

voting members may include one technically qualified member, selected by the Commissioner or designee, who is identified with consumer interests and is recommended by either a consortium of consumer-oriented organizations or other interested persons. In addition to the voting members, the Committee may include one non-voting member who is identified with industry interests.

Further information regarding the most recent charter and other information can be found at <http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/NonprescriptionDrugsAdvisoryCommittee/default.htm> or by contacting the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT**). In light of the fact that no change has been made to the committee name or description of duties, no amendment will be made to 21 CFR 14.100. This document is issued under the Federal Advisory Committee Act (5 U.S.C. app.). For general information related to FDA advisory committees, please visit us at <http://www.fda.gov/AdvisoryCommittees/default.htm>.

Dated: August 28, 2015.

**Jill Hartzler Warner,**

*Associate Commissioner for Special Medical Programs.*

[FR Doc. 2015-21914 Filed 9-2-15; 8:45 am]

**BILLING CODE 4164-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Center for Family/Professional Partnerships Cooperative Agreement

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice of Single-Case Deviation from Competition Requirement for Program Expansion for the National Center for Family/Professional Partnerships Cooperative Agreement at Family Voices, Grant Number U40MC00149.

**SUMMARY:** HRSA announces its intent to award a program expansion supplement in the amount of \$118,700 for the National Center for Family/Professional Partnerships (NCFPP) cooperative agreement. The purpose of the NCFPP cooperative agreement, as stated in the funding opportunity announcement, is to improve the health delivery system and quality of life for children (and

youth) with special health care needs (CSHCN) and their families. Strategies may include: (1) Family-centered care, (2) cultural and linguistic competence, and (3) shared decision-making for families of CSHCN at all levels of decision-making (individual, peer, community, etc.). Family/Professional Partnership program activities are primarily carried out through federal leadership strategies, the NCFPP cooperative agreement and state implementation grants in the form of Family-to-Family Health Information Centers. The purpose of this notice is to award supplemental funds to coordinate among leadership trainings for families partnering on state and national level system and service improvements by Family Voices, the cooperative agreement awardee who serves as the NCFPP, during the budget period of 6/1/2015–5/31/2016.

#### **SUPPLEMENTARY INFORMATION:**

*Intended Recipient of the Award:*

Family Voices, Inc.

*Amount of the Non-Competitive Award:* \$118,700.

*Period of Supplemental Funding:* 6/1/2015–5/31/2016.

*CFDA Number:* 93.110.

*Authority:* Social Security Act, Title V, Section 501(a)(1)(D), (42 U.S.C. 701(a)(1)(D)).

#### **Justification**

The Institute of Medicine Report *Crossing the Quality Chasm: A New Health System for the 21st Century* established shared decision-making and patient/family centered care as key elements of a quality health care system. National quality indicators of family/professional partnership, shared-decision-making, and patient/family-centered care show that children (and youth) with special health care needs (CSHCN) benefit from family/patient-centered care by improved transition from pediatric to adult health care systems, fewer unmet needs and fewer problems accessing needed referrals. Several MCHB programs rely on families as key partners in the improvement of overall systems and services, based on their personal experiences and their work with other families. There is a need for coordination among leadership trainings, including ongoing mentoring and technical assistance, for families partnering on state and national level system and service improvements. Meeting these needs would support a sustainable approach to leadership development that can be maintained by both individuals and organizations, linking together key MCHB investments by supporting State Title V agencies.

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For over two decades Family Voices has brought the voice of families of CSHCN to the healthcare arena and demonstrated the value of family perspectives in shaping healthcare systems and services to maximize outcomes for families and their children. Its infrastructure is based on a network of family-led organizations at the national, state, and local levels including the Family-to-Family Health Information Centers and Family Voices State Affiliate Organizations. It facilitates the work of a community of family leaders through peer mentoring, training, and technical assistance. It partners with key MCHB programs and stakeholders including State Title V agencies.

Results were recently released from a survey of state Title V organizations' progress in engaging families and consumers. From this information, Family Voices recognized a need for ongoing development of a continually renewed pipeline of family leaders from diverse racial and cultural communities and from populations served across all MCHB programs. Thus, they submitted a proposal requesting to supplement the NCFPP cooperative agreement with activities to meet this need.

