

improve participation in sports and regular physical activity among young Americans; and

4. Establish a national and local strategy to recruit volunteers who will encourage and support youth participation in sports and regular physical activity, through coaching, mentoring, teaching, or administering athletic and nutritional programs.

Written Public Comments: Written comments to inform the development of the strategy are encouraged from the public and will be accepted via email until 11:59 p.m. E.T. April 1, 2019. Instructions for submitting comments are available at <https://fitness.gov>. HHS requests that commenters respond to the questions posed on <https://fitness.gov>. A subsequent public comment period will open this summer to provide comments on the draft strategy report.

Dated: February 19, 2019.

Donald Wright,

Deputy Assistant Secretary for Health Disease Prevention and Health Promotion.

[FR Doc. 2019-03788 Filed 3-1-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Information Technology Advisory Committee 2019 Schedule

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), HHS.

ACTION: 2019 public meeting dates of the Health Information Technology Advisory Committee.

SUMMARY: The Health Information Technology Advisory Committee (HITAC) was established in accordance with section 4003(e) of the 21st Century Cures Act and the Federal Advisory Committee Act. The HITAC, among other things, identifies priorities for standards adoption and makes recommendations to the National Coordinator for Health Information Technology (National Coordinator). The HITAC will hold public meetings throughout 2019. See list of public meetings below.

FOR FURTHER INFORMATION CONTACT: Lauren Richie, Designated Federal Officer, at Lauren.Richie@hhs.gov, or (202) 205-7674.

SUPPLEMENTARY INFORMATION: Section 4003(e) of the 21st Century Cures Act (Pub. L. 114-255) establishes the Health Information Technology Advisory Committee (referred to as the "HITAC"). The HITAC will be governed by the provisions of the Federal Advisory

Committee Act (FACA) (Pub. L. 92-463), as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

Composition

The HITAC is comprised of at least 25 members, of which:

- No fewer than 2 members are advocates for patients or consumers of health information technology;
- 3 members are appointed by the HHS Secretary
 - 1 of whom shall be appointed to represent the Department of Health and Human Services and
 - 1 of whom shall be a public health official;
- 2 members are appointed by the majority leader of the Senate;
- 2 members are appointed by the minority leader of the Senate;
- 2 members are appointed by the Speaker of the House of Representatives;
- 2 members are appointed by the minority leader of the House of Representatives; and
- Other members are appointed by the Comptroller General of the United States.

Members will serve for one-, two-, or three-year terms. All members may be reappointed for subsequent three-year terms. Each member is limited to two three-year terms, not to exceed six years of service. After establishment, members shall be appointed for a three-year term. Members serve without pay, but will be provided per-diem and travel costs for committee services.

Recommendations

The HITAC recommendations to the National Coordinator are publicly available at <https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it>.

Public Meetings

The schedule of meetings to be held in 2019 is as follows:

- February 20, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- March 19–20, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time each day at the Omni Shoreham Hotel, 2500 Calvert Street NW, Washington, DC 20008
- April 10, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time at the Omni Shoreham Hotel, 2500 Calvert Street NW, Washington, DC 20008
- April 25, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)

- May 13, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- June 19, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- September 17, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time at the Key Bridge Marriott Hotel, 1401 Lee Highway, Arlington, Virginia 22209
- October 16, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- November 13, 2019 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)

All meetings are open to the public. Additional meetings may be scheduled as needed. For web conference instructions and the most up-to-date information, please visit the HITAC calendar on the ONC website, <http://www.healthit.gov/FACAS/calendar>.

Contact Person for Meetings: Lauren Richie, lauren.richie@hhs.gov. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Please email Lauren Richie for the most current information about meetings.

Agenda: As outlined in the 21st Century Cures Act, the HITAC will develop and submit recommendations to the National Coordinator on the topics of interoperability, privacy and security, and patient access. In addition, the committee will also address any administrative matters and hear periodic reports from ONC. ONC intends to make background material available to the public no later than 24 hours prior to the meeting start time. If ONC is unable to post the background material on its website prior to the meeting, the material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on ONC's website after the meeting, at <http://www.healthit.gov/hitac>.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person prior to the meeting date. An oral public comment period will be scheduled at each meeting. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting.

Persons attending ONC's HITAC meetings are advised that the agency is not responsible for providing wireless access or access to electrical outlets.

ONC welcomes the attendance of the public at its HITAC meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Lauren Richie at least seven (7) days in advance of the meeting.

Notice of these meetings are given under the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App. 2).

