Medicaid Foundation, Affinity Health Care, Spartanburg Regional Health Services District, City of Sioux Falls, Chattanooga CARES, Meharry Medical College, AIDS Arms, Special Health Resources for TX, Inc., Rector and Visitors of the University of Virginia, CAMC Health Ed & Research, West Virginia University Research Corporation, 16th Street Community Center, and Wyoming Department of Health.

**Period of Supplemental Funding: May 1, 2017–April 30, 2018**


Aggregate amount of Non-Competitive Awards: $186,586,879.

**CFDA Number:** 93.918

**Authority:** Sections 2651–2667 of the Public Health Service Act (42 U.S.C. 300ff–51 through 67) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111–87)

**Justification:** One-year extensions with funds for all 346 Part C EISEGA recipients will enable HAB’s Division of Community HIV/AIDS Programs to finalize the evaluation and methodology development and engage recipients and relevant stakeholders. The new data-driven methodology is aimed at ensuring that Part C EISEGA awards are based on a consistent approach to promote a rational and sustainable allocation of resources without disrupting the provision of critical HIV primary medical care services to the current RWHA clients served by these recipients.

**Dated:** May 17, 2016.

**James Macrae,**
**Acting Administrator.**

| BILLING CODE | 4165–15–P |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**State and Regional Primary Care Associations Cooperative Program**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of Class Deviation from Competition Requirements for the State and Regional Primary Care Associations (PCA) Cooperative Program.

**SUMMARY:** In accordance with the Grants Policy and Administration Manual (GPAM) Part F: Chapter 2.b.34, the Bureau of Primary Health Care (BPHC) has been granted a class deviation from the requirements for competition contained in the GPAM Part F: Chapter 2.b.4 to award funds to bridge 52 PCAs.
## SUPPLEMENTARY INFORMATION:
Awarded amounts and agreement terms for the following grantees:

### Awarded Amounts:
- **APCA, INC dba Alaska Primary Care Association**: $1,398,544 (Extension: $349,636)
- **Alabama Primary Health Care Association, Inc.**: $573,058
- **Community Health Centers of Arkansas**: $823,532
- **Arizona Association of Community Health Centers, Inc.**: $1,400,981
- **California Primary Care Association**: $2,889,496
- **Community Health Association of Mountain/Plains States**: $519,941
- **Colorado Community Health Network**: $1,189,418
- **Community Health Center Association of Connecticut, Inc.**
- **District of Columbia Primary Care Association**: $508,423
- **Florida Association of Community Health Centers, Inc.**: $1,109,444
- **Georgia Association for Primary Health Care**: $1,163,056
- **Hawaii Primary Care Association**: $892,177
- **Pacific Islands Primary Care Association**: $563,594
- **Iowa Primary Care Association**: $830,560
- **Idaho Primary Care Association**: $837,566
- **Illinois Primary Care Association**: $1,294,784
- **Indiana Primary Health Care Association**: $789,671
- **KS Association for the Medically Underserved**: $738,682
- **Kentucky Primary Care Association, Inc.**: $598,562
- **Louisiana Primary Care Association, Inc.**: $802,584
- **MA League of Community Health Centers**: $1,583,655
- **Mid-Atlantic Association of Community Health Centers**: $924,622
- **Maine Primary Care Association**: $956,141
- **Michigan Primary Care Association**: $1,159,988
- **Minnesota Association of Community Health Centers**: $640,461
- **Missouri Coalition for Primary Health Care**: $1,076,386
- **Mississippi Primary Health Care Association**: $1,172,882
- **Montana Primary Care Association**: $1,208,262
- **NC Community Health Center Association**: $1,331,574
- **Health Care Association of Nebraska**: $689,500
- **Bi-State Primary Care Association**: $1,350,147
- **New Jersey Primary Care Association**: $839,705
- **New Mexico Primary Care Association**: $996,359
- **Great Basin Primary Care Association**: $659,556
- **Community Health Care Association of NY**: $1,348,330
- **Ohio Primary Care Association**: $1,328,965
- **Oklahoma Community Health Center, Inc.**: $1,108,428
- **Oregon Primary Care Association**: $1,415,896
- **Pennsylvania Association Of Community Health Centers**: $929,965
- **Asociacion De Salud Primaria De Puerto Rico, Inc.**: $746,152
- **Rhode Island Health Center Association**: $531,909
- **South Carolina Primary Health Care Association**: $1,326,847
- **Community Healthcare Association, Inc./Community Healthcare Association of the Dakotas, Inc.**: $1,167,957
- **Tennessee Primary Care Association**: $1,066,019
- **Texas Association of Community Health Centers**: $1,706,678
- **Association for Utah Community Health**: $947,955
- **Virginia Primary Care Association, Inc.**: $1,464,290
- **Washington Association of Community & Migrant Health Centers**: $846,303
- **Northwest Regional Primary Care Association**: $956,869
- **Wisconsin Primary Health Care Assoc.**: $871,403
- **West Virginia Primary Care Association, Inc.**: $827,930
- **Wyoming Primary Care Association**: $631,548

