making any further use or disclosure of the record except as authorized by HRSA or its contractor(s) or when required by law; and

c. has secured a written statement from the data recipient attesting to the data recipient's understanding of, and willingness to abide by these provisions.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS

Records are maintained electronically and in hard-copy files.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS

Records in the system are retrieved by more than one type of personal identifier, including name and social security number.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS

The records are currently unscheduled and retained indefinitely pending completion of a disposition schedule approved by the National Archives and Records Administration (NARA).

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS

a. *Authorized users:* Access is limited to authorized HRSA and contract personnel responsible for administering the program. Authorized personnel include the System Manager and HRSA Contracting Officer's Representative, and the HRSA Automated Information System (AIS) Systems Security Officer; and the program managers/program specialists who have responsibilities for implementing the program. Both HRSA and its contractor(s) are required to maintain current lists of authorized users.

b. *Physical safeguards:* Computer equipment, electronic files, and hard-copy files are stored in areas where fire and life safety codes are strictly enforced. All electronic and hard-copy files are protected on a 24-hour basis. Security guards perform random checks on the physical security of the files storage area. The OPTN and SRTR contractors are required to maintain off-site a complete copy of the system and all necessary files to run the computer organ donor-recipient match and update software.

c. *Procedural safeguards:* A password is required to access the terminal, and a data set name controls the release of data to only authorized users. All users of personal information in connection with the performance of their jobs protect information from public view and from unauthorized personnel entering an unsupervised office. All authorized users must sign a nondisclosure statement. Access to records is limited to those staff members trained in accordance with the Privacy Act and Automated Data Processing (ADP) security procedures. The contractors are required to assure that the confidentiality safeguards of these records will be employed and that it complies with all provisions of the Privacy Act. All individuals who have access to these records must have the appropriate ADP security clearances. Privacy Act and ADP system security requirements are included in the contracts. The HRSA Contracting Officer's Representatives and the System Manager(s) oversee compliance with these requirements. The HRSA authorized users make visits to the contractors' facilities to assure security and Privacy Act compliance. The contractors are required to adhere to a HRSA approved system security plan.

RECORD ACCESS PROCEDURES

Individuals may request access to records about them in this system of records by submitting a written access request to the OPTN or SRTR contractor identified in the ''System Manager(s)'' section of this SORN at the email address provided in that section. The request must contain the individual's full name, address, date of birth, and signature; the name of the applicable transplant center; and a reasonable description of the records sought. To verify the requester's identity, the signature must be notarized or the request must include the requester's written certification that the requester is the individual who the requester claims to be and that the requester understands that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense subject to a fine of up to $5,000. The individual may also request an accounting of disclosures that have been made of the records, if any.

A parent or guardian who requests access to records about a minor or an individual with diminished capacity must verify his or her relationship to the minor or incompetent individual as well as his/her own identity.

CONTESTING RECORD PROCEDURES

Individuals may seek to amend a record about them in this system of records by submitting a written amendment request to the OPTN contractor or SRTR contractor identified in the ''System Manager(s)'' section of this SORN at the email address provided in that section, with a copy to the HRSA Division of Transplantation at the email address indicated, containing the same information required for an access request. The request must include verification of the requester's identity in the same manner required for an access request and must reasonably identify the relevant record, specify the information being contested and the corrective action sought, and include reasons for requesting the correction, along with supporting documentation, to show how the record is inaccurate, incomplete, untimely, or irrelevant.

NOTIFICATION PROCEDURES

Individuals who wish to know if this system of records contains a record about them must submit a written notification request to the OPTN or SRTR contractor identified in the ''System Manager(s)'' section of this SORN, at the email address provided in that section. The request must contain the same information required for an access request and must include verification of the requester's identity in the same manner required for an access request.

EXEMPTIONS PROMULGATED FOR THE SYSTEM

None.

HISTORY

74 FR 57184 (Nov. 4, 2009), 83 FR 6591 (Feb. 14, 2018).

[FR Doc. 2022–16344 Filed 7–29–22; 8:45 am]

BILLING CODE 4160–15–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 a voting member or non-voting liaison member for appointment to the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council). Nominations from qualified individuals who wish to be considered for appointment to either of these member categories of the Advisory Council are currently being accepted.