Dated: February 26, 2019.

Lauren Richie,

Office of Policy, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2019-03793 Filed 3-1-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Renewal of Cooperative Agreement With the Pan American Health Organization

AGENCY: Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Office of the Assistant Secretary for Preparedness and Response (ASPR), in the Department of Health and Human Services (HHS) intends to provide a Single Source Three Year Cooperative Agreement to the Pan American Health Organization (PAHO). The Cooperative Agreement will continue to improve operational capabilities to provide timely, coordinated, and quality medical response to disasters in the Americas region by supporting the WHO Emergency Medical Teams (EMT) Initiative. The collaboration between ASPR and PAHO will focus on supporting PAHO's strategy to develop and train national emergency medical teams with a set of global standards in each country in the region to ensure they can respond to emergencies within their own borders. PAHO's regional strategy for the EMT Initiative concentrates on building emergency medical teams domestically, for each country in the region, to ensure they can respond to emergencies within their own borders first, thereby reducing dependence on U.S. medical assets/

capabilities. The total proposed cost of the Single Source Cooperative Agreement is not to exceed \$1 million over the three-year life of the Cooperative Agreement.

DATES:

Project Period: The period of performance is from September 30, 2019 to September 30, 2022.

Award Amount: Estimate \$1 million.

FOR FURTHER INFORMATION CONTACT:

Maria Marinissen—*Maria*
.*Marinissen@hhs.gov*, (202) 205-4214.
Michael Guterbock—*Michael*
.*Guterbock@hhs.gov*, (202) 701-5631.

SUPPLEMENTARY INFORMATION: The Office of the Assistant Secretary for Preparedness and Response (ASPR), International Policy Branch is the program office for this Cooperative Agreement.

Single Source Justification: Founded in 1902, PAHO, based in Washington DC, is an international public health agency working to improve the health and living standards of the people of the Americas Region. It is part of the United Nations system, serving as the Regional Office for the Americas of the World Health Organization (WHO). PAHO is uniquely placed to enhance the medical response capabilities of countries in the Americas Region. The partnership between ASPR and PAHO gives ASPR the ability to shape critical outcomes of the EMT Initiative regionally, and helps inform a timely HHS decision about whether and how to participate in the next generation of international response systems. Although no USG emergency medical response team is part of the EMT, multiple U.S. based non-governmental organizations have been certified or are in the process of certification. It is critical that HHS/ ASPR maintains visibility on U.S. based EMTs for both situational awareness and coordination purposes during emergency responses abroad or domestically. Furthermore, increasing the regional disaster response capacities may help alleviate the burden on U.S. resources and assets every time our country is called to provide assistance in the region. Importantly, since there are no self-sufficient USG medical teams ready to deploy internationally and registered in PAHO's roster of EMTs, making sure countries have their own teams may significantly decrease requests for assistance from the USG and the potential for burden to U.S. assets.

The three-year scope of work of the renewed cooperative agreement will build upon the successes of past activities, including the following overarching objectives:

- Development of SOPs and plans for emergency and disaster response of pre-hospital emergency services and EMTs, and the development of tools/guidelines for the optimization of the delivery of clinical care during emergencies.

- Provision of technical support to develop national mechanisms for the registration and mapping of local emergency medical teams for domestic response; mentoring for the creation and operation of EMTs; technical support to national EMTs to ensure self-sufficiency and provision of timely and quality clinical care.

- Development and strengthening of nationally-led health emergency coordination mechanisms (Health EOCs) and technical support to countries to establish or strengthen their health EOCs.

- Integration of national coordination mechanisms (CICOM) including guidelines and operational support for the creation, management and implementation of national CICOM.

- Strengthening of regional health emergency surge capacity including capacity building of national experts in critical areas of emergency coordination, health services, surveillance, logistics, damage and needs assessment, risk communication, etc.

Please submit an inquiry via the ASPR Program Contact: Michael Guterbock, MPH, *Michael.Guterbock@hhs.gov*, (202) 701-5631.

Authority: Section 301 of the Public Health Service (PHS) Act.

Dated: February 25, 2019.

Robert P. Kadlec,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2019-03842 Filed 3-1-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Renewal of Cooperative Agreement With the Institut Pasteur International Network

AGENCY: Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Office of the Assistant Secretary for Preparedness and Response (ASPR), in the Department of Health and Human Services intends to provide a Single Source Five Year Cooperative Agreement to *Institut Pasteur* International Network (IPIN) through the Pasteur Foundation. The Cooperative Agreement will support