

Response (OHSEPR) promotes resilience of vulnerable individuals, children, families, and communities impacted by disasters and public health emergencies and provides expertise in human services preparedness, response, and recovery through policy, planning, operations, and partnerships.

OHSEPR coordinates ACF's work in emergency preparedness, response, and recovery planning, policy, and operations, working in close partnership with ACF Program Offices and the Immediate Offices of the Regional Administrators. OHSEPR supports fulfillment of disaster human services within the integrated response and recovery operations of the Department of Health and Human Services (HHS). OHSEPR administers the Human Services Immediate Disaster Case Management Program, which is the FEMA HHS alternate of the Disaster Case Management Program.

KW.10 Organization. OHSEPR is headed by a Director, who reports to the Assistant Secretary, and consists of: Office of the Director (KW1) Division of Disaster Case Management (KW2) Division of Emergency Planning, Policy and Operations (KW3)

KW.20 Functions. A. The OD is responsible for the administrative oversight and strategic direction of all OHSEPR programs, projects, and activities. The Office of the Director implements the strategic vision of the Director, manages budgetary and legal matters affecting OHSEPR, administers human resources and program evaluation functions, and assures alignment of activities by all OHSEPR divisions with the Director's strategy and applicable laws, policies, doctrines, and frameworks related to the provision of HHS ACF disaster human services.

The Administrative Team provides administrative and budget support to OHSEPR. These responsibilities include, but are not limited to: (1) serving as the Executive Secretariat for OHSEPR, including managing correspondence, correspondence systems, and public requests; (2) coordinating human resources activities; and (3) as appropriate, development of internal policies and procedures relating to these activities.

B. Division of Disaster Case Management is responsible for administration of the Human Services Disaster Case Management Program to assist states, tribes, and territories in establishing the capacity to coordinate and provide case management services in the event of a presidentially declared disaster for which Individual Assistance is approved. This Division develops and maintains the capability to deploy Immediate Disaster Case Management (IDCM) teams upon activation by the Federal Emergency Management Agency (FEMA). The Division manages contracts for IDCM staffing assets and infrastructure, and for electronic case record to support provision of IDCM services to survivors in states and tribes as tasked by FEMA.

C. Division of Emergency Planning, Policy and Operations is responsible for administration of ACF human services preparedness, response, and recovery for disasters and public health emergencies, as

well as "steady state" capabilities necessary to maintain readiness for response or recovery operations to future events. The Division manages deployable and non-deployable capabilities for operations, including ACF's Watch Desk and threat analysis, situational awareness reporting, deployment of requested emergency response and recovery staffing assets, coordination of ACF support for federal emergency missions, and liaison with federal interagency and other partners in response and recovery. This Division is responsible for administration of OHSEPR's activities to promote emergency preparedness of ACF programs, community resilience to the human services impacts of disasters and public health emergencies, and participation in HHS-wide and government-wide emergency planning and policymaking. The Division manages preparedness activities and messaging. The Division coordinates fulfillment of ACF participation in Departmental and federal policy workgroups related to disasters, tools and guidance intended to promote preparedness of ACF programs and community resilience for ACF served populations, and training and exercise programs to continually improve ACF's capacity to support disaster human services for affected populations.

VII. Continuation of Policy

Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to organizational components affected by this notice within the Administration for Children and Families, heretofore issued and in effect on this date of this reorganization are continued in full force and effect.

VIII. Delegation of Authority

All delegations and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further re-delegations, provided they are consistent with this reorganization.

IX. Funds, Personnel, and Equipment

Transfer of organizations and functions affected by this reorganization shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment, supplies, and other resources.

This reorganization will be effective upon date of signature.

Dated: September 21, 2015.

Mark H. Greenberg,

Acting Assistant Secretary for Children and Families.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Organ Transplantation; 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 Organ Transplantation (ACOT).

Date and Time: November 17, 2015, from 12:00 p.m. to 4:00 p.m. Eastern Time.

Place: The meeting will be via audio conference call and Adobe Connect Pro.

Status: The meeting will be open to the public.

Purpose: Under the authority of 42 U.S.C. Section 217a, Section 222 of the Public Health Service Act, as amended, and 42 CFR 121.12 (2000), ACOT was established to assist the Secretary in enhancing organ donation, ensuring that the system of organ transplantation is grounded in the best available medical science, and assuring the public that the system is as effective and equitable as possible, thereby increasing public confidence in the integrity and effectiveness of the transplantation system. ACOT is composed of up to 25 members including the Chair. Members serve as Special Government Employees and have diverse backgrounds in fields such as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine, and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members.

Agenda: The Committee will hear presentations including those on the following topics: Donor Management Research; the HOPE Act; and Program Updates. Agenda items are subject to change as priorities indicate.

