

Centers for Disease Control and Prevention (CDC), announces the establishment of the World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee.

The WTC Health Program shall provide, beginning on July 1, 2011: (1) Medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks; and (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City, who were directly impacted and adversely affected by such attacks. This advisory committee will review scientific and medical evidence and make recommendations to the WTC Program Administrator on additional WTC Health Program eligibility criteria and additional WTC-related health conditions. The committee may be consulted on other matters as related to and outlined in the Act at the discretion of the WTC Program Administrator.

For information, contact Larry Elliott, Designated Federal Officer, World Trade Center Health Program Scientific/Technical Advisory Committee, National Institute for Occupational Safety and Health, HHS, CINC Building, ROBER Room 141, M/S C46, Cincinnati, Ohio 45226, telephone (513) 533-6891, or fax (513) 533-6826.

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.

Dated: May 5, 2011.

Elaine L. Baker,

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

[FR Doc. 2011-11698 Filed 5-11-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Interest Projects (SIPs): Initial Review

The meeting announced below concerns "Using Behavioral Economics to Promote Colorectal Cancer Screening

in Disadvantaged Communities, SIP11-041, Feasibility Study to Link Data from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the National Program of Cancer Registries (NPCR), and Medicare to Evaluate Screening Practice and Treatment Outcomes of Former NBCCEDP Clients, SIP11-043, Potential for Cancer Screening Interventions for Cancer Survivors Delivered Through Central Cancer Registries, SIP11-044, Panel B," initial review.

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) announces the aforementioned meeting:

Times And Dates: 8:30 a.m.–5:30 p.m., June 1, 2011 (Closed). 8:30 a.m.–5:30 p.m., June 2, 2011 (Closed).

Place: Georgian Terrace Hotel, 659 Peachtree Street, NE., Atlanta, Georgia 30308, **Telephone:** (404) 989-8305.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of "Using Behavioral Economics to Promote Colorectal Cancer Screening in Disadvantaged Communities, SIP11-041, Feasibility Study to Link Data from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the National Program of Cancer Registries (NPCR), and Medicare to Evaluate Screening Practice and Treatment Outcomes of Former NBCCEDP Clients, SIP11-043, Potential for Cancer Screening Interventions for Cancer Survivors Delivered Through Central Cancer Registries, SIP11-044, Panel B," initial review.

Contact Person For More Information: Brenda Colley Gilbert, PhD, M.P.H., Director, Extramural Research Program Office, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, NE., Mailstop K-92, **Telephone:** (770) 488-6295, **B/C4@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.

Dated: May 6, 2011.

Andre Tyler,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011-11683 Filed 5-11-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau Policy Notice 11-01 (Replaces Policy Notice 99-02)

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

ACTION: Final Notice.

SUMMARY: The Health Resources and Services Administration, HIV/AIDS Bureau (HAB) Policy Notice 99-02 established policies for the use of Ryan White HIV/AIDS Program funds authorized under Title XXVI of the Public Health Service (PHS) Act, for housing referral services and short-term or emergency housing needs. Amendment #1 to Policy Notice 99-02, effective March 27, 2008, modified Policy Notice 99-02 by imposing a 24-month cumulative cap on short-term and emergency housing assistance. The limit on benefits would have taken effect on March 27, 2010, and would have impacted individuals who were users of the funds for housing assistance. HRSA received comments from the public concerning the potential impact of the cap and the threat to the ability of clients receiving Ryan White HIV/AIDS Program funded services to receive housing services. In response, HRSA's Administrator directed that Policy Notice 99-02 Amendment #1 be rescinded, as published in the February 10, 2010, **Federal Register** notice, Volume 75, Issue 27, pages 6672-6673. In addition, the notice indicated that HRSA was conducting a comprehensive review of the Housing Policy. As a result of a thorough vetting and comprehensive review, HRSA is issuing a final notice of Housing Policy Notice 11-01 which replaces HAB Policy Notice 99-02, effective May 12, 2011.

SUPPLEMENTARY INFORMATION: On February 10, 2010, HRSA rescinded Amendment #1 to Policy Notice 99-02 effective immediately, as published in the **Federal Register**. Grantees were advised that HRSA did not require enforcement of the cap for beneficiaries that might have been at or near the 24-month limit on receipt of funds used for short-term and emergency housing

assistance. HRSA announced that a comprehensive review of the Housing Policy would continue and HRSA's Administrator would continue to consider all aspects of the policy.

Comprehensive Review of the Housing Policy

HRSA received numerous letters from consumer and housing advocates expressing their concerns regarding the potential effect on individuals reaching the 24-month cap to receive funding used for housing services. HRSA's Administrator responded to these concerns by conducting face-to-face meetings with housing advocates, consumers, and HIV/AIDS stakeholders/organizations. In addition, Ryan White HIV/AIDS Program Grantees were asked to submit their views on the Housing Policy's lifetime 24-month cap per household. Consequently, HAB collaborated with other federal agencies and discussed mutual concerns with the Assistant Secretary of the U.S. Department of Housing and Urban Development and the Director of Housing Opportunities for Persons with AIDS.

HRSA/HAB Policy Considerations and Recommendations

HAB's Associate Administrator solicited comments from all Part A, B and D Grantees asking them to review five principles that were under consideration for the revised Housing Policy and to provide comments, concerns, and additional considerations by May 21, 2010. The five principles were as follows:

1. Strengthen linkages to the U.S. Department of Housing and Urban Development's (HUD) programs, as well as state and local housing resources to provide longer-term assistance;
2. Minimize housing disruptions for people living with HIV/AIDS;
3. Integrate housing with a broader range of supports that collectively support individuals in maintaining their health;
4. Provide flexibility to respond to exceptional circumstances; and
5. Minimize the burden on Ryan White providers who are responsible for assisting HAB to implement any housing policy.

