

the requirements of the applicable statutes and regulations. This guidance is not subject to Executive Order 12866.

## II. Paperwork Reduction Act of 1995

This draft guidance contains collections of information that are exempt from the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520). Section 586D(a)(1)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360fff–4(a)(1)(C)) as amended by the Sunscreen Innovation Act states that the PRA shall not apply to collections of information made for purposes of guidance under that subsection.

## III. Electronic Access

Persons with access to the internet may obtain the draft guidance at either <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm> or <https://www.regulations.gov>.

Dated: May 17, 2018.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2018–10993 Filed 5–22–18; 8:45 am]

BILLING CODE 4164–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Enhancement and Update of the National HIV Curriculum e-Learning Platform

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

**ACTION:** Notice of a single source award.

**SUMMARY:** HRSA's HIV/AIDS Bureau (HAB) intends to issue a single source award to the University of Washington for \$300,000 for activities authorized under Section 2692(a) of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. This notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can award funds in a timely manner.

Subject to the availability of funds and the University of Washington's satisfactory performance, HAB will also issue non-competitive, single source awards of \$300,000 each in fiscal years (FYs) 2019 to 2022. This will allow the University of Washington to update and enhance the National HIV Curriculum (NHC) and the electronic platform that

supports it, and to keep pace with the latest HIV science, federal guidelines, and treatment protocols and practices for educating health professionals on the optimal care and treatment of people living with HIV over its four-year project period.

#### FOR FURTHER INFORMATION CONTACT:

Sherrilyn Crooks, Chief, HIV Education Branch, Office of Training and Capacity Development, HAB/HRSA, 5600 Fishers Lane, Room 9N110, Rockville, MD 20857, by email at [scrooks@hrsa.gov](mailto:scrooks@hrsa.gov) or by phone at (301) 443–7662.

#### SUPPLEMENTARY INFORMATION:

*Intended Recipient of the Award:* The University of Washington.

*Period of Supplemental Funding:*

September 1, 2018–August 31, 2022.

*Funding Amount:* Subject to the availability of appropriated funds, \$300,000 each in FY 2018 to FY 2022.

*Authority:* Section 2692(a) of the Public Health Service (PHS) Act (42 U.S.C. 300ff–111(a)) and section 2693 of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111–87).

*CFDA Number:* 93.145.

*Justification:* The Enhancement and Update of the National HIV Curriculum e-Learning Platform project responds to the need to update and enhance the NHC and the electronic platform that supports it, and to keep pace with the latest HIV science, federal guidelines, treatment protocols, and practices for educating health professionals on the optimal care and treatment of people living with HIV (PLWH). With the ultimate goal of addressing the shortage of health professionals who care for people living with or who are at risk for HIV (PLWH), the University of Washington convened a multidisciplinary panel of clinical and learning technology experts under the auspices of the AIDS Education and Training Centers Program network, to create the national HIV curriculum. Released in July 2017, this free, online curriculum targets multidisciplinary novice-to-expert health professionals, students, and faculty who treat or aspire to treat PLWH. As the developer and proprietor of the NHC, the University of Washington is the only entity suitable for receiving a single source award to accomplish the critical task of ensuring that the NHC remains a relevant and important tool to educate HIV care providers in the United States.

Throughout the period of performance, the University of Washington will work in close coordination with recipients of awards under Notice of Funding Opportunity HRSA–18–045, *Integrating the National*

*HIV Curriculum e-Learning Platform into Health Care Provider Professional Education*. Recipients under HRSA–18–045 will be collaborating with multiple health professions' academic and training institutions to incorporate the NHC into their curricula, including activities to train and orient faculty on effective methods to integrate the NHC. Though the University of Washington will gather feedback on the NHC from a wide variety of users, a collaboration with recipients under HRSA–18–045 will facilitate consistent collection, in real time, of integration practices that are proving most effective, and discussion of recommendations for disseminating those practices. This collaboration will influence and inform enhancements to the NHC e-Learning platform and further HRSA's goal to ensure that health professions academic and training institutions routinely use this state-of-the-art curriculum thus increasing the number of competent HIV treatment providers.

Dated: May 17, 2018.

George Sigounas,  
Administrator.

[FR Doc. 2018–11033 Filed 5–22–18; 8:45 am]

BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Notice of Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** HRSA is correcting a notice published in the September 26, 2017 issue of the **Federal Register** entitled Improving Care for Children and Youth—Incentive Prize. This correction amends the subject of the challenge and the timeline. Please note, however, that this correction notice, along with future updates, as needed and pursuant to recent changes to the applicable law, will be posted on [challenge.gov](http://challenge.gov) and [mchbgrandchallenges.hrsa.gov](http://mchbgrandchallenges.hrsa.gov).

#### FOR FURTHER INFORMATION CONTACT:

Jessie Buerlein, Public Health Analyst, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20852, [jbuerlein@hrsa.gov](mailto:jbuerlein@hrsa.gov), 301–443–8931.