The proposed project aligns with NCFPP's current project plan in its efforts to increase the capacity of families, Title V and other providers to strengthen the primary care workforce through family/professional partnership learning opportunities (Goal 2). Family Voices, working with MCHB, would coordinate with other MCHB-funded initiatives to identify needs and develop a framework for an evidence-based/informed family leadership training aimed at supporting family leaders

participating at state and national levels. To support this primary activity, it would also develop an inventory of current resources related to family leadership development, create a National Family and Youth Leadership Team, and provide technical support

and assistance to family leaders to ensure they have the ongoing capacity to participate in community, state, and national systems change.

**FOR FURTHER INFORMATION CONTACT:**  
LaQuanta Person Smalley, MPH,

Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 13-103, Rockville, Maryland 20857; *lsmalley@hrsa.gov*.

Grantee/Organization name	Grant No.	State	FY 2015 authorized funding level	FY 2015 estimated supplemental funding
<i>Family Voices, Inc</i> .....	U40MC00149	NM	\$475,000	\$118,700

Dated: August 27, 2015.  
**James Macrae,**  
*Acting Administrator.*  
[FR Doc. 2015-21885 Filed 9-2-15; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Home Visiting Program**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice of Single-Case Deviation for a 12-month project period extension with full funding to the Home Visiting Research Network Cooperative Agreement to the Johns Hopkins University, Grant Number UD5MC24070.

**SUMMARY:** HRSA has issued a 12-month project period extension with full funding for the Home Visiting Research Network Cooperative Agreement (HVRN) for the current budget period to Johns Hopkins University (JHU). JHU will continue responsibility for the HVRN and receive one year of additional funding for year 4 in the amount of \$299,000 for Grant Number UD5MC24070, during the budget period

of 7/1/2015-6/30/2016 to support the objectives of the HVRN.

The Maternal, Infant, and Early Childhood Home Visiting Program is authorized by the Social Security Act, Title V, Part D, Section 511(h)(3) (42 U.S.C. 711(h)(3)).

The Home Visiting Research Network carries out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs, with the goal of improving health, development, and family outcomes for mothers, infants, and young children.

**SUPPLEMENTARY INFORMATION:**

*Intended Recipients of the Award:*

The Johns Hopkins University.

*Amount of the Non-Competitive*

*Award:* \$299,000.

*CFDA Number:* 93.505.

*Current Project Period:* 07/01/2012-06/30/2015.

*Period of Low-Cost Extension:* 7/1/2015-6/30/2016.

*Authority:* Social Security Act, Title V, Part D, Section 511(h)(3) (42 U.S.C. 701(h)(3)).

**Justification**

HRSA has awarded a 12-month project period extension with full funding of the approved Federal direct cost budget authorized for the current budget period to Johns Hopkins

University for the Home Visiting Research Network (HVRN) for the purpose of continuing the HVRN for an additional year.

The current HVRN recipient continues to achieve the original goals required by HRSA and an additional award year will further accelerate the project to build on its national leadership in the field of home visiting research, seamlessly continue its cultivation of new funders to support new network translational and practice-based research, and capitalize on the increasing visibility of MIECHV which engages more communities, stakeholders and investors.

Not only will this additional year allow for uninterrupted growth of the network activities, but also this additional time will also allow HRSA to better align future HVRN funding opportunity announcements with current home visiting research needs based on the outcomes of the FY 2014 performance improvement assessment and benchmark improvement needs.

**FOR FURTHER INFORMATION CONTACT:**

David Willis, MD, FAAP, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 10-86, Rockville, Maryland 20857; *DWillis@hrsa.gov*.

Grantee/Organization Name	Grant No.	State	FY 2014 authorized funding level	FY 2015 estimated funding level
<i>The Johns Hopkins University</i> .....	UD5MC24070	MD	\$462,069	\$299,000

Dated: August 27, 2015.  
**James Macrae,**  
*Acting Administrator.*  
[FR Doc. 2015-21886 Filed 9-2-15; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Heart, Lung, and Blood Institute; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as

amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings 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 contract proposals and the discussions could disclose confidential trade secrets or commercial