After Committee discussions, members of the public will have an opportunity to comment. Because of the Committee's full agenda and timeframe in which to cover the agenda topics, public comment will be limited. All public comments will be included in the record of the ACOT meeting. Meeting summary notes will be posted on Department's organ donation Web site at <http://www.organdonor.gov/legislation/advisory.html#meetings>.

The draft meeting agenda will be posted on www.acotmeetings.net (but the timing of events may be subject to change). Those participating at this meeting should register by visiting www.acotmeetings.net. The deadline to register for this meeting is Monday, November 16, 2015. For all logistical questions and concerns, please contact Susie Gingrich, Leonard Resource Group, at 202-289-8322 or send an email to sgingrich@lrinc.com.

The public can join the meeting by:

1. (Audio Portion) Calling the Conference Phone Number (1-800-832-0736) and providing the Participant Code (1337210); and

2. (Visual Portion) Connecting to the ACOT Adobe Connect Pro Meeting using the following URL <https://lrg.adobeconnect.com/acot1115> (copy and paste the link into your browser if it does not work directly).

Participants should call and connect 15 minutes prior to the meeting for logistics to be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm and get a quick overview by following URL: http://www.adobe.com/go/connectpro_overview.

Call 202-289-8322 or send an email to sgingrich@lrinc.com if you are having trouble connecting to the meeting site.

Public Comment: It is preferred that persons interested in providing an oral presentation email a written request, along with a copy of their presentation to Patricia Stroup, MBA, MPA, Executive Secretary, Healthcare Systems Bureau, Health Resources and Services Administration, at pstroup@hrsa.gov. Requests should contain the name, address, telephone number, email address, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative.

The allocation of time may be adjusted to accommodate the level of expressed interest. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may request it during the public comment period. Public participation and ability to comment will be limited to time as it permits.

FOR FURTHER INFORMATION CONTACT: Patricia Stroup, MBA, MPA, Executive Secretary, Healthcare Systems Bureau, Health Resources and Services

Administration, 5600 Fishers Lane, Room 17W65, Rockville, MD 20857; telephone 301-443-1127.

Jackie Painter,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463, codified at 5 U.S.C. App.), notice is hereby given of the following meeting:

Name: Advisory Committee on Heritable Disorders in Newborns and Children.

Dates and Times: November 3, 2015, 9:00 a.m. to 4:00 p.m.

Place: Webinar.

Status: The meeting will be open to the public. Please register at <https://www.blsmmeetings.net/ACHDNC/November2015/>. The registration deadline is Friday, October 30, 2015, 11:59 p.m. Eastern Time.

Purpose: The Advisory Committee on Heritable Disorders in Newborns and Children (Committee), as authorized by the Public Health Service Act (PHS), Title XI, § 1111 (42 U.S.C. 300b-10), was established to advise the Secretary of the Department of Health and Human Services about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, the Committee's recommendations regarding additional conditions/ inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel (RUSP) and constitute part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg-13, non-grandfathered health plans and group and individual health insurance issuers are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (*i.e.*, policy years) beginning on or after

the date that is one year from the Secretary's adoption of the condition for screening.

Agenda: The meeting will include: (1) Discussion and vote on the statutory Committee's proposed bylaws, (2) a discussion of nomination process for prospective organizational representatives, (3) a presentation on the Notice of Proposed Rulemaking on Federal Policy for the Protection of Human Subjects and the potential impact on newborn screening research, (4) updates from the Pilot Study Workgroup, Cost Analysis Workgroup, and Timeliness Workgroup, (5) a presentation on transition models from pediatric to adult health care using innovative strategies, and (6) a presentation on current education activities within newborn screening and impact on families and children. There are no votes that involve proposed additions of a condition to the RUSP scheduled for this meeting.

Agenda items are subject to change as necessary or appropriate. The agenda, webinar information, Committee Roster, Charter, presentations, and other meeting materials will be located on the Advisory Committee's Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Registration: Registration information will be on the Committee Web site at <https://www.blsmmeetings.net/ACHDNC/November2015/>. The registration deadline is Friday, October 30, 11:59 p.m. Eastern Time.

Public Comments: Members of the public may present oral comments and/or submit written comments. Comments are part of the official Committee record. Advance registration is required to present oral comments and/or submit written comments. Oral public comments are tentatively scheduled for November 3, 2015. Individuals who wish to present oral public comments must indicate this when registering. Written comments may be uploaded on the registration Web site and must be received by the registration deadline (October 30, 11:59 p.m. Eastern Time), as this will allow them to be included in the November meeting briefing book. Individuals who wish to present oral comments and/or provide written comments should identify on the registration Web site the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (*i.e.*, parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments. To ensure that all individuals who have registered to make oral comments can be accommodated,