions: All submissions must include the agency name and docket number for this notice. All relevant comments will be posted without change. This means that no confidential business information or other confidential information should be submitted in response to this notice. Refer to the section *Submission of Nominations* (below) for the specific information required.

FOR FURTHER INFORMATION CONTACT: For further information, please contact Susan Z. Ingber, Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Rd. NE, MS F-57, Atlanta, GA 30329, Email: wng7@cdc.gov; phone: 770.488.0605.

SUPPLEMENTARY INFORMATION: The Superfund Amendments and Reauthorization Act of 1986 (SARA) [42 U.S.C. 9601 *et seq.*] amended the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA or Superfund) [42 U.S.C. 9601 *et seq.*] by establishing certain requirements for ATSDR and the U.S. Environmental Protection Agency (EPA) with regard to hazardous substances most commonly found at facilities on the CERCLA National Priorities List (NPL). Among these statutory requirements is a mandate for the Administrator of ATSDR to prepare Toxicological Profiles for each substance included on the Priority List of Hazardous Substances. This list identifies 275 hazardous substances that ATSDR and EPA have determined pose the most significant current potential threat to human health.

Substances To Be Evaluated for Toxicological Profile Development

Each year, ATSDR develops a list of substances to be considered for Toxicological Profile development. The nomination process includes consideration of all substances on ATSDR's Substance Priority List (SPL), as well as other substances nominated by the public. The SPL may be found at the following website: www.atsdr.cdc.gov/SPL.

Submission of Nominations for Toxicological Profile Development

Today's notice invites voluntary public nominations for substances included on the SPL and for substances not listed on the SPL. All nominations should include the full name of the nominator, affiliation, and email

address. When nominating a non-SPL substance, please include the rationale for the nomination. Please note that email addresses will not be posted on regulations.gov.

ATSDR will evaluate data and information associated with nominated substances and will determine the final list of substances to be chosen for Toxicological Profile development. Substances will be chosen according to ATSDR's specific guidelines for selection. These guidelines can be found in the *Selection Criteria*, which may be accessed at www.atsdr.cdc.gov/toxprofiles/guidance/ATSDR_TP_Selection%20Criteria.pdf.

Please ensure that your comments are submitted within the specified nomination period. Nominations received after the closing date will be marked as late and may be considered only if time and resources permit.

Pamela Protzel Berman,

Director, Office of Policy, Planning and Partnerships, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

AGENCY: Office of Disease Prevention and Health Promotion, 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) announces the next meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) regarding the development of national health promotion and disease prevention objectives for 2030. This meeting will be held online via webinar and is open to the public. The Committee will discuss the nation's health promotion and disease prevention objectives and will provide recommendations to improve health status and reduce health risks for the nation by the year 2030. The Committee will further develop recommendations regarding Leading Health Indicators and recommendations for setting targets for the Healthy People 2030 objectives. Pursuant to the Committee's charter, the Committee's advice must assist the

Secretary in reducing the number of objectives while ensuring that the selection criteria identifies the most critical public health issues that are high-impact priorities supported by current national data.

DATES: The Committee will meet on May 14, 2018, from 1:00 p.m. to 4:00 p.m. Eastern Time (ET).

ADDRESSES: The meeting will be held online via webinar. To register to attend the meeting, please visit the Healthy People website at <http://www.healthypeople.gov>.

FOR FURTHER INFORMATION CONTACT: Emmeline Ochiai, Designated Federal Official, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Room LL-100, Rockville, MD 20852, (240) 453-8280 (telephone), (240) 453-8281 (fax). Additional information is available on the Healthy People website at <http://www.healthypeople.gov>.

SUPPLEMENTARY INFORMATION: The names and biographies of the Committee members are available at <https://www.healthypeople.gov/2020/about/history-development/healthy-people-2030-advisory-committee>.

Purpose of Meeting: Through the Healthy People initiative, HHS leverages scientific insights and lessons from the past decade, along with new knowledge of current data, trends, and innovations, to develop the next iteration of national health promotion and disease prevention objectives. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives that meet a broad range of health needs, encourage collaboration across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention and health promotion activities. Healthy People 2030 health objectives will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging technologies related to our nation's health preparedness and prevention.

Public Participation at Meeting: Members of the public are invited to join the online Committee meeting. There will be no opportunity for oral public comments during this online Committee meeting. However, written comments are welcome throughout the entire development process of the

national health promotion and disease prevention objectives for 2030 and may be emailed to HP2030@hhs.gov.

To join the Committee meeting, individuals must pre-register at the Healthy People website at <http://www.healthypeople.gov>. Participation in the meeting is limited. Registrations will be accepted until maximum webinar capacity is reached, and must be completed by 9:00 a.m. ET on May 14, 2018. A waiting list will be maintained should registrations exceed capacity, and those individuals will be contacted as additional space for the meeting becomes available. Registration questions may be directed to HealthyPeople@norc.org.

Authority: 42 U.S.C. 300u and 42 U.S.C. 217a. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C., App.) which sets forth standards for the formation and use of federal advisory committees.

Dated: April 11, 2018.

Don Wright,

Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).

[FR Doc. 2018-08065 Filed 4-17-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[CFDA Number: 93.164]

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

Key Dates: April 18, 2018, first award cycle deadline date; August 15, 2018, last award cycle deadline date; September 15, 2018, last award cycle deadline date for supplemental loan repayment program funds; September 30, 2018, entry on duty deadline date.

I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget for fiscal year (FY) 2018 includes \$27,500,000 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 at <https://www.ihs.gov/loanrepayment/policiesandprocedures/> in Indian health programs.

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 \$17,750,000 to support approximately 384 competing awards averaging \$46,210 per award for a two year contract. The estimated amount available is approximately \$9,750,000 to support approximately 390 competing awards averaging \$25,000 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 2018 program cycle will be expected to begin their service period no later than September 30, 2018.

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 meet the following three criteria:

(1) Be enrolled in an accredited institution, in any State and intended to complete the course in the same year the individual applies to participate in the program.

Or be enrolled in an approved graduate training program in a health profession.

Or have a health profession degree and a license to practice in a State.

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

Or be eligible for selection for service in the Regular Corps of the PHS.

Or meet the professional standards for civil service employment in the IHS.

Or be employed in an Indian health program without service obligation.

(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 that 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.

For the purposes of this program, 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—

- Directly by the Service;
- By any Indian Tribe or Tribal or Indian organization pursuant to a contract under—
 - The Indian Self-Determination Act, or
 - Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or
- By an urban Indian organization pursuant to Title V of the Indian Health Care Improvement Act. (see 25 U.S.C. 1616a(a)(2)(A))

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 doctorate degrees
- (b) Nursing—Associate Degree in Nursing (ADN)
- (c) Nursing—Bachelor of Science (BSN)
- (d) Nursing (NP, DNP)—Nurse Practitioner/Advanced Practice Nurse in Family Practice, Psychiatry, Geriatric, Women's Health, Pediatric Nursing.