#### Correction

In the **Federal Register** at 82 FR 44812 (September 26, 2017) please make the

following corrections: In the Summary section, correct estimated dates of each phase to read:

Estimated dates for each phase are as follows:

*Phase 1:* Effective September 2018

*Phase 1:* Submission ends December 2018

*Phase 1:* Judging Period: December 2018–January 2019

*Phase 1:* Winners Announced January 2019

*Phase 2:* Begins February, 2019

*Phase 2:* Submission Period Ends: July, 2019

*Phase 2:* Judging Period: July 2019

*Phase 2:* Winners Announced August 2019

*Phase 3:* Begins August 2019

*Phase 3:* Submission Period Ends:

December 2019

*Phase 3:* Winner Announced January 2020

In the Subject of Challenge Competition section, change to:

MCHB is sponsoring the Preventing Opioid Misuse in Pregnant Women and New Moms Challenge. Along with the general population, there has been a rapid rise in opioid use among pregnant women in recent years resulting in a surge of infants born with Neonatal Abstinence Syndrome (NAS), increasing nearly fivefold nationally between 2000 and 2012.<sup>1</sup> This increase has led to rising costs of care and gaps in services for this population. Medicaid payments to hospitals for NAS treatment services have increased from about \$564 million to \$1.2 billion nationwide, with more than 80 percent of NAS cases paid for by Medicaid.<sup>2</sup> Despite this rising need, availability of services for pregnant and postpartum women is limited.

Pregnant women, new mothers, and families who struggle with opioid use disorders (OUD) face a variety of barriers in obtaining safe and effective treatment and care. Barriers include:

- Limited access to substance use disorder (SUD) treatment and recovery services;
- limited access to care and long-term supports for infants born with (NAS);
- limited access to family-centered recovery approaches, including co-located treatment and child care support;
- significant stigma;
- obstacles within the criminal justice system; and
- limited access to trauma-informed care.

Women living in rural and geographically isolated areas often face

additional barriers with accessing limited services and coordination.

Family-centered approaches to recovery address many of the barriers to care that women and families face. Research shows that women are more likely to seek and stay in treatment longer if they are able to maintain their caregiving role while in treatment, as well as either stay within the same treatment services or retain relationships with treatment providers throughout the provision of services.<sup>3</sup>

This challenge will improve access to quality health care, including SUD treatment, recovery and support services for pregnant women with OUD, their infants, and families, especially those in rural and geographically isolated areas. Innovators will develop ideas, tools, and/or platforms, to address as many of the barriers that limit access to quality treatment, care and support services for those with OUD, including pregnant women and new mothers.

Dated: May 17, 2018.

**George Sigounas,**

*Administrator.*

[FR Doc. 2018–11032 Filed 5–22–18; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Solicitation of Nominations for Membership To Serve on the National Advisory Council on the National Health Service Corps

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

**ACTION:** Request for nominations.

**SUMMARY:** HRSA is seeking nominations of qualified candidates for consideration for appointment as members of the National Advisory Council on the National Health Service Corps (NACNHSC). NACNHSC advises the Secretary of HHS and, by designation, HRSA's Administrator on the priorities and policies impacting the National Health Service Corps (NHSC) and provides specific recommendations for policy revisions.

**DATES:** The agency will receive nominations on a continuous basis.

**ADDRESSES:** Nomination packages may be mailed to Advisory Council Operations, Bureau of Health Workforce, HRSA, 5600 Fishers Lane,

Room 15W09D, Rockville, Maryland 20857 or submitted electronically by email to: [BHWAdvisoryCouncilFRN@hrsa.gov](mailto:BHWAdvisoryCouncilFRN@hrsa.gov).

#### FOR FURTHER INFORMATION CONTACT:

Diane Fabiyyi-King, Designated Federal Official, NACNHSC at (301) 443–3609 or email at [dfabiyyi-king@hrsa.gov](mailto:dfabiyyi-king@hrsa.gov). Interested parties may obtain a copy of the current committee membership, charter, and reports by accessing the website <http://nhsc.hrsa.gov/corpsexperience/aboutus/nationaladvisorycouncil/index.html>.

#### SUPPLEMENTARY INFORMATION:

NACNHSC consists of 15 members selected by the HHS Secretary who are knowledgeable in the recruitment and retention of providers in communities with a shortage of primary care professionals. Meetings take place up to four times a year.

**Nominations:** HRSA is requesting nominations for voting members of NACNHSC representing the areas of primary care, dental health, and mental health. In particular, NACNHSC is seeking nominations with demonstrated expertise in the following areas: Working with underserved populations, health care policy, recruitment and retention, site administration, customer service, marketing, organizational partnerships, research, or clinical practice. HRSA is seeking nominees that either are currently or have previously been site administrators, physicians, dentists, mid-level professionals (*i.e.*, nurses, physician assistants), mental or behavioral health professionals, or NHSC scholars or loan repayors who have the expertise described above.

The Secretary of HHS will consider nominations of all qualified individuals within the areas of subject matter expertise noted above. In making such appointments, the Secretary shall ensure a broad geographic representation of members and a balance between urban and rural educational settings.

Individuals, professional associations, and organizations may nominate one or more qualified persons for membership. NACNHSC members are appointed as Special Government Employees and receive a stipend and reimbursement for per diem and travel expenses incurred for attending meetings and/or conducting other business on behalf of NACNHSC, as authorized by Section 5 U.S.C. 5703 for persons employed intermittently in government service.

To evaluate possible conflicts of interest, individuals selected for consideration for appointment will be required to provide detailed information regarding their financial holdings,

<sup>1</sup> Patrick, Davis, Lehmann & Cooper, 2015.

<sup>2</sup> <https://www.gao.gov/assets/690/687580.pdf>.

<sup>3</sup> <https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf>.