

the condition that could hinder or facilitate its implementation in each state; and (3) estimated timeframes needed for each state to complete major milestones toward full newborn screening of the condition.

HRSA published the 60-day notice on June 5, 2018 (FR Doc. 2018–12019). There were no comments received during the 60-day comment period. The survey tools have been revised to streamline responses to decrease the burden on the respondents, provide clarity with regard to what is being asked, ensure the survey can accommodate different types of conditions that may be nominated in the future, and offer additional response options. To accomplish this, questions were deleted, consolidated, reordered,

and new questions were added to address gaps in information identified by those who have completed the survey and utilized the survey results.

The data gathered will inform the Committee on the following: (1) Feasibility of implementing population-based screening for the target condition; (2) readiness of state newborn screening programs to adopt screening for the condition; (3) identify gaps in feasibility or readiness to screen for the condition; and (4) identify areas of technical assistance and resources needed to facilitate screening for conditions with low feasibility or readiness.

Likely Respondents: The respondents to the survey will be State and territorial newborn screening programs.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
INITIAL Survey of the Secretary’s Discretionary Advisory Committee on Heritable Disorders in Newborns and Children’s Public Health System Assessment	59	** 2	118	10.0	1,180
FOLLOW-UP Survey of the Secretary’s Discretionary Advisory Committee on Heritable Disorders in Newborns and Children’s Public Health System Assessment	* 30	** 2	60	2.0	120
Total	89	178	1,300

* Up to 30 States and/or Territories will be asked to complete a follow-up survey.

** Up to two conditions may be reviewed per year. Therefore, there will be two initial surveys and two follow-up surveys per year.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Nominations for the Advisory Committee on Training in Primary Care Medicine and Dentistry

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

ACTION: Notice of request for nominations.

SUMMARY: HRSA is requesting nominations to fill vacancies on the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD). The ACTPCMD is authorized by Section 749 of the Public Health Service (PHS) Act. The Advisory Committee is governed by provisions of the Federal Advisory Committee Act (FACA), as amended, which sets forth standards for the formation and use of

advisory committees, and applies to the extent that the provisions of FACA do not conflict with the requirements of PHS Act Section 749.

DATES: HRSA will receive nominations on a continuous basis.

ADDRESSES: Written nominations for membership can be submitted by mail to Advisory Council Operations, Bureau of Health Workforce, HRSA, Room 11W45C, 5600 Fishers Lane, Rockville, Maryland 20857 or sent by email to BHWAdvisoryCouncilFRN@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: Kennita R. Carter, MD, Designated Federal Official, ACTPCMD at 301–945–3505 or email kcarter@hrsa.gov. A copy of the current committee membership, charter, and reports can be obtained by accessing the ACTPCMD website <https://www.hrsa.gov/advisory-committees/primarycare-dentist/index.html>.

SUPPLEMENTARY INFORMATION: The ACTPCMD provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary), the Senate Committee on Health, Education, Labor

and Pensions, and the House of Representatives Committee on Energy and Commerce on matters concerning policy, program development, and other matters of significance concerning the medicine and dentistry activities under Section 747 of the PHS Act, as it existed upon the enactment of Section 749 of the PHS Act in 1998. In addition, the ACTPCMD develops, publishes, and implements performance measures and longitudinal evaluations for programs under Part C of Title VII of the PHS Act, as well as recommends appropriation levels for programs under this part. Meetings are held twice a year.

Specifically, HRSA is requesting nominations for voting members of the ACTPCMD representing allopathic medicine, osteopathic medicine, family medicine, general internal medicine, general pediatrics, physician assistant, general dentistry, pediatric dentistry, public health dentistry, dental hygiene, advanced practice nurse programs, and other health professionals engaged in primary care or oral health interprofessional training. Among these nominations, students, residents, or fellows representing allopathic

medicine, osteopathic medicine, physician assistant, or dentistry are encouraged to apply.

In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the ACTPCMD are health professionals, a broad geographic of representation of members, and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. As required by PHS Act section 749(b)(3), the Secretary will also ensure the adequate representation of women and minorities.

HHS will consider nominations of all qualified individuals with the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals. Professional associations and organizations may nominate one or more qualified persons for membership. Nominations shall state that the nominee is willing to serve as a member of the ACTPCMD and appears to have no conflict of interest that would preclude the ACTPCMD membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the ACTPCMD to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee:

- (1) A letter of nomination from an employer, a colleague, or a professional organization stating the name, affiliation, and contact information for the nominee, the basis for the nomination (*i.e.*, what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of the ACTPCMD, and the nominee's field(s) of expertise);
- (2) A letter of interest from the nominee stating the reasons they would like to serve on the ACTPCMD;
- (3) A biographical sketch of the nominee, a copy of his/her curriculum vitae, and his/her contact information (address, daytime telephone number, and email address); and
- (4) The name, address, daytime telephone number, and email address at which the nominator can be contacted.

Nominations will be considered as vacancies occur on the ACTPCMD. If you submitted a nomination more than three years ago, please resubmit an updated nomination to be considered for committee vacancies.

HHS strives to ensure that the membership of HHS federal advisory committees are balanced in terms of points of view represented and the committee's function. The Department encourages nominations of qualified candidates from all groups and locations. Appointment to the ACTPCMD shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Nominations for the National Advisory Council on Nurse Education and Practice

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

ACTION: Notice of request for nominations.

SUMMARY: HRSA is requesting nominations to fill vacancies on the National Advisory Council on Nurse Education and Practice (NACNEP). The NACNEP is authorized by Section 851 of the Public Health Service (PHS) Act, as amended. The Advisory Council is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended, which sets forth standards for the formation and use of advisory committees, and applies to the extent that the provisions of FACA do not conflict with the requirements of PHS Act Section 851.

DATES: HRSA will receive nominations on a continuous basis.

ADDRESSES: Written nominations for membership can be submitted to Advisory Council Operations, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11W45C, Rockville, Maryland 20857 or sent by email to BHWAdvisoryCouncil@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: Tracy L. Gray, MBA, MS, RN, Designated Federal Official, NACNEP, by phone at 301-443-3346 or by email at TGray1@hrsa.gov. A copy of the current committee membership, charter, and reports can be obtained by accessing the NACNEP website at <https://www.hrsa.gov/advisory-committees/nursing/index.html>.

SUPPLEMENTARY INFORMATION: The NACNEP provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary), the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Energy and Commerce concerning policy matters arising in the administration of the activities under Title VIII of the PHS Act, as amended, including the range of issues related to the nurse workforce, nursing education, and nursing practice improvement. The Council annually prepares and submits a report describing the activities of the Advisory Council including its findings and recommendations made by the council concerning the activities under this title. Meetings are held twice a year.

Specifically, HRSA is requesting nominations for voting members of the NACNEP representing leading authorities in the various fields of nursing, higher and secondary education, and associate degree schools of nursing; representatives of advanced education nursing groups (such as nurse practitioners, nurse midwives, and nurse anesthetists); hospitals and other institutions and organizations which provide nursing services; practicing professional nurses; the general public; and full-time students enrolled in schools of nursing.

In making such appointments, the Secretary shall ensure a fair balance between the nursing professions, a broad geographic representation of members, and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. As required by PHS Act section 851(b)(3), the Secretary shall ensure the adequate representation of minorities. The majority of the NACNEP members shall be nurses.

HHS will consider nominations of all qualified individuals with the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals. Professional associations and organizations may nominate one or more qualified persons for membership. Nominations shall state that the nominee is willing to serve as a member of the NACNEP and appears to have no conflict of interest that would preclude the NACNEP membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the NACNEP to