

include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of May 23, 2014. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on June 27, 2013 (77 FR 38838). The lists also include automatic facility HPSAs, designated as a result of the Health Care Safety Net Amendments of 2002 (Pub. L. 107–251), not subject to update requirements. Each list of designated HPSAs (primary medical care, mental health, and dental) is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, or if the county is part of a larger designated service area, or if a population group residing in the county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. Counties that have a whole county geographic HPSA are indicated by the “Entire county HPSA” notation following the county name. Further details on the snapshot of HPSAs listed can be found on the HRSA Web site: <http://www.hrsa.gov/shortage/>.

In addition to the specific listings included in this notice, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603(d), are automatically designated as population groups with primary medical care and dental health professional shortages. The Health Care Safety Net Amendments of 2002 also made the following entities eligible for automatic facility HPSA designations: all federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. These entities include: FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian

Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Exclusion from this list does not exclude them from HPSA designation; any facilities eligible for automatic designation will be included in the database as they are identified.

Future Updates of Lists of Designated HPSAs: The lists of HPSAs on the HRSA Web site below consist of all those that were designated as of May 23, 2014. It should be noted that HPSAs are currently updated on an ongoing basis based on the identification of new areas, population groups, facilities, and sites that meet the eligibility criteria or that no longer meet eligibility criteria and/or are being replaced by another type of designation. As such, additional HPSAs may have been designated by letter since that date. The appropriate agencies and individuals have been or will be notified of these actions by letter. These newly designated HPSAs will be included in the next publication of the HPSA list and are currently included in the daily updates posted on the HRSA Web site at <http://www.hrsa.gov/shortage/find.html>.

Any designated HPSA listed on the HRSA Web site below is subject to withdrawal from designation if new information received and confirmed by HRSA indicates that the relevant data for the area involved have significantly changed since its designation. The effective date of such a withdrawal will be the next publication of a notice regarding this list in the **Federal Register**. All requests for new designations, updates, or withdrawals should be based on the relevant criteria in regulations published at 42 CFR part 5.

Electronic Access Address: The complete list of HPSAs designated as of May 23, 2014, are available on the HRSA Web site at <http://www.hrsa.gov/shortage/>. Frequently updated information on HPSAs is also available at <http://datawarehouse.hrsa.gov>.

FOR FURTHER INFORMATION CONTACT: Requests for further information on the

HPSA designations listed on the HRSA Web site below and requests for additional designations, withdrawals, or reapplication for designation should be submitted to Melissa Ryan, Operations Director, Division of Policy and Shortage Designation, Bureau of Health Workforce, Health Resources and Services Administration, Room 9A–55, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 594–0816, <http://www.hrsa.gov/shortage/>.

Dated: June 18, 2014.

Mary K. Wakefield,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Careers Opportunity Program

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

ACTION: Notice of class deviation from competition requirements for the Health Careers Opportunity Program (HCOP).

SUMMARY: The Health Resources and Services Administration (HRSA) will be issuing non-competitive awards for the HCOP program. Approximately \$9.8 million will be made available in the form of grants to the awardees listed in the chart below for the budget period beginning September 1, 2014. We have determined the need for significant program changes prior to launching a new competition to the field. This will enable the Bureau of Health Workforce to thoughtfully redesign the current program to ensure that it meets the needs of both the government and the field, and conduct a single competition in fiscal year (FY) 2015.

SUPPLEMENTARY INFORMATION: Grantees of record and intended award amounts are:

Grant No.	Institution name	State	Anticipated FY 2014 funding amount
D18HP23034	University of Alabama Birmingham	AL	\$624,823
D18HP23007	University of Arizona	AZ	739,146
D18HP10623	University of California, San Diego	CA	742,224
D18HP23028	D'Youville College	NY	679,854
D18HP10617	Marquette University	WI	719,155
D18HP05283	Meharry Medical College	TN	750,000
D18HP23030	Michigan State University	MI	667,125
D18HP10625	University of Michigan-Flint	MI	592,581
D18HP10627	Mount Sinai School of Medicine	NY	686,377
D18HP23032	University of Texas Medical Branch	TX	750,000
D18HP23014	Research Foundation of the State University of New York	NY	712,447

Grant No.	Institution name	State	Anticipated FY 2014 funding amount
D18HP23023	Howard University	DC	735,372
D18HP23019	St. Vincent Health	IN	662,002
D18HP23031	Northeastern Vermont AHEC	VT	709,350

Amount of the Award(s): Up to \$750,000 (see chart above).

