DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Single-Award Deviations From Competition Requirements: Pediatric Emergency Care Applied Research Network

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

ACTION: Notice of Single-Award Deviation from Competition Requirements for the Pediatric Emergency Care Applied Research Network (PECARN) at the Children’s Hospital Medical Center, Cincinnati, Ohio - Grant Number U03MC222684.

SUMMARY: HRSA announces the award of a supplemental of $50,000 for the PECARN cooperative agreement. The supplemental will permit the Children’s Hospital Medical Center, Cincinnati, Ohio, to support its oversight of the operation of PECARN as the Chair for 2017–2018.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Children’s Hospital Medical Center, Cincinnati, Ohio.

Amount of Non-Competitive Awards: $50,000.

Period of Supplemental Funding: September 1, 2017, through August 31, 2018.


George Sigounas, Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Non-competitive Fiscal Year 2017 Supplemental Funding Award Ryan White HIV/AIDS Program, Part F Special Projects of National Significance

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

CFDA Number: 93.127.


Justification: As stated in the funding opportunity announcement, the goal of the PECARN is to develop an efficient research network to conduct high quality research and publish evidence-based findings that will impact clinical practice and ensure standardized care in diverse health care settings that serve children, including urban, rural, and tribal settings. The objectives of this award are to:

1. Support a network infrastructure to conduct high priority, high impact EMSC research using rigorous study designs and methodologies that can be applied to multi-site Emergency Department and/or prehospital emergency settings;
2. Contribute to an organizational structure that ensures network efficiency, productivity, and fidelity of study implementation and includes the ability to: (a) Develop study projects; (b) Attain extramural funding; (c) Conduct multi-site clinical investigations; (d) Publish and disseminate results; and (e) Develop young investigators in the area of pediatric emergency medicine;
3. Facilitate translation of research results to EMSC practices; and
4. Foster collaboration among EMS personnel, nurses, practitioners, and researchers.

Success of the PECARN requires the services of a Chair, who is elected on an annual basis by grantees. This annual supplemental is necessary to support the Chair’s responsibilities which are within the scope of the cooperative agreement program, but were not required to be budgeted for in the organization’s application due to the unknown contingency of who would be elected as Chair on behalf of which organization. Dr. Richard Ruddy of Children’s Hospital Medical Center, Cincinnati, Ohio, was elected Chair of the PECARN for 2016–2018. The proposed supplemental is to supply funds to the Chair to support his oversight of the operation of PECARN including coordinating and running the Steering Committee meetings, appointing Subcommittee Chairpersons to be later approved by the Steering Committee; maintaining ongoing communications with principal investigators and keeping all of PECARN updated with new/ongoing activities; representing PECARN at national meetings; and serving as liaison to HRSA/Maternal and Child Health Bureau federal officials.

FOR FURTHER INFORMATION CONTACT: Diane Pilkey, Division of Child, Adolescent and Family Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18N58C, Rockville, MD 20852, Phone: 301–443–8927, Email: DPilkey@hrsa.gov.


George Sigounas, Administrator.

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findings, best practices, and lessons learned. The supported activity includes the production of the required interventions manual for the initiative documenting the ten intervention models employed by the demonstration sites in order to promote the future replication of the interventions by Ryan White HIV/AIDS Program recipients and other health care providers. Not issuing this award would severely reduce the impact of this initiative by limiting the analysis and dissemination of best practices and lessons learned to HIV providers serving these Latino/a subpopulations. This would weaken efforts to improve the health outcomes for Latinos/as living with HIV in the United States.

FOR FURTHER INFORMATION CONTACT: Mr. Adan Cajina, Chief, Demonstration Evaluation Branch, Office of Training and Capacity Development, Division of HIV Domestic Programs, HIV/AIDS Bureau, HRSA, 5600 Fishers Lane, 09N108, Rockville, MD 20857, Phone: (301) 443–3180, Email: acajina@hrsa.gov.


George Sigounas,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: List of Petitions Received

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

ACTION: Notice.

SUMMARY: HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Acting Clerk, United States Court of Federal Claims, 717 Madison Place NW, Washington, DC 20005, (202) 357–6400.

For information on HRSA’s role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 08N146B, Rockville, MD 20857; (301) 443–6593, or visit our Web site at: http://www.hrsa.gov/vaccinecompensation/index.html.

SUPPLEMENTAL INFORMATION:

The program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 et seq., provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifest outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that “[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the Federal Register.” Set forth below is a list of petitions received by HRSA on August 1, 2017, through August 31, 2017. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master “shall afford all interested persons an opportunity to submit relevant, written information” relating to the following:

1. The existence of evidence “that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,” and

2. Any allegation in a petition that the petitioner either:

a. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table but which was caused by” one of the vaccines referred to in the Table, or

b. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine” referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading FOR FURTHER INFORMATION CONTACT), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, 5600 Fishers Lane, 08N146B, Rockville, MD 20857. The Court’s caption [Petitioner’s Name v. Secretary of HHS] and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the program.


George Sigounas,
Administrator.

List of Petitions Filed

1. Teresa Audino and David Audino on behalf of C. A., Vienna, Virginia Court of Federal Claims No: 17–1033V

2. Stephanie C. Savage, Greensboro, North Carolina Court of Federal Claims No: 17–1036V

3. Alfred Wade, Jr. on behalf of Elaine D. Wade, Deceased, Wilmington, North Carolina Court of Federal Claims No: 17–1039V

4. Tiffany S. Gaiter and Deverett S. Gaiter on behalf of Deverett S. Jr. Gaiter, Bay City, Michigan Court of Federal Claims No: 17–1040V

5. Mr. Anthony C. Millender, Houston, Texas Court of Federal Claims No: 17–1043V