

The Panel shall be comprised of no more than 14 members, 10 of which shall be appointed by the Secretary of Defense or the Deputy Secretary of Defense. Those members shall include medical facility design experts; military healthcare professionals; representatives of premier health care centers in the United States; and former retired senior military officers with joint operational and budgetary experience.

The Chairmen and ranking members of the Committees on the Armed Services of the Senate and the House of Representatives may each designate one member of the Panel, for a total of four members. Individuals designated by the Chairman and ranking members of the Committees on the Armed Services of the Senate and the House of Representatives shall be appointed by the Secretary of Defense.

Panel members may be appointed by the Secretary of Defense for the duration of the Panel, with annual renewals of appointments. Members of the Panel, who are not full-time or permanent part-time Federal officers or employees, shall be appointed to serve as experts or consultants pursuant to 5 U.S.C. 3109 to serve as special government employee (SGE) members. Those individuals who are full-time or permanent part-time Federal officers or employees shall be appointed pursuant to 41 CFR 102–3.130(a) to serve as regular government employee (RGE) members. Each member of the Panel is appointed to provide advice on behalf of the Government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest. With the exception of reimbursement of official Panel-related travel and per diem, members of the Panel shall serve without compensation.

The Secretary of Defense may appoint additional experts and consultants, with relevant expertise, to assist the Panel on an ad-hoc basis as advisers. These non-member experts and consultants, who do not count toward the Panel's total membership, shall be appointed to serve as SGE members under the authority of 5 U.S.C. 3109; however, these experts and consultants have no voting rights on the Panel and are prohibited from engaging in any deliberations by members of the Panel. These advisers shall be reimbursed for necessary travel expenses. The Department, when necessary and consistent with the Panel's mission and DoD policies and procedures, may establish subcommittees, task forces, or working groups to support the Panel. Establishment of subcommittees will be based upon a written determination, to

include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense, or USD(P&R), as the Panel's sponsor.

Such subcommittees shall not work independently of the Panel and shall report all of their recommendations and advice solely to the Panel for full and open deliberation and discussion. Subcommittees, task forces, or working groups have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Panel, directly to the DoD or any Federal officers or employees.

The Secretary of Defense or the Deputy Secretary of Defense will appoint subcommittee members to a term of service of one-to-four years, with annual renewals, even if the member in question is already a member of the Panel.

Subcommittee members, if not full-time or permanent part-time Federal employees, will be appointed as experts or consultants pursuant to 5 U.S.C. 3109, to serve as SGE members. Those individuals who are full-time or permanent part-time Federal officers or employees shall be appointed, pursuant to 41 CFR 102–3.130(a), to serve as RGE members. With the exception of reimbursement of official Panel-related travel and per diem, subcommittee members shall serve without compensation.

All subcommittees operate under the provisions of FACA, the Sunshine Act, governing Federal statutes and regulations, and governing DoD policies and procedures.

The Panel's Designated Federal Officer (DFO) shall be a full-time or permanent part-time DoD employee appointed in accordance with governing DoD policies and procedures.

The Panel's DFO is required to attendance at all meetings of the Panel and its subcommittees for the entire duration of each and every meeting. However, in the absence of the Panel's DFO, a properly approved Alternate DFO, duly appointed to the Panel according to established DoD policies and procedures, shall attend the entire duration of all meetings of the Panel and its subcommittees.

The DFO, or the Alternate DFO, shall call all meetings of the Panel and its subcommittees; prepare and approve all meeting agendas; and adjourn any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policies and procedures.

Pursuant to 41 CFR 102–3.105(j) and 102–3.140, the public or interested organizations may submit written

statements to Independent Review Panel on Military Medical Construction Standards membership about the Panel's mission and functions. Written statements may be submitted at any time or in response to the stated agenda of planned meeting of the Independent Review Panel on Military Medical Construction Standards.

All written statements shall be submitted to the DFO for the Independent Review Panel on Military Medical Construction Standards, and this individual will ensure that the written statements are provided to the membership for their consideration. Contact information for the Independent Review Panel on Military Medical Construction Standards DFO can be obtained from the GSA's FACA Database—<http://www.facadatabase.gov/>.

The DFO, pursuant to 41 CFR 102–3.150, will announce planned meetings of the Independent Review Panel on Military Medical Construction Standards. The DFO, at that time, may provide additional guidance on the submission of written statements that are in response to the stated agenda for the planned meeting in question.

Dated: December 2, 2014.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

Renewal of Department of Defense Federal Advisory Committees

AGENCY: DoD.

ACTION: Renewal of Federal Advisory Committee.

SUMMARY: The Department of Defense is publishing this notice to announce that it is renewing the charter for the Defense Health Board (“the Board”).

FOR FURTHER INFORMATION CONTACT: Jim Freeman, Advisory Committee Management Officer for the Department of Defense, 703–692–5952.

SUPPLEMENTARY INFORMATION: This committee's charter is being renewed in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 CFR 102–3.50(d), established the Board.

The Board is a discretionary Federal advisory committee that provides the Secretary of Defense and/or the Deputy Secretary of Defense, through the Under Secretary of Defense for Personnel and

Readiness (USD(P&R)), and the Assistant Secretary of Defense for Health Affairs, independent advice and recommendations to maximize the health, safety, and effectiveness of Department of Defense (DoD) health care beneficiaries and:

- a. DoD healthcare policy and program management;
- b. Health research programs;
- c. Requirