

Purpose: The purpose of the Advisory Committee is to review scientific and medical evidence and to make recommendations to the Administrator of the World Trade Center (WTC) Health Program regarding additional WTC Health Program eligibility criteria and potential additions to the list of covered WTC-related health conditions, as well as providing consultation on research to the Administrator of the World Trade Center Health Program. Title XXXIII of the Public Health Service Act established within the Department of Health and Human Services (HHS), the World Trade Center (WTC) Health Program, to be administered by the Administrator of the World Trade Center Health Program. The WTC Health Program provides: (1) Medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks, and (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City, who were directly impacted and adversely affected by such attacks (“survivors”). Certain specific activities of the Administrator of the World Trade Center Health Program are reserved to the Secretary, HHS, to delegate at her discretion; other duties of the Administrator of the World Trade Center Health Program not explicitly reserved to the Secretary, HHS, are assigned to the Director, NIOSH. The administration of the Advisory Committee established under section 300mm–1(a) is delegated to the Director of NIOSH in his role as Administrator of the World Trade Center Health Program. CDC and NIOSH provide funding, staffing, and administrative support services for the Advisory Committee. The charter was reissued on May 12, 2013, and will expire on May 12, 2015. The charter renewal is currently in process.

Matters for Discussion: The agenda for the Advisory Committee meeting includes a review of the World Trade Center Health Program’s (WTCHP) structure and function, activities, member services, and communications. An overview of the WTC health research, the WTC Registry, and lessons learned in addressing WTC-related mental health issues will also be presented. The Advisory Committee will deliberate on specific questions related to: (1) Addressing the need for research on developmental or health effects in children; (2) developing robust and appropriate comparison groups to improve the validity and interpretability of WTC research; (3) improving benefits counseling and psychosocial support for members serviced by the National Provider Network; and (4) reviewing the WTCHP’s “Research-to-Care” model.

The agenda is subject to change as priorities dictate.

To view the notice, visit <http://www.regulations.gov> and enter CDC–2015–0026 in the search field and click “Search.”

Public Comment Sign-up and Submissions to the Docket: To sign up to provide public comments or to submit comments to the docket, send information to the NIOSH Docket Office by one of the following means:

Mail: NIOSH Docket Office, Robert A. Taft Laboratories, MS–C–34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226.

Email: nioshdocket@cdc.gov.

Telephone: (513) 533–8611.

In the event an individual cannot attend, written comments may be submitted. The comments should be limited to two pages and submitted through <http://www.regulations.gov> by May 29, 2015. Efforts will be made to provide the two-page written comments received by the deadline below to the committee members before the meeting. Comments in excess of two pages will be made publicly available at <http://www.regulations.gov>. To view background information and previous submissions go to NIOSH docket <http://www.cdc.gov/niosh/docket/archive/docket248.html> and <http://www.cdc.gov/niosh/docket/archive/docket248-A.html>.

Policy on Redaction of Committee Meeting Transcripts (Public Comment): Transcripts will be prepared and posted to <http://www.regulations.gov> within 60 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include a statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted. If individuals in making a statement reveal personal information (e.g., medical information) about themselves, that information will not usually be redacted. The CDC Freedom of Information Act coordinator will, however, review such revelations in accordance with the Freedom of Information Act and, if deemed appropriate, will redact such information. Disclosures of information concerning third party medical information will be redacted.

Contact Person for More Information: Paul J. Middendorf, Ph.D., Designated Federal Officer, NIOSH, CDC, 2400 Century Parkway NE., Mail Stop E–20, Atlanta, Georgia 30345, telephone 1 (888) 982–4748; email: wtc-stac@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Catherine Ramadei,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015–10418 Filed 5–4–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, (BSC) National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Times and Dates: 8:30 a.m.–5:00 p.m., EDT, June 3, 2015; 8:30 a.m.–11:45 a.m., EDT, June 4, 2015.

Place: CDC, 4770 Buford Highway, Atlanta, Georgia 30341.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 60 people.

Purpose: The Secretary, Department of Health and Human Services (HHS) and by delegation, the Director, CDC and Administrator, NCEH/ATSDR, are authorized under Section 301 (42 U.S.C. 241) and Section 311 (42 U.S.C. 243) of the Public Health Service Act, as amended, to: (1) Conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and other impairments; (2) assist states and their political subdivisions in the prevention of infectious diseases and other preventable conditions and in the promotion of health and well being; and (3) train state and local personnel in health work. The BSC, NCEH/ATSDR provides advice and guidance to the Secretary, HHS; the Director, CDC and Administrator, ATSDR; and the Director, NCEH/ATSDR, regarding program goals, objectives, strategies, and priorities in fulfillment of the agency’s mission to protect and promote people’s health. The board provides advice and guidance that will assist NCEH/ATSDR in ensuring scientific quality, timeliness, utility, and dissemination of results. The board also provides guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America’s health.

Matters for Discussion: The agenda items for the BSC Meeting will include NCEH/ATSDR Office of the Director updates; CDC/ATSDR Activities on Household Air Pollution and Cleaner Cookstoves; NCEH/ATSDR Program Responses to BSC Guidance and Action Items; At the Intersection of Public Health and Health Care: CDC’s National Asthma Control Program; Environmental Health Services: Vessel Sanitation Program, Model Aquatic Health Code; Geospatial Research, Analysis, and Services Program; NCEH/ATSDR Emergency Management Activities; Environmental Health Tracking Program; Advances in

Laboratory Methods—Molecular Newborn Screening Tests; and updates from the National Institute for Environmental Health Services, National Institute for Occupational Safety and Health, U.S. Department of Energy and the U.S. Environmental Protection Agency.

Agenda items are subject to change as priorities dictate.

Supplemental Information: The public comment period is scheduled on Wednesday, June 3, 2015 from 2:45 p.m. until 3:00 p.m., and on Thursday, June 4, 2015 from 11:00 a.m. until 11:15 a.m.

Contact Person for More Information: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR, 4770 Buford Highway, Mail Stop F-61, Chamblee, Georgia 30345; Telephone 770/488-0575 or 770/488-0577; Fax: 770/488-3377; Email: smalcom@cdc.gov. The deadline for notification of attendance is May 27, 2015.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Catherine Ramadei,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Final Priorities; National Institute on Disability, Independent Living, and Rehabilitation Research—Disability and Rehabilitation Research Projects Program

AGENCY: Administration for Community Living, Department of Health and Human Services.

ACTION: Final priority.

CFDA Numbers: 84.133A-5 and 84.133A-6.

SUMMARY: The Administrator of the Administration for Community Living announces priorities for the Disability and Rehabilitation Research Projects (DRRPs) Program administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Specifically, we announce two priorities for DRRPs on (1) Center on Knowledge Translation for Employment Research (84.133A-5) and (2) Projects for Translating Disability and Rehabilitation Research into Practice (84.133A-6). The Administrator of the Administration for Community Living may use these priorities for competitions in fiscal year (FY) 2015

and later years. We take this action to focus research attention on an area of national need. We intend for these priorities to contribute to improved outcomes for people with disabilities through improved uptake of research-based knowledge.

DATES: Effective Date: These priorities are effective June 4, 2015.

FOR FURTHER INFORMATION CONTACT: Marlene Spencer, U.S. Department of Health and Human Services, 400 Maryland Avenue SW., Room 5133, Potomac Center Plaza (PCP), Washington, DC 20202-2700. Telephone: (202) 245-7532 or by email: marlene.spencer@acl.hhs.gov.

If you use a telecommunications device for the deaf (TDD) or a text telephone (TTY), call the Federal Relay Service (FRS), toll free, at 1-800-877-8339.

SUPPLEMENTARY INFORMATION:

Purpose of Program: The purpose of the Disability and Rehabilitation Research Projects and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities, and to improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended (Rehabilitation Act).

Disability and Rehabilitation Research Projects

The purpose of NIDILRR's DRRPs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to improve the effectiveness of services authorized under the Rehabilitation Act by developing methods, procedures, and rehabilitation technologies that advance a wide range of independent living and employment outcomes for individuals with disabilities, especially individuals with the most significant disabilities. DRRPs carry out one or more of the following types of activities, as specified and defined in 34 CFR 350.13 through 350.19: Research, training, demonstration, development, utilization, dissemination, and technical assistance.

An applicant for assistance under this program must demonstrate in its application how it will address, in whole or in part, the needs of

individuals with disabilities from minority backgrounds (34 CFR 350.40(a)). The approaches an applicant may take to meet this requirement are found in 34 CFR 350.40(b). Additional information on the DRRP program can be found at: www.ed.gov/rschstat/research/pubs/res-program.html#DRRP.

Program Authority: 29 U.S.C. 762(g) and 764(b)(2).

Applicable Program Regulations: 34 CFR part 350.

We published a notice of proposed priorities (NPP) for this program in the **Federal Register** on March 13, 2015 (80 FR 13378). That notice contained background information and our reasons for proposing the particular priorities.

There are no differences between the proposed priorities and these final priorities.

Public Comment: In response to our invitation in the notice of proposed priorities, one party submitted comments on the proposed priorities.

Generally, we do not address technical and other minor changes. In addition, we do not address general comments that raised concerns not directly related to the proposed priorities.

Analysis of Comments and Changes: An analysis of the comments and of any changes in the priorities since publication of the NPP follows.

Center on Knowledge Translation for Employment Research (Priority 1)

We received no comments on this priority.

Projects for Translating Disability and Rehabilitation Research Into Practice (Priority 2)

Comment: One commenter asked whether NIDILRR intends the grants to be made under this priority to support the translation and use of development-based outputs, as well as research-based knowledge and products. This commenter stated that if NIDILRR does intend to support the translation and use of development-based outputs, we should consistently include such language throughout the priority.

Discussion: We do not agree with the commenter that there is a solid and clear distinction between research-based and development-based outputs. NIDILRR program regulations define "development" in terms of its basis in research. CFR 350.16 defines development as the use of "knowledge and understanding gained from research to create materials, devices, systems, or methods beneficial to the target population, including design and development of prototypes and