• Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices, and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under the Affordable Care Act.

The current members of the Panel as of February 28, 2020 are: E. Lorraine Bell, Chief Officer, Population Health, Catholic Charities USA; Nazleen Bharmal, Medical Director of Community Partnerships, Cleveland Clinic; Angie Boddie, Director of Health Programs, National Caucus and Center on Black Aging, Inc.; Julie Carter, Senior Federal Policy Associate, Medicare Rights Center; Scott Ferguson, Director of Care Transitions and Population Health, Mount Sinai St. Luke’s Hospital; Leslie Fried, Senior Director, Center for Benefits Access, National Council on Aging; David Goldberg, President and CEO of Mon Health System; Jean-Venaelle Robertson Goode, Professor, Department of Pharmacotherapy and Outcomes Science, School of Pharmacy, Virginia Commonwealth University; Ted Henson, Director of Health Center Performance and Innovation, National Association of Community Health Centers; Joan Iardo, Director of Research Initiatives, Michigan State University, College of Human Medicine; Cheri Lattimer, Executive Director, National Transitions of Care Coalition; Cori McMahon, Vice President, Triduum; Alan Meade, Director of Rehab Services, Holston Medical group; Michael Minor, National Director, H.O.P.E. HHS Partnership, National Baptist Convention USA, Incorporated; Jina Ragland, Associate State Director of Advocacy and Outreach, AARP Nebraska; Morgan Reed, Executive Director, Association for Competitive Technology; Margot Savoy, Chair, Department of Family and Community Medicine, Temple University Physicians; Congresswoman Allyson Schwartz, President and CEO, Better Medicare Alliance; and; Tia Whitaker, Statewide Director, Outreach and Enrollment, Pennsylvania Association of Community Health Centers.

II. Provisions of This Notice

In accordance with section 10(a) of the FACA, this notice announces a meeting of the APOE. The agenda for the September 23, 2020 meeting will include the following:

• Welcome and listening session with CMS leadership
• Recap of the previous (June 25, 2020) meeting

• CMS programs, initiatives, and priorities
• An opportunity for public comment
• Meeting summary, review of recommendations, and next steps

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice. The number of oral presentations may be limited by the time available.

Individuals not wishing to make an oral presentation may submit written comments to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice.

III. Meeting Participation

The meeting is open to the public, but attendance is limited to registered participants. Persons wishing to attend this meeting must register at the website https://www.eventbrite.com/e/apoe-september-23-2020-virtual-meeting-tickets-114295017474 or contact the DFO at the address or number listed in the FOR FURTHER INFORMATION CONTACT section of this notice. An agenda topic should be submitted in writing to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice.

IV. Collection of Information

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Seema Verma, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the Federal Register.

Authority: Sec. 1114(f) of the Social Security Act (42 U.S.C. 1314(f)), Sec. 222 of the Public Health Service Act (42 U.S.C. 217a), and Sec. 10(a) of Pub. L. 92–463 (5 U.S.C. App. 2, Sec. 10(a) and 41 CFR Part 102–3).


Lynette Wilson, Federal Register Liaison, Department of Health and Human Services.

FOR FURTHER INFORMATION CONTACT: Robert P. Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; Telephone: 202–205–2882.

SUPPLEMENTARY INFORMATION: The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (the Secretary) to issue a Declaration to provide liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (Covered Countermeasures), except for claims involving “willful misconduct” as defined in the PREP Act. Under the PREP Act, a Declaration may be amended as circumstances warrant.

The PREP Act was enacted on December 30, 2005, as Public Law 109–148, Division C, § 2. It amended the Public Health Service (PHS) Act, adding section 319F–3, which addresses liability immunity, and section 319F–4, which creates a compensation program. These sections are codified at 42 U.S.C. 247d–6d and 42 U.S.C. 247d–6e, respectively. Section 319F–3 of the PHS Act has been amended by the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law 113–5, enacted on March 13, 2013 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116–136, enacted on March 27,
2020, to expand Covered Countermeasures under the PREP Act.

On January 31, 2020, the Secretary declared a public health emergency pursuant to section 319 of the PHS Act, 42 U.S.C. 247d, effective January 27, 2020, for the entire United States to aid in the response of the nation’s health care community to the COVID–19 outbreak. Pursuant to section 319 of the PHS Act, the Secretary renewed that declaration on April 26, 2020, and July 25, 2020. On March 10, 2020, the Secretary issued a Declaration under the PREP Act for medical countermeasures against COVID–19 (85 FR 15198, Mar. 17, 2020) (the Declaration). On April 10, the Secretary amended the Declaration under the PREP Act to extend liability immunity to covered countermeasures authorized under the CARES Act (85 FR 21012, Apr. 15, 2020). On June 4, the Secretary amended the Declaration to clarify that covered countermeasures under the Declaration include qualified countermeasures that limit the harm COVID–19 might otherwise cause.

The Secretary now amends section V of the Declaration to identify as qualified persons covered under the PREP Act, and thus authorizes, certain State-licensed pharmacists to order and administer, and pharmacy interns (who are licensed or registered by their State board of pharmacy and acting under the supervision of a State-licensed pharmacist) to administer, any vaccine that the Advisory Committee on Immunization Practices (ACIP) recommends to persons ages three through 18 according to ACIP’s standard precautions.3

The Secretary also amends section VIII of the Declaration to clarify that the category of disease, health condition, or threat for which he recommends the administration or use of the Covered Countermeasures includes not only COVID–19 caused by SARS–CoV–2 or a virus mutating therefrom, but also other diseases, health conditions, or threats that may have been caused by COVID–19, SARS–CoV–2, or a virus mutating therefrom, including the decrease in the rate of childhood immunizations, which will lead to an increase in the rate of infectious diseases.

### Description of This Amendment by Section

**Section V. Covered Persons**

Under the PREP Act and the Declaration, a “qualified person” is a “covered person.” Subject to certain limitations, a covered person is immune from suit and liability under Federal and State law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration or use of a covered countermeasure if a declaration under subsection (b) has been issued with respect to such countermeasure.

“Qualified person” includes

- A licensed health professional or other individual who is authorized to prescribe, administer, or dispense such countermeasures under the law of the State in which the countermeasure was prescribed, administered, or dispensed; or
- A person who is authorized to prescribe, administer, or dispense such countermeasures under the law of the State in which the countermeasure was prescribed, administered, or dispensed; or
- A “person within a category of persons so identified in a declaration by the Secretary” under subsection (b) of the PREP Act.

42 U.S.C. 247d–6d(i)(8).

By this amendment to the Declaration, the Secretary identifies an additional category of persons who are qualified persons under section 247d–6d(i)(8).

On May 8, 2020, CDC reported, “The identified declines in routine pediatric vaccine coverage of doses administered might indicate that U.S. children and their communities face increased risks for outbreaks of vaccine-preventable diseases,” and suggested that a decrease in rates of routine childhood vaccinations were due to changes in healthcare access, social distancing, and other COVID–19 mitigation strategies.4 The report also stated that “[p]arental concerns about potentially exposing their children to COVID–19 during well child visits...” 5

The Secretary re-emphasizes that important recommendation to parents and legal guardians here: If your child is due for a well-child visit, contact your pediatrician’s or other primary care provider’s office and ask about ways that the office safely offers well-child visits and vaccinations.

Many medical offices are taking extra steps to make sure that well-child visits can occur safely during the COVID–19 pandemic, including:

- **Scheduling sick visits and well-child visits during different times of the day**
- **Offering telehealth visits**
- **Providing flexible office hours for in-person visits**
- **Limiting the number of patients in the office at one time**
- **Encouraging social distancing**
- **Surveillance for respiratory symptoms**
- **Wearing masks**
- **Sanitizing frequently touched surfaces**
- **Using barriers**
- **Cleaning and disinfecting**
- **Providing hand sanitizer**
- **Offering route options**
- **Using staggered appointment times**


See Advisory Opinion 20–02 on the Public Readiness and Emergency Preparedness Act and the Secretary’s Declaration under the Act, 3–5 (May 19, 2020), https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-hhs-ogc-prep-act.pdf (setting forth PREP Act’s legal framework for identifying a “qualified person” and preemption of state law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration or use of a covered countermeasure if a declaration under subsection (b) has been issued with respect to such countermeasure).6


States permit pharmacists to administer vaccines to children depending on the age—for example, 2, 3, 5, 6, 7, 9, 10, 11, or 12 years of age and older. Few States restrict pharmacist-administered vaccinations to only adults. Many States also allow properly trained individuals under the supervision of a trained pharmacist to administer those vaccines. Pharmacists are well positioned to increase access to vaccinations, particularly in certain areas or for certain populations that have too few pediatricians or other healthcare providers, or that are otherwise medically underserved. As of 2018, nearly 90 percent of Americans lived within five miles of a community pharmacy.

Pharmacists often offer extended hours and added convenience. What is more, pharmacists are trusted healthcare professionals with established relationships with their patients. Pharmacists also have strong relationships with local medical providers and hospitals to refer patients as appropriate.

For example, pharmacists already play a significant role in annual influenza vaccination. In the early 2018–19 season, they administered the influenza vaccine to nearly a third of all adults who received the vaccine. Given the potential danger of serious influenza and continuing COVID–19 outbreaks this autumn and the impact that such concurrent outbreaks may have on our population, our healthcare system, and our whole-of-nation response to the COVID–19 pandemic, we must quickly expand access to influenza vaccinations. Allowing more qualified pharmacists to administer the influenza vaccine will make vaccinations more accessible.

The Secretary amends the Declaration to identify State-licensed pharmacists (and pharmacy interns acting under their supervision if the pharmacy intern is licensed or registered by his or her State board of pharmacy) as qualified persons under section 247d–6(l)(6) [when the pharmacist orders and either the pharmacist or the supervised pharmacy practice administers the vaccine] to individuals ages three through 18 pursuant to the following requirements:

- The vaccine must be FDA-authorized or FDA-approved.
- The vaccination must be ordered and administered according to ACIP's standard immunization schedule.
- The licensed pharmacist must complete a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training...
program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.\textsuperscript{17}

- The licensed or registered pharmacy intern must complete a practical training program that is approved by the ACPE. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.\textsuperscript{18}

- The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.\textsuperscript{19}

- The licensed pharmacist must complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during each State licensing period.\textsuperscript{20}

- The licensed pharmacy intern must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including informing the patient’s primary-care provider when available, submitting the required immunization information to the State or local immunization information system (vaccine registry), complying with requirements with respect to reporting adverse events, and complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine.\textsuperscript{21}

- The licensed pharmacist must inform his or her childhood-vaccination patients and the adult caregivers accompanying the children of the importance of a well-child visit with a pediatrician or other licensed primary-care provider and refer patients as appropriate.\textsuperscript{22}

These requirements are consistent with those in many States that permit licensed pharmacists to order and administer vaccines to children and permit licensed or registered pharmacy interns acting under their supervision to administer vaccines to children.\textsuperscript{23}

Administering vaccinations to children age three and older is less complicated and requires less training and resources than administering vaccinations to younger children. That is because ACIP generally recommends administering intramuscular injections in the deltoid muscle for individuals age three and older.\textsuperscript{24} For individuals less than three years of age, ACIP generally recommends administering intramuscular injections in the anterolateral aspect of the thigh muscle.\textsuperscript{25} Administering injections in the thigh muscle often presents additional complexities and requires additional training and resources including additional personnel to safely position the child while another healthcare professional injects the vaccine.\textsuperscript{26}

Moreover, as of 2018, 40\% of three-year-olds were enrolled in preparatory programs (i.e., preschool or kindergarten programs).\textsuperscript{27} Preparatory programs are beginning in the coming weeks or months, so the Secretary has concluded that it is particularly important for individuals ages three through 18 to receive ACIP-recommended vaccines according to ACIP’s standard immunization schedule. All States require children to be vaccinated against certain communicable diseases as a condition of school attendance. These laws often apply to both public and private schools with identical immunization and exemption provisions.\textsuperscript{28} As nurseries, preschools, kindergartens, and schools reopen, increased access to childhood vaccinations is essential to ensuring children can return.