DATES: Nominations must be received no later than 12:00 a.m. ET on September 19th, 2022.

ADDRESSES: Information on how to submit a nomination is on the Advisory

Council website, *https://www.hhs.gov/ash/advisory-committees/paccarb/index.html.*

FOR FURTHER INFORMATION CONTACT: Jomana Musmar, MS, Ph.D., Designated Federal 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) 746–1512; email: *CARB@hhs.gov.* The Advisory Council charter may be accessed online at *https://www.hhs.gov/ash/advisory-committees/paccarb/about-paccarb/charter/index.html.* The charter includes detailed information about the Advisory Council's purpose, function, and structure.

SUPPLEMENTARY INFORMATION: The Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council), established by Executive Order 13676, is continued by Section 505 of Public Law 116–22, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA). Activities and duties of the Advisory Council are governed by the 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.

The Advisory Council shall provide information and recommendations to the Secretary of Health and Human Services (Secretary) regarding programs and policies intended to reduce or combat antibiotic-resistant bacteria that may present a public health threat and improve capabilities to prevent, diagnose, mitigate, or treat such resistance. The Advisory Council shall function solely for advisory purposes.

Such advice, information, and recommendations may be related to improving: the effectiveness of antibiotics; research and advance research on, and the development of, improved and innovative methods for combating or reducing antibiotic resistance, including new treatments, rapid point-of-care diagnostics, alternatives to antibiotics, including alternatives to animal antibiotics, and antimicrobial stewardship activities; surveillance of antibiotic-resistant bacterial infections, including publicly available and up-to-date information on resistance to antibiotics; education for health care providers and the public with respect to up-to-date information on antibiotic resistance and ways to reduce or combat such resistance to antibiotics related to humans and animals; methods to prevent or reduce the transmission of antibiotic-resistant bacterial infections; including stewardship programs; and coordination with respect to international efforts in order to inform and advance the United States' capabilities to combat antibiotic resistance.

The Advisory Council is authorized to consist of at least 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, eight non-voting liaison representative members, and 12 non-voting *ex-officio* members.

This announcement is to solicit nominations to fill 16 positions that are scheduled to be vacated during the 2023 calendar year, nine of which are in the voting member category while the remaining seven are in the non-voting liaison member category. Newly appointed voting members are appointed to serve four year terms, and non-voting liaison members are appointed to serve for two year terms.

The nine voting members sought for this solicitation will be selected from individuals who are engaged in: research on, or implementation of, interventions regarding efforts to preserve the effectiveness of antibiotics by optimizing their use; advancing research to develop improved methods for combating antibiotic resistance and conducting antibiotic stewardship; strengthening surveillance of antibiotic-resistant bacterial infections; preventing the transmission of antibiotic-resistant bacterial infections; advancing the development of rapid point-of-care and agricultural diagnostics; furthering research on new treatments for bacterial infections; developing alternatives to antibiotics for agricultural purposes; maximizing the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal health care providers; and improving international coordination of efforts to combat antibiotic resistance.

The voting members will represent balanced points of view from human biomedical, public health, One Health, global antimicrobial resistance, environmental microbiology, animal agriculture (*e.g.,* poultry, cattle, swine, aquaculture), and crop agricultural fields. The voting members may be physicians (*e.g.,* infectious disease specialists), veterinarians (*e.g.,* companion animal, food-animal), crop scientists, epidemiologists, microbiologists, or other health care professionals (*e.g.,* nurses, pharmacists, others); individuals who have expertise and experience as consumer or patient advocates concerned with antibiotic resistance; individuals in the fields of agriculture and pharmaceuticals; and/or they also may be from state or local health agencies or public health organizations. The voting members will be appointed by the Secretary. All voting members will be classified as special government employees (SGEs).

