Alternatively, nominations may also be sent to the following address: Emmeline Ochiai; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; 1101 Wootton Parkway, Suite LL–100; Rockville, MD 20852; Email: HP2030@hhs.gov.

FOR FURTHER INFORMATION CONTACT:
Designated Program Official, Emmeline Ochiai; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; 1101 Wootton Parkway, Suite LL–100; Rockville, MD 20852; Email: HP2030@hhs.gov. Additional information is available at www.healthypeople.gov.

SUPPLEMENTAL INFORMATION: Each decade since 1979, HHS has published a comprehensive set of national public health objectives. Known as Healthy People, this initiative has been grounded in the notion that setting science-based, measurable objectives and monitoring progress can motivate action. As HHS prepares to produce objectives for the next decade, it seeks the assistance of a federal advisory committee to help ensure that those objectives are salient and science-based. The Committee will provide relevant and objective advice through an open process that fosters the cooperation and commitment from both the public and private sectors.

The Committee will be established to provide independent advice based on current scientific evidence for use by the HHS Secretary (the Secretary) or her designee in the development of Healthy People 2030. The Committee will advise the Secretary on HHS’ approach for Healthy People 2030. Framed around health determinants and risk factors, this approach will generate a focused set of objectives that address high-impact public health challenges. The Committee will perform the single, time-limited task of providing advice regarding creating Healthy People 2030. The Committee will advise the Secretary on the Healthy People 2030 mission statement, vision statement, framework, and organizational structure. The Committee will provide advice on HHS’ selection criteria for identifying a focused set of measurable, nationally representative objectives. The selection criteria will assist the Secretary in defining the objectives that represent the most critical public health issues that are high-impact priorities supported by current, national data sets.

The Committee will meet, at a minimum, one time per year. It is expected to begin meeting in fall of 2016 and to meet approximately four times per year during the course of its operation. Pursuant to FACA, meetings will be open to the public except as determined otherwise by the Secretary or her designee in keeping with all applicable laws.

Individuals selected for appointment to the Committee will be invited to serve as members until the charter expires or the Committee accomplishes its mission. Unless renewed, the charter will expire two years from the date it is established. The Committee will operate until its report is delivered to the Secretary or the charter expires, whichever comes first.

Prospective members of the Committee should be nationally known experts in the fields of disease prevention and health promotion. The membership may include former Assistant Secretaries for Health. Expertise is sought in specific specialty areas such as biostatistics, business, epidemiology, health communications, health economics, health information technology, health policy, health sciences, health systems, international health, outcomes research, public health law, social determinants of health, special populations, and state and local public health and from a variety of public, private, philanthropic, and academic settings. Individuals will be selected to serve as Committee members based upon their qualifications, level of expertise and knowledge, and ability to contribute to the work to be performed by the Committee. Individuals will not be appointed to serve as members of the Committee to represent the viewpoints of any specific group. Rather members will be selected to represent balanced viewpoints of the current scientific evidence sought by the Secretary to meet the Committee’s charge.

Nominations: HHS will consider nominations, including self-nominations, for Committee membership of individuals qualified to carry out the above-mentioned duties. The following information should be included in the package of materials submitted for each individual being nominated for consideration: (1) The name, address, daytime telephone number, and email address of the nominator (if applicable), and the individual being nominated; (2) a letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (i.e., specific attributes which qualify the nominee for service in this capacity), and a statement from the nominee that the nominee is willing to serve as a member of the Committee; and (3) a current copy of the individual’s curriculum vitae (CV) no more than 10 pages in length. Inclusion of the following is requested in the CV: (1) Current and/or past grant awards; (2) publications showing both breadth and experience in areas of specialization; (3) paid and non-paid board and advisory appointments; (4) education and occupational history; and (5) an attestation that the submitted information is accurate and complete. All nominations must include the required information. Incomplete nominations will not be processed for consideration. Federal employees should not be nominated for appointment to this Committee.

Equal opportunity practices regarding membership appointments to the Committee will be aligned with HHS policies. When possible, every effort will be made to ensure that the Committee is a diverse group of individuals with representation from various academic institutions, disability status, ethnic identities, genders, geographic areas, and racial groups. All appointed members of the Committee will serve as special government employees. As such, they are subject to the ethical standards of conduct for federal employees. Upon entering the position and annually throughout the term of appointment, members of the Committee will be required to complete and submit a report of their financial holdings, consultancies, and research grants and/or contracts. The purpose of this report is to determine if the individual has any interests and/or activities that may conflict with performance of his or her official duties as a member of the Committee. Committee members are entitled to receive reimbursement for travel and per diem expenses incurred for conducting official business in accordance with federal standard travel regulations. Committee members are not entitled to receive any other compensation for the services they perform.

Dated: March 9, 2016.

Don Wright,
Deputy Assistant Secretary for Health,
(Disease Prevention and Health Promotion).

[FR Doc. 2016–06016 Filed 3–16–16; 8:45 am]
BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration...
SAMHSA is requesting approval from the Office of Management and Budget (OMB) to revise the collection of surveys of current and alumni MFP fellows to include current and alumni fellows from the NITT–MFP–Y and NITT–MFP–AC grant programs. These surveys would gather information about current and alumni fellows in all three programs that will help SAMHSA meet its responsibilities under the Government Performance and Results Modernization Act for gathering, analyzing, and interpreting information about government-funded programs such as the MFP, the NITT–MFP–Y, and the NITT–MFP–AC.

In 1973, in response to a substantial lack of ethnic and racial minorities in the mental health professions, the Center for Minority Health at the National Institute of Mental Health established the MFP. Since its move to SAMHSA in 1992, the MFP has continued to facilitate the entry of graduate students and psychiatric residents into mental health careers and has increased the number of minority professionals trained to provide culturally competent behavioral health services specifically to youth and transition-aged young adults. Thus, approval is requested to add questions to the surveys to ensure that the information needed to evaluate the NITT–MFPs is captured. The surveys will include appropriate skip patterns so that traditional MFP fellows are not asked questions that do not apply to them.

The two online surveys (with the option for a hard copy mailed through the U.S. Postal Service) will be used with the following stakeholders in the MFP grant programs:

1. Current SAMHSA MFP Fellows (n=428)
   a. Current traditional MFP Fellows currently receiving support during their doctoral-level training or psychiatric residency will be asked about their experiences in the MFP (from recruitment into the program through their participation in the various activities provided by the grants).
   b. Current NITT–MFP–Y and NITT–MFP–AC Fellows currently receiving support during the final year of their master’s programs in behavioral health or related field will be asked about their experiences in the MFP (from recruitment into the program through their participation in the various activities provided by the grantees).

2. MFP Alumni (n=1,440)
   a. Traditional MFP Alumni who participated in the MFP during the time the program was administered by SAMHSA will be asked about their previous experiences as fellows in the MFP and also about their subsequent involvement and leadership in their professions.
   b. NITT–MFP–Y and NITT–MFP–AC Alumni who participated in the MFP during their master’s program will be asked about their previous experiences as fellows in the MFP and also about their subsequent involvement and leadership in their professions.

The information gathered by these two surveys will be used to gain insights into, and to document, impacts that the MFP has had and is having on current and former MFP fellows, and contributions and impacts that the current and former fellows are making in their work. The surveys include questions to assess the following measures: completion of the fellowship program (e.g., completion of MFP goals, number of mentors, total mentored hours); post-fellowship employment (e.g., employment types and fields, targeted service populations); increase in skills/knowledge (e.g., number of certifications obtained, number of continuing education hours); and contributions to the field (e.g., number of professional publications).

The survey data will also be utilized in an evaluation of the NITT–MFP programs. The requested additional questions will allow the evaluation to assess the overall success of the SAMHSA NITT initiative in enhancing the behavioral health workforce in terms of the number of master’s level behavioral health specialists trained with MFP support, their competencies and characteristics, and their capacity to meet behavioral health workforce needs. The evaluation will also explore whether the program results in increased knowledge, skills, and aptitude among NITT–MFP fellows to provide culturally competent behavioral health services to underserved, at risk children, adolescents, and transition-age youth (ages 16–25); and how these new behavioral health professionals are sustained in the workforce.

The total annual burden estimate for conducting the surveys is shown below:
Written comments and recommendations concerning the proposed information collection should be sent by April 18, 2016, to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB’s receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King, Statistician.

[FR Doc. 2016–06009 Filed 3–16–16; 8:45 am]
BILLING CODE 4162–20–P

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<th>Survey name</th>
<th>Number of respondents</th>
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<th>Total number of responses</th>
<th>Hours per response</th>
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<td><strong>Totals</strong></td>
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<td><strong>1,868</strong></td>
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<td><strong>1,260</strong></td>
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*This is an unduplicated count of total respondents.*

<table>
<thead>
<tr>
<th>LBPL No.</th>
<th>ASTM</th>
<th>Title</th>
</tr>
</thead>
</table>

Anyone wishing to employ this entity to conduct laboratory analyses should request and receive written assurances from the entity that it is accredited or approved by the U.S. Customs and Border Protection to conduct the specific test requested. Alternatively, inquiries regarding the specific test this entity is accredited to perform may be directed to the U.S. Customs and Border Protection by calling (202) 344–1060. The inquiry may also be sent to cbp.labhq@dhs.gov. Please reference the Web site listed below for a complete listing of CBP approved gaugers and accredited laboratories, http://www.cbp.gov/about/labs-scientific/commercial-gaugers-and-laboratories.

Dated: March 9, 2016.

Ira S. Reese, Executive Director, Laboratories and Scientific Services Directorate.

[FR Doc. 2016–06059 Filed 3–16–16; 8:45 am]
BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Accreditation and Approval of Chemical and Petrochemical Inspections as a Commercial Gauger and Laboratory


ACTION: Notice of accreditation and approval of Chemical and Petrochemical