### Period of Supplemental Funding:

### Current and Revised Project Periods:

### CFDA Number:
- 93.129.

### Amount of Award(s):
- Up to $13,378,721.
Authority: Section 330(l) of the Public Health Service Act, as amended.

JUSTIFICATION

The Health Resources and Services Administration will be issuing a noncompetitive award for the State and Regional Primary Care Associations Cooperative Program. Approximately $13,378,721 will be made available in the form of a cooperative agreement to provide necessary technical and non-financial assistance to potential and existing section 330 health centers. Recipients of these cooperative agreements conduct statewide/regional training and technical assistance activities to assist potential and existing health centers in the identified state/region to meet Health Center Program requirements, improve organizational performance, and provide statewide/regional technical assistance.

Through this program, HRSA enters into cooperative agreements with state and regional organizations to provide training and technical assistance. The training and technical assistance activities are based on the identified statewide/regional needs as well as program assistance activities based on HRSA priorities.

FOR FURTHER INFORMATION CONTACT: Matt Kozar, Strategic Initiatives and Planning Division Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, at mkozar@hrsa.gov or 301–443–1034.

Dated: May 17, 2016.

James Macrae,
Acting Administrator.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Advisory Committee on Children and Disasters and the National Preparedness and Response Science Board

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) and the National Preparedness and Response Science Board (NPRSB) will be holding a joint public teleconference.

DATES: The NACCD and NPRSB will hold a joint public meeting on June 17, 2016, from 1:00 p.m. to 2:00 p.m. EST. The agenda is subject to change as priorities dictate.

ADDRESSES: Individuals who wish to participate should send an email to NACCD@HHS.GOV and NPRSB@HHS.GOV with “NACCD Registration” or “NPRSB Registration” in the subject line. The meeting will occur by teleconference. To attend via teleconference and for further instructions, please visit the NACCD and NPRSB Web sites at WWW.PHE.GOV/NACCD or WWW.PHE.GOV/NPRSB.

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the NPRSB Contact Form or the NACCD Contact Form located at www.phe.gov/NACCDComments or www.phe.gov/NBSBComments.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh–10a), as added by section 103 of the Pandemic and All Hazards Preparedness Reauthorization Act of 2015 (Pub. L. 113–5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the NACCD. The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. Pursuant to section 319M of the PHS Act (42 U.S.C. 247d–7f) and section 222 of the PHS Act (42 U.S.C. 217a), HHS established the NPRSB. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The NPRSB may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

Background: This joint public meeting via teleconference will be dedicated to the NACCD and NPRSB’s deliberation and vote on the youth leadership task letter received from the ASPR. Subsequent agenda topics will be added as priorities dictate. Any additional agenda topics will be available on the June 17, 2016, meeting Web pages of the NACCD and NPRSB, available at WWW.PHE.GOV/NACCD and WWW.PHE.GOV/NPRSB.

Availability of Materials: The joint meeting agenda and materials will be posted prior to the meeting on the June 17th meeting Web pages at WWW.PHE.GOV/NACCD and WWW.PHE.GOV/NPRSB.

Procedures for Providing Public Input: Members of the public are invited to attend by teleconference via a toll-free call-in phone number which is available on the NPRSB or NACCD Web sites at WWW.PHE.GOV/NACCD and WWW.PHE.GOV/NPRSB. All members of the public are encouraged to provide written comment to the NPRSB and NACCD. All written comments must be received prior to June 17, 2016, and should be sent by email to NACCD@HHS.GOV or NPRSB@HHS.GOV with “NACCD Public Comment” or “NPRSB Public Comment” as the subject line. Public comments received by close of business one week prior to the teleconference will be distributed to the NACCD or NPRSB in advance.

Dated: May 18, 2016.

Nicole Lurie,
Assistant Secretary for Preparedness and Response.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Medical Professionals Recruitment and Continuing Education Program; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the Federal Register on April 27, 2016, for the Fiscal Year 2016 Medical Professionals Recruitment and Continuing Education Program. The notice contained incorrect dates.

FOR FURTHER INFORMATION CONTACT: Dr. Susan Karol, Chief Medical Officer, 5600 Fishers Lane, Mail Stop: 08E53, Rockville, MD 20857, Telephone 301–443–1083. (This is not a toll-free number.)