Notwithstanding any State or local scope-of-practice legal requirements, (1) qualified licensed pharmacists are identified as qualified persons to order and administer ACIP-recommended vaccines and (2) qualified State-licensed or registered pharmacy interns are identified as qualified persons to administer the ACIP-recommended vaccines ordered by their supervising qualified licensed pharmacist.\textsuperscript{29}

Both the PREP Act and the June 4, 2020 Second Amendment to the Declaration define “covered countermeasures” to include qualified pandemic and epidemic products that “limit the harm such pandemic or epidemic might otherwise cause.”\textsuperscript{30} The troubling decrease in ACIP-recommended childhood vaccinations and the resulting increased risk of associated diseases, adverse health conditions, and other threats are categories of harms otherwise caused by

\textsuperscript{17} Cf., e.g., Cal. Bus. & Prof. Code § 4052.8; 3 Colo. Code Rgs. § 719–1:19.00.00; Nev. Admin. Code § 639.2973; Tex. Admin. Code § 295.15(c).


\textsuperscript{24} Vaccine Recommendations and Guidelines of the ACIP. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html (last visited July 29, 2020).

\textsuperscript{25} Id.


\textsuperscript{29} Nothing herein shall affect federal law requirements in 42 CFR part 455, subpart E regarding screening and enrollment of Medicare and Medicaid providers. Moreover, nothing herein shall preempt State laws that permit additional individuals to administer vaccines that ACIP recommends to persons age 18 or younger according to ACIP’s standard immunization schedule. For example, Idaho permits pharmacy technicians who meet certain requirements to administer vaccines under the supervision of an immunizing pharmacist. Such technicians can still administer vaccines to the extent they would have been able to absent publication of this amendment. Moreover, pharmacists and pharmacy interns may still order or administer vaccines to individuals ages two or younger to the extent authorized under State law.

\textsuperscript{30} 42 U.S.C. 247d–b(d)(7)(A); 85 FR 35–100, 35–102.
COVID–19 as set forth in Sections VI and VIII of this Declaration.31 Hence, such vaccinations are “covered countermeasures” under the PREP Act and the June 4, 2020 Second Amendment to the Declaration.

Nothing in this Declaration shall be construed to affect the National Vaccine Injury Compensation Program, including an injured party’s ability to obtain compensation under that program. Covered countermeasures that are subject to the National Vaccine Injury Compensation Program authorized under 42 U.S.C. 300aa-10 et seq. are covered under this Declaration for the purposes of liability immunity and injury compensation only to the extent that injury compensation is not provided under that Program. All other terms and conditions of the Declaration apply to such covered countermeasures.

Section VIII. Category of Disease, Health Condition, or Threat

As discussed, the troubling decrease in ACIP-recommended childhood vaccinations and the resulting increased risk of associated diseases, adverse health conditions, and other threats are categories of harms otherwise caused by COVID–19. The Secretary therefore amends section VIII, which describes the category of disease, health condition, or threat for which he recommends the administration or use of the Covered Countermeasures, to clarify that the category of disease, health condition, or threat for which he recommends the administration or use of the Covered Countermeasures is not only COVID–19 caused by SARS–CoV–2 or a virus mutating therefrom, but also other diseases, health conditions, or threats that may have been caused by COVID–19, SARS–CoV–2, or a virus mutating therefrom, including the decrease in the rate of childhood immunizations, which will lead to an increase in the rate of infectious diseases.

Amendments to Declaration

Amended Declaration for Public Readiness and Emergency Preparedness Act Coverage for medical countermeasures against COVID–19, as amended April 10, 2020 and June 4, 2020, are further amended pursuant to section 319F–3(b)(4) of the PHS Act as described below. All other sections of the Declaration remain in effect as published at 85 FR 15198 (Mar. 17, 2020) and amended at 85 FR 21012 (Apr. 15, 2020) and 85 FR 35100 (June 8, 2020).