There were four responses—two from Ryan White HIV/AIDS Program Part A Grantees, one from a Part B Grantee and one letter from the National AIDS Housing Coalition's Executive Director. These responses supported the extension of funding for housing services beyond the 24-month cap due to exceptions, *i.e.*, "Grantees allowing transitional housing of greater than 24

month in duration must review their decision periodically to assess whether this standard serves as a significant barrier to access to housing services for new clients."; "It is recognized that a transitional housing limit of 24 month may be a significant barrier for certain populations, for example a multiply-diagnosed client who has been in housing before, but has lapsed and needs housing support while in treatment and recovery."

Other considerations included: (1) HRSA/HAB consideration to promote decision making at the jurisdictional level based on needs assessment, consistent with the Ryan White HIV/AIDS Program legislative mandates, and (2) acknowledging the changes in the 2006 Ryan White HIV/AIDS Program reauthorization that limited funding for support services to 25 percent of available service dollars. As a result of this comprehensive review, HAB recommended issuance of a revised Housing Policy.

HRSA HAB Policy Notice 11-01 (Replaces 99-02)

Document Title: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs.

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The purpose of all Ryan White HIV/AIDS Program funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

A. Funds received under the Ryan White HIV/AIDS Program (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

- i. Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed; or
- ii. Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

a. Housing services that include some type of medical or supportive service: including, but not limited to, residential substance treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

b. Housing services that do not provide direct medical or supportive

services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented.

B. Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

C. Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments.

D. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement, but not supplant funds currently being used from local, state, and federal agency programs. Ryan White HIV/AIDS Program Grantees must be capable of providing HAB with documentation related to the use of funds as the payer of last resort and the coordination of such funds with other local, state, and federal funds.

E. Ryan White HIV/AIDS Program Grantees and local decision making planning bodies, *i.e.* Part A and Part B, are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HUD defines transitional housing as 24 month, and HRSA/HAB recommends that grantees consider using HUD's definition as their standard.

F. Grantees must develop mechanisms to allow newly identified clients access to housing services.

G. Upon request, Ryan White HIV/AIDS Program Grantees must provide HAB with an individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services.

H. Housing-related expenses are limited to Part A, Part B, and Part D of the Ryan White HIV/AIDS Program and are not allowable expenses under Part C. Part A and Part B Grantees must adhere to the Core Medical Services requirement; only 25 percent of Ryan White HIV/AIDS Program funding may be used for support services without a waiver.

Dated: May 5, 2011.

Mary K. Wakefield,
Administrator.

[FR Doc. 2011-11649 Filed 5-11-11; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; 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 Commission on Childhood Vaccines (ACCV).

Date and Time: June 9, 2011, 1 p.m. to 5 p.m. EDT; June 10, 2011, 9 a.m. to 12 p.m. EDT.

Place: Parklawn Building (and via audio conference call), Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

The ACCV will meet on Thursday, June 9 from 1 p.m. to 5 p.m. (EDT) and on Friday, June 10 from 9 a.m. to 12 p.m. (EDT). The public can join the meeting via audio conference call by dialing 1-800-369-3104 on June 9 and 10 and providing the following information:

Leader's Name: Dr. Geoffrey Evans.

Password: ACCV.

Agenda: The agenda items for the June meeting will include, but are not limited to: updates from the Division of Vaccine Injury Compensation (DVIC), Department of Justice (DOJ), National Vaccine Program Office, Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health), and Center for Biologics, Evaluation and Research (Food and Drug Administration). A draft agenda and additional meeting materials will be posted on the ACCV Web site (<http://www.hrsa.gov/vaccinecompensation/accv.htm>) prior to the meeting. Agenda items are subject to change as priorities dictate.

Public Comment: Persons interested in attending the meeting in person or providing an oral presentation should submit a written request, along with a copy of their presentation to: Annie Herzog, DVIC, Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857 or e-mail: aherzog@hrsa.gov. Requests should contain the name, address, telephone number, e-mail 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. DVIC will notify each presenter by e-mail, mail or telephone of their assigned presentation time. Persons

who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the public comment period. Public participation and ability to comment will be limited to space and time as it permits.

For Further Information Contact: Anyone requiring information regarding the ACCV should contact Annie Herzog, DVIC, HSB, HRSA, Room 11C-26, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443-6593 or e-mail: aherzog@hrsa.gov.

Dated: May 6, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2011-11648 Filed 5-11-11; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Alternative Medicine; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Complementary and Alternative Medicine Special Emphasis Panel; Natural Products RFA.

Date: July 21-22, 2011.

Time: 5 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda North Marriott Hotel & Conference Center, 5701 Marinelli Road, Bethesda, MD 20852.

Contact Person: Martina Schmidt, PhD, Scientific Review Officer, Office of Scientific Review, National Center for Complementary & Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, 301-594-3456, schmidma@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: May 6, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011-11664 Filed 5-11-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Child Health and Human Development Special Emphasis Panel; IEARDA.

Date: June 6-7, 2011.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Doubletree Hotel Bethesda, (Formerly Holiday Inn Select), 8120 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Michele C. Hindi-Alexander, PhD, Scientific Review Officer, Division of Scientific Review, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, 6100 Executive Blvd., Room 5B01, Bethesda, MD 20892, 301-435-8382, hindialm@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)

Dated: May 6, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011-11666 Filed 5-11-11; 8:45 am]

BILLING CODE 4140-01-P