FOR FURTHER INFORMATION CONTACT:
Lillian A. Sparks Robinson,
Commissioner, Administration for
Native Americans at 202–401–5590,
by email at Lillian.sparks@acf.hhs.gov,
or by mail at 370 L’Enfant Promenade SW.,
2 West, Washington, DC 20447.
SUPPLEMENTARY INFORMATION: On
November 5, 2009, President Obama
signed the “Memorandum for the Heads of
Executive Departments and Agencies
on Tribal Consultation.” The President
stated that his Administration is
committed to regular and meaningful
consultation and collaboration with
tribal officials in policy decisions that
have tribal implications, including,
as an initial step, through complete and
consistent implementation of Executive
Order 13175.

The United States has a unique legal
and political relationship with Indian
governments, established through and
confirmed by the Constitution of the
United States, treaties, statutes, executive orders, and judicial decisions.
In recognition of that special
relationship, pursuant to Executive
Order 13175 of November 6, 2000,
executive departments and agencies
are charged with engaging in regular and
meaningful consultation and
collaboration with tribal officials in the
development of federal policies that
have tribal implications and are
responsible for strengthening the
government-to-government relationship
between the United States and Indian tribes.

HHS has taken its responsibility to
comply with Executive Order 13175
very seriously over the past decade,
including the initial implementation of a
Department-wide policy on tribal
consultation and coordination in 1997,
and through multiple evaluations and
revisions of that policy, most recently in
2010. ACF has developed its own
agency-specific consultation policy that
complements the Department-wide efforts.

The ACF Tribal Consultation Session
will begin the morning of May 21, 2015,
and continue throughout the day until
all discussions have been completed. To
help all participants to prepare for this
consultation, planning teleconference
calls will be held on:
Wednesday, April 29, 2015, 3:00 p.m.–
4:00 p.m. Eastern Time
Wednesday, May 6, 2015, 3:00 p.m.–
4:00 p.m. Eastern Time
Wednesday, May 13, 2015, 3:00 p.m.–
4:00 p.m. Eastern Time

The call-in number is: 866–769–9393.
The passcode is: 44494499.

The purpose of the planning calls will
be to identify individuals who will
provide testimony to ACF, solicit for
tribal moderators, and identify specific
topics of interest so we can ensure that
all appropriate individuals are present.
Testimonies are to be submitted no
later than May 15, 2015, to: Lillian
Sparks Robinson, Commissioner,
Administration for Native Americans,
370 L’Enfant Promenade SW.,
Washington, DC 20447,
anacommissioner@acf.hhs.gov.

To register for the Consultation,
please visit: https://
www.surveymonkey.com/s/
2015ACFTribalConsultation.

Mark H. Greenberg,
Acting Assistant Secretary for Children and
Families.

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Health Resources and Services
Administration
National Advisory Council on
Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of
the Federal Advisory Committee Act
(Pub. L. 92–463), notice is hereby given of the following meeting:
Name: National Advisory Council on
Migrant Health
Dates and Times: May 4, 2015, 9:30
a.m. to 4:30 p.m.; May 5, 2015, 8:00 a.m.
to 5:00 p.m.
Place: Riverwalk Plaza Hotel and
Suites, 100 Villita Street, San Antonio,
Texas 78205, Telephone: 210–225–1234
Status: The meeting will be open to
the public.
Purpose: The purpose of the meeting is
to discuss services and issues related
to the health of migratory and seasonal
agricultural workers and their families
and to formulate recommendations for
the Secretary of Health and Human
Services.
Agenda: The agenda includes an
overview of the Council’s general
business activities. The Council will
also hear presentations from experts on
agricultural worker issues, including the
status of agricultural worker health at
the local and national levels.
Agenda items are subject to change as
priorities indicate.

FOR FURTHER INFORMATION CONTACT: CDR
Jacqueline Rodrigue, M.S.W., Office of
Quality Improvement, Bureau of
Primary Health Care, Health Resources
and Services Administration, 5600
Fishers Lane, Room 15–74, Maryland
20857; telephone (301) 443–2339.

Jackie Painter,
Director, Division of the Executive Secretariat.

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Health Resources and Services
Administration
Advisory Committee on Heritable
Disorders in Newborns and Children;
Notice of Meeting

In accordance with section 10(a)(2) of
the Federal Advisory Committee Act
App.), notice is hereby given of the following meeting:
Name: Advisory Committee on
Heritable Disorders in Newborns and
Children.
Dates and Times: May 11, 2015, 8:30
a.m. to 5 p.m., May 12, 2015, 8:30 a.m.
to 4 p.m.
Place: Webinar.
Status: The meeting will be open to
the public. For more information on
registration and webinar details, please
visit the Advisory Committee’s Web
site: http://www.hrsa.gov/
advisorycommittees/mchbadvisory/
heritabledisorders.
The registration
deadline is Monday, April 27, 2015,
11:59 p.m. Eastern Time.
Purpose: The Advisory Committee on
Heritable Disorders in Newborns and
Children (Committee), as authorized by
the Public Health Service Act (PHS),
Title XI, § 1111 (42 U.S.C. 300b–10),
was established to advise the Secretary
of the Department of Health and Human
Services about the development of
newborn screening activities,
technologies, policies, guidelines, and
programs for effectively reducing
morbidity and mortality in newborns
and children having, or at risk for,
heritable disorders. In addition, the
Committee’s recommendations
regarding additional conditions/
inhherited disorders for screening that
have been adopted by the Secretary are
included in the Recommended Uniform
Screening Panel (RUSP) and constitute
part of the comprehensive guidelines
supported by the Health Resources and
Services Administration (HRSA).
Pursuant to section 2713 of the Public
Health Service Act, codified at 42 U.S.C.
300gg–13, non-grandfathered health
plans are required to cover screenings
included in the HRSA-supported
comprehensive guidelines without
charging a co-payment, co-insurance, or