1. Covered Persons, section V, delete in full and replace with:

V. Covered Persons

42 U.S.C. 247d–6(l)(2), (3), (4), (6), (8)(A) and (B)

Covered Persons who are afforded liability immunity under this Declaration are “manufacturers,” “distributors,” “program planners,” “qualified persons,” and their officials, agents, and employees, as those terms are defined in the PREP Act, and the United States.

In addition, I have determined that the following additional persons are qualified persons: (a) Any person authorized in accordance with the public health and medical emergency response of the Authority Having Jurisdiction, as described in Section VII below, to prescribe, administer, deliver, distribute or dispense the Covered Countermeasures, and their officials, agents, employees, contractors, and volunteers, following a Declaration of an emergency; (b) any person authorized to prescribe, administer, or dispense the Covered Countermeasures or who is otherwise authorized to perform an activity under an Emergency Use Authorization in accordance with Section 564 of the FD&C Act; (c) any person authorized to prescribe, administer, or dispense Covered Countermeasures in accordance with Section 564A of the FD&C Act; and (d) a State-licensed pharmacist who orders and administers, and pharmacy interns who administer (if the pharmacy acts under the supervision of such pharmacist and the pharmacy intern is licensed or registered by his or her State board of pharmacy), vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends to persons ages three through 18 according to ACIP’s standard immunization schedule.

Such State-licensed pharmacists and the State-licensed or registered interns under their supervision are qualified persons only if the following requirements are met:

• The vaccine must be FDA-authorized or FDA-approved.
• The vaccination must be ordered and administered according to ACIP’s standard immunization schedule.

• The licensed pharmacist must complete a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.

• The licensed or registered pharmacy intern must complete a practical training program that is approved by the ACPE. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.

• The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.

• The licensed pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including informing the patient’s primary-care provider when available, submitting the required immunization information to the State or local immunization information system (vaccine registry), complying with requirements with respect to reporting adverse events, and complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine.

• The licensed pharmacist must inform his or her childhood-vaccination patients and the adult caregiver accompanying the child of the importance of a well-child visit with a pediatrician or other licensed primary-care provider and refer patients as appropriate.

Nothing in this Declaration shall be construed to affect the National Vaccine Injury Compensation Program, including an injured party’s ability to obtain compensation under that program. Covered countermeasures that are subject to the National Vaccine Injury Compensation Program authorized under 42 U.S.C. 300aa–10 et seq. are covered under this Declaration for the purposes of liability immunity and injury compensation only to the extent that injury compensation is not provided under that Program. All other

terms and conditions of the Declaration of
apply to such covered countermeasures.
2. Category of Disease, Health
Condition, or Threat, section VIII, delete
in full and replace with:
VIII. Category of Disease, Health
Condition, or Threat
42 U.S.C. 247d–6(d)(2)(A)

The category of disease, health
condition, or threat for which I
recommend the administration or use of
the Covered Countermeasures is not
only COVID–19 caused by SARS-CoV–
2 or a virus mutating therefrom, but also
other diseases, health conditions,
or threats that may have been caused by
COVID–19, SARS-CoV–2, or a virus
mutating therefrom, including the
decrease in the rate of childhood
immunizations, which will lead to an
increase in the rate of infectious
diseases.

Authority: 42 U.S.C. 247d–6d.


Alex M. Azar II,
Secretary of Health and Human Services.

[FR Doc. 2020–18438 Filed 8–21–20; 8:45 am]
BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Meeting of the Tick-Borne Disease
Working Group

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

ACTION: Notice.

SUMMARY: As required by the Federal
Advisory Committee Act, the
Department of Health and Human
Services (HHS) is hereby giving notice
that the Tick-Borne Disease Working
Group (TBDWG) will hold a virtual
meeting. The meeting will be open to
the public. For this meeting, the
TBDWG will review the draft 2020
report to the HHS Secretary and
Congress and review and approve
graphics and images for the report. The
2020 report will address ongoing
tick-borne disease research, including
research related to causes, prevention,
treatment, surveillance, diagnosis,
diagnostics, and interventions for
individuals with tick-borne diseases;
advances made pursuant to such
research; federal activities related to
tick-borne diseases; and gaps in tick-
borne disease research.