CFDA Number: 93.822.

Current Project Period: September 1, 2011, through August 31, 2014.

Period of Supplemental Funding: September 1, 2014, through August 31, 2015.

Authority: Title VII, Section 739 of the Public Health Service (PHS) Act, as amended by Section 5402 of the Affordable Care Act.

Justification: A diverse health professions workforce is critical to achieving greater health equity and ensuring access to quality health care services for underrepresented and underserved populations. The increasing diversity of the U.S. population requires a health care workforce that reflects the population, is knowledgeable, and culturally competent to care for a growing range of health care needs and can serve populations in hard to reach places. HRSA's HCOP grant program serves as a pipeline program by encouraging, cultivating, and supporting students from economically and academically disadvantaged backgrounds to enter healthcare fields.

By extending the performance period of the 14 HCOP grantees listed above, we will create a single cohort of HCOP grantees. These awards will align with the HCOP performance and budget periods for the remaining three HCOP grantees, which runs through August 2015, resulting in administrative savings over a competitive grant making process. Aligning the project periods will also greatly facilitate HRSA efforts to manage this program as a network of grantees working towards common programmatic goals.

Following the current year of funding, HRSA plans to conduct a single funding competition in FY 2015. We will be able to systematically assess the needs of the field, involve grantees in defining the direction of the program, and develop an innovative redesign of the program including strategies that are more aligned with HRSA's diversity priorities and the direction of the field.

FOR FURTHER INFORMATION CONTACT: Tia-Nicole Leak, Ph.D., Division of Public Health and Interdisciplinary Education, Bureau of Health Workforce, Health Resources and Services Administration,

5600 Fishers Lane, Room 9C–26, Rockville, Maryland 20857, or email tlease@hrsa.gov.

Dated: June 19, 2014.

Mary K. Wakefield,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration

Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

Date And Time: July 2, 2014 (10:00 a.m.—4:00 p.m.).

Place: Webinar and Conference Call Format.

Status: The meeting will be open to the public.

Purpose: The members of the ACICBL will begin the planning required to develop the legislatively mandated 14th Annual Report to the Secretary of Health and Human Services and Congress. The meeting objectives are to: (1) Orient new members to the work of the ACICBL, (2) provide an update on training programs; (3) focus on a relevant topic that will enhance the mission of the Title VII—Part D training programs; and (4) develop an outline that will inform the development of the 14th Annual Report.

Agenda: The ACICBL agenda includes an opportunity for each member to offer ideas for the upcoming report, along with identifying consultants in specific areas who could provide expert testimony. The staff writer provided by the Health Resources and Services Administration (HRSA), Bureau of Health Workforce, will offer a strategy for outlining the upcoming report. The agenda will be available 2 days prior to the meeting on the HRSA Web site (<http://www.hrsa.gov/advisory>

committees/bhpradvisory/acicbl/acicbl.html). Agenda items are subject to change as priorities dictate.

Requests to make oral comments or provide written comments to the ACICBL should be sent to Dr. Joan Weiss, Designated Federal Official, using the address and phone number below. Individuals who plan to participate on the conference call should notify Dr. Weiss at least 3 days prior to the meeting, using the address and phone number below. Members of the public will have the opportunity to provide comments. Interested parties should refer to the meeting subject as the HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages.

The conference call-in number is 1–800–369–1867. The passcode is: 8803797. The webinar link is <https://hrsa.connectsolutions.com/acicblreport14/>.

SUPPLEMENTARY INFORMATION: Members of the public and interested parties may request to provide comments or attend the meeting via conference call and webinar by emailing their first name, last name, and full email address to Dr. Joan Weiss using the address and phone number below. Access is by invitation only. The logistical challenges of scheduling this meeting hindered an earlier publication of this meeting notice.

FOR FURTHER INFORMATION CONTACT: Anyone requesting information regarding the ACICBL should contact Dr. Joan Weiss, Designated Federal Official within the Bureau of Health Workforce, Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Dr. Joan Weiss, Designated Federal Official, Bureau of Health Workforce, Health Resources and Services Administration, Parklawn Building, Room 9C–05, 5600 Fishers Lane, Rockville, Maryland 20857; (2) call (301) 443–0430; or (3) send an email to jweiss@hrsa.gov.

Dated: June 19, 2014.

Jackie Painter,
Acting Director, Division of Policy and Information Coordination.

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