importance to health workforce policies and programs, as well as areas in which substantial expertise exists outside the government, indicating strong potential for public benefit.

Applicants were asked to design a portfolio consisting of six research or TA projects, of which a subset would be selected for completion in the first budget period. Applicants were instructed to use their own judgment and expertise in designing a portfolio that would address timely, relevant, and important health workforce policy and planning questions.

Though the FOA indicated the intent to fund only one cooperative agreement in each research focus area, the latitude given to applicants in designing their portfolios resulted in diverse interpretations of the concentration areas, particularly in the “flexible use of workers” category. For example, the top two ranked “flexible use of workers” HWRC (ranked at second and third in the research category) have distinct areas of focus. One focuses its portfolio on use of workers in community health centers, health IT, and telehealth. The other focuses primarily on primary care, including competencies for primary care teams, temporal shifts between primary and specialty practice over time, and flexibility in primary vs. specialty care service offerings. After further consideration, and in light of growing interest in promoting full and effective use of health workers, HRSA has instructed to use their own judgment to fund only one cooperative agreement in a single area of research category.

The concentration area “flexible use of workers” was further defined via published “frequently asked questions” as an area intended to address questions related to leveraging the existing health workforce to improve access to care, efficiency, and effectiveness in care delivery. Suggested topics for study included novel health care roles, team-based care (including the composition of teams and division of responsibilities across a team), professionals working at the top of their skills and training, and delegation. These proposed concentration areas were selected as areas of critical importance to health workforce policies and programs, as well as areas in which substantial expertise exists outside the government, indicating strong potential for public benefit.

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With this in mind, BHPr intends to fund two HWRCs in the concentration area “flexible use of workers.” This decision was made in light of the importance of defining new and emerging roles and models of the health workforce to meet the nation’s changing health care needs. In addition, this allows BHPr to fund directly down the rank order list of applicants produced in the independent review process.

FOR FURTHER INFORMATION CONTACT:
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Mary K. Wakefield, Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Service Delivery Area Designation for the Wilton Rancheria

AGENCY: Indian Health Service.

ACTION: Notice.

SUMMARY: This Notice advises the public that the Indian Health Service (IHS) proposes the geographic boundaries of the Service Delivery Area (SDA) for the newly restored Wilton Rancheria. The Wilton Rancheria SDA is to be comprised of Sacramento County in the State of California. The county listed is designated administratively as the SDA, to function as a Contract Health Service Delivery Area (CHSDA), for the purpose of operating a Contract Health Service (CHS) program pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93–638.

DATES: This notice is effective 30 days after date of publication in the Federal Register (FR).

ADDRESSES: Comments may be mailed to Ms. Betty Gould, Regulations Officer,