DATES: The meeting will be held online
via webcast on September 15, 2020 and
September 22, 2020 from 9:00 a.m. to
2:30 p.m. ET both days (times are
tentative and subject to change). The
confirmed times and agenda items for
the meeting will be posted on the
TBDWG web page at https://
www.hhs.gov/ash/advisory-committees/
tickbornedisease/meetings/2020-9-15/
index.html when this information
becomes available.

FOR FURTHER INFORMATION CONTACT:
James Berger, Designated Federal Officer
for the TBDWG, Office of Infectious
Disease and HIV/AIDS Policy, Office of
the Assistant Secretary for Health,
Department of Health and Human
Services, Mary E. Switzer Building, 330
C Street SW, Suite L600, Washington,
DC, 20024. Email: tickbornedisease@
hhs.gov; Phone: 202–795–7608.

SUPPLEMENTARY INFORMATION: The
registration link will be posted on the
website at https://www.hhs.gov/ash/advisory-committees/tickbornedisease/
meetings/2020-9-15/index.html when it
becomes available. After registering, you
will receive an email confirmation with
a personalized link to access the
webcast on September 15, 2020 and
September 22, 2020

The public will have an opportunity
to present their views to the TBDWG
orally during the meeting’s public
comment session or by submitting a
written public comment. Comments
should be pertinent to the meeting
discussion. Persons who wish to
provide oral or written public
comment should review instructions at
https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/
2020-9-15/index.html and respond
by midnight September 4, 2020 ET.
Verbal comments will be limited to three
minutes each to accommodate as many
speakers as possible during the 30
minute session. Written public
comments will be accessible to the
public on the TBDWG web page prior to
the meeting.

Background and Authority: The Tick-
Borne Disease Working Group was
established on August 10, 2017, in
accordance with Section 2062 of the
21st Century Cures Act, and the Federal
Advisory Committee Act, 5 U.S.C. App.,
as amended, to provide expertise and
review federal efforts related to all tick-
borne diseases, to help ensure
interagency coordination and minimize
overlap, and to examine research
priorities. The TBDWG is required to
submit a report to the HHS Secretary
and Congress on their findings and any
recommendations for the federal
response to tick-borne disease every two
years.


James J. Berger,
Designated Federal Officer, Tick-Borne
Disease Working Group, Office of Infectious
Disease and HIV/AIDS Policy.

[FR Doc. 2020–18438 Filed 8–21–20; 8:45 am]
BILLING CODE 4150–01–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and
Digestive and Kidney Diseases; Notice
of Closed Meeting

Pursuant to section 10(d) of the
Federal Advisory Committee Act, as
amended, notice is hereby given of the
following meeting.

The meeting will be closed to the
public in accordance with the
provisions set forth in sections
552b(c)(4) and 552b(c)(6), Title 5 U.S.C.,
as amended. The grant applications
and the discussions could disclose
confidential trade secrets or commercial
property such as patentable material,
and personal information concerning
individuals associated with the grant
applications, the disclosure of which
would constitute a clearly unwarranted
invasion of personal privacy.

Name of Committee: National Institute
of Diabetes and Digestive and Kidney
Diseases Special Emphasis Panel RFA–DK–20–503
Limited Competition: TEDDY Data
Coordinating Center.

Date: October 7, 2020.

Time: 3:00 p.m. to 4:30 p.m.

Agenda: To review and evaluate grant
applications.

Place: National Institutes of Health, Two
Democracy Plaza, 6707 Democracy
Boulevard, Bethesda, MD 20892, (Telephone
Conference Call).

Contact Person: Dianne Camp, Ph.D.,
Scientific Review Officer, Review Branch,
Division of Extramural Activities, NIDDK,
National Institutes of Health, Room 7013,
6707 Democracy Boulevard, Bethesda,
MD 20892–2542, (301) 5947682,
campd@
extra.niddk.nih.gov.

(Federal Register / Vol. 85, No. 164 / Monday, August 24, 2020 / Notices)