DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee (HICPAC)

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) announce the following meeting for the aforementioned committee:

**Dates:**
- **February 15, 2012**, 12 p.m.–5 p.m.,
- **February 16, 2012**, 8:30 a.m.–2 p.m.
- **February 19, 2012**, 3:00 p.m.–4:30 p.m.,
- **February 20, 2012**, 8:30 a.m.–9:45 a.m.

**Place:** CDC, Global Communications Center, Building 19, Auditorium B3, 1600 Clifton Road NE., Atlanta, Georgia 30333.

**Contact Person:** Erin Aguirre, (404) 639–8692, Erin.Aguirre@cdc.gov.

Purpose: The purpose of the Advisory Committee is to review scientific and medical evidence and to make recommendations to the World Trade Center (WTC) Program Administrator regarding additional WTC Health Program eligibility criteria and potential additions to the list of covered WTC-related health conditions. Title XXXIII of the Public Health Service Act (42 U.S.C. 265b) authorizes the Secretary, HHS, to delegate at her discretion, the authority to make determinations regarding eligibility for services for the Advisory Committee. The WTC Health Program provides: (1) Medical monitoring and treatment benefits to eligible emergency responders and cleanup workers (including those with WTC-related illnesses who were directly impacted and adversely affected by such attacks (“survivors’)). Certain specific activities of the WTC Program Administrator are reserved to the Secretary, HHS, to delegate at her discretion; and (2) the Advisory Committee (WTCHP STAC or Advisory Committee) is to review scientific and medical evidence and to make recommendations to the World Trade Center (WTC) Program Administrator regarding additional WTC Health Program eligibility criteria and potential additions to the list of covered WTC-related health conditions. 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 WTC Program Administrator. The WTC Health Program provides: (1) Medical monitoring and treatment benefits to eligible emergency responders and cleanup workers (including those with WTC-related illnesses who were directly impacted and adversely affected by such attacks (“survivors’)). Certain specific activities of the WTC Program Administrator are reserved to the Secretary, HHS, to delegate at her discretion; and (2) the Advisory Committee is to review scientific and medical evidence and to make recommendations to the World Trade Center (WTC) Program Administrator regarding additional WTC Health Program eligibility criteria and potential additions to the list of covered WTC-related health conditions.
conditions, research needs of the WTC Health Program, and WTC Health Program enrollment eligibility criteria for individuals who were members of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or were a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site or the Shanksville, Pennsylvania, site of the terrorist-related aircraft crashes of September 11, 2001. The agenda is subject to change as priorities dictate.

Submissions to the Docket: Written comments may be submitted. The comments should be limited to two pages and submitted to the contact person below by February 9, 2012. 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 the NIOSH docket (http://www.cdc.gov/niosh/docket248.html).

To provide written 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, 4676 Columbia Parkway, Cincinnati, Ohio 45226.
Facsimile: (513) 533–8285.
Email: nioshdocket@cdc.gov.
Telephone: (513) 533–8611.

Submissions to the docket should reference docket #248.

Policy on Redaction of Committee Meeting Transcripts (Public Comment): Transcripts will be prepared and posted to NIOSH Docket 248 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) A statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted; and (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments. 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 Official, NIOSH, CDC, 4676 Columbia Parkway, MailStop P–45, Cincinnati, Ohio 45226, 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.


Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–2002 Filed 1–30–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Public Health Service Act, Non-competitive Replacement Award

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

ACTION: Notice of Non-competitive Replacement Award to the California Telehealth Network.

SUMMARY: The Health Resources and Services Administration (HRSA) is issuing a non-competitive replacement award under the Telehealth Resource Center Grant Program (TRCCP) to the California Telehealth Network in order to continue advancement of the effective use of telehealth technology that will facilitate the provision of health care services to rural, medically-underserved California residents.

SUPPLEMENTARY INFORMATION:
Former Grantee of Record: California Health Foundation and Trust.
Replacement Awardee: California Telehealth Network.
Amount of Replacement Award: $355,000.
Period of Replacement Award: The period of support for this award is September 1, 2011, to August 31, 2012.
Authority: Section 330(d)[2] of the Public Health Service Act, as amended, 42 U.S.C. 254c–14(d)[2].
Catalog of Federal Domestic Assistance Number: 93.211.

Justification For the Exception to Competition

The former grantee, California Health Foundation and Trust (CHFT), housed the California Telemedicine & eHealth Center (CTEC). For the past twelve years, CTEC has been a centralized resource center for California’s telemedicine/telehealth efforts. CTEC provides technical assistance services to organizations within California interested in expanding new or existing telehealth services. HRSA was informed that CTEC is transferring organizationally from CHFT to the California Telehealth Network (CTN). The comprehensive services that CTEC provides and their ability to expand their services will allow CTN to maintain the current scope of service and activities as originally awarded under the grant. CTN has a demonstrated history of telecommunications success that will allow it to manage a regional telehealth resource center. This replacement award will help ensure the continued improvement of health care systems in California.

FOR FURTHER INFORMATION CONTACT: Monica Cowan, Public Health Analyst, Office for the Advancement of Telehealth, Office of Rural Health Policy, Health Resources and Services Administration, Room 5A–55, 5600 Fishers Lane, Rockville, Maryland 20857; (301) 443–0076; email: Monica.cowan@hrsa.hhs.gov.

Dated: January 24, 2012.

Mary K. Wakefield,
Administrator.

[FR Doc. 2012–2071 Filed 1–30–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HOMELAND SECURITY

Public Availability of DHS Fiscal Year 2011 Service Contract Inventory

AGENCY: Office of the Chief Procurement Officer, DHS.

ACTION: Notice of availability.

SUMMARY: In accordance with Section 743 of Division C of the Consolidated Appropriations Act of 2010 (Pub. L. 111–117), the Department of Homeland Security (DHS) is publishing this notice to advise the public of the availability of the FY 2011 Service Contract inventory. This inventory provides information on service contract actions over $25,000 that were made in FY 2011. The information is organized by function to show how contracted resources are distributed throughout the agency. The inventory has been developed in accordance with guidance issued on November 5, 2010 by the Office of Management and Budget’s Office of Federal Procurement Policy (OFPP). On December 19, 2011, OFPP submitted additional guidance available at http://www.whitehouse.gov/sites/default/files/omb/procurement/memo/service-contract-inventory-guidance.pdf. Except for minor changes to reporting deadlines, the guidance for preparing