The seven non-voting liaison representatives are selected from organizations and/or interest groups that are involved in the advocacy, education, development, testing, licensing, production, procurement, distribution, and/or use of antibiotics and/or antibiotic research. Non-voting liaison representative members shall possess knowledge, skills, experience, and expertise necessary to inform the Advisory Council in generating intelligent recommendations with respect to the issues mandated by PAHPAIA. Individuals from the following sample sectors are being sought to serve as non-voting liaison representatives: (1) professional organizations or associations representing providers, professionals, or specialists (*e.g.,* long-term care, outpatient) for human and/or animal health involved in infection control and prevention, antimicrobial stewardship, or antimicrobial resistance and use; this can include but is not limited to physicians, nurses, pharmacists, microbiologists, veterinarians, or scientists; (2) public health, environmental health, and/or animal health organizations or associations (state/territorial, county, or local) representing laboratories, health officials, epidemiologists, agricultural state departments, hospitals, or environmental associations; (3) other organizations representing patients and consumer advocates, hospitals, pharmaceutical industry, global health, food producers and retailers, or other commodity groups.

Individuals who are appointed to serve as voting and non-voting liaison 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 as authorized by 5 U.S.C. 5703, for persons employed intermittently in the Government service. The Advisory Council meets, at a minimum, two times per 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 Sunshine Act, 5 U.S.C. 552b(c).

Every effort will be made to ensure that the membership of federal advisory committees is diverse, equitable, and fairly balanced in terms of the expertise represented. Detailed information on what is required in a nomination package and how to submit one is on the Advisory Council website, *https://www.hhs.gov/ash/advisory-committees/paccarb/index.html.*

B. Kaye Hayes,

Deputy Assistant Secretary for Infectious Disease, Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP), Executive Director, Presidential Advisory Council on HIV/AIDS (PACHA).

[FR Doc. 2022–16346 Filed 7–29–22; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine and Oral Fluid Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine or Oral Fluid (Mandatory Guidelines).

FOR FURTHER INFORMATION CONTACT: Anastasia Donovan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); *Anastasia.Donovan@samhsa.hhs.gov* (email).

SUPPLEMENTARY INFORMATION: In accordance with Section 9.19 of the Mandatory Guidelines, a notice listing all currently HHS-certified laboratories and IITFs is published in the **Federal Register** during the first week of each month. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the internet at *https://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list.*

The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and of the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

The Mandatory Guidelines using Urine were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); April 30, 2010 (75 FR 22809); and on January 23, 2017 (82 FR 7920).

The Mandatory Guidelines using Oral Fluid were first published in the **Federal Register** on October 25, 2019 (84 FR 57554) with an effective date of January 1, 2020.

The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71 and allowed urine drug testing only. The Mandatory Guidelines using Urine have since been revised, and new Mandatory Guidelines allowing for oral fluid drug testing have been published. The Mandatory Guidelines require strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on specimens for federal agencies. HHS does not allow IITFs to conduct oral fluid testing.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines using Urine and/or Oral Fluid. An HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that the test facility has met minimum standards. HHS does not allow IITFs to conduct oral fluid testing.

HHS-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing

In accordance with the Mandatory Guidelines using Oral Fluid dated October 25, 2019 (84 FR 57554), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on oral fluid specimens:

At this time, there are no laboratories certified to conduct drug and specimen validity tests on oral fluid specimens.

HHS-Certified Instrumented Initial Testing Facilities Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Dynacare, 6628 50th Street NW, Edmonton, AB Canada T6B 2N7, 780–784–1190, (Formerly: Gamma-Dynacare Medical Laboratories)

HHS-Certified Laboratories Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Alere Toxicology Services, 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823, (Formerly: Kroll Laboratory Specialists, Inc., Laboratory Specialists, Inc.)

Alere Toxicology Services, 450 Southlake Blvd., Richmond, VA 23236, 804–378–9130, (Formerly: Kroll Laboratory Specialists, Inc., Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.)

Clinical Reference Laboratory, Inc., 8433 Quivira Road, Lenexa, KS 66215–2802, 800–445–6917

Desert Tox, LLC, 5425 E Bell Rd., Suite 125, Scottsdale, AZ, 85254, 602–457–5411/623–748–5045

DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800–235–4890

Dynacare *, 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519–679–1630, (Formerly: Gamma-Dynacare Medical Laboratories)

ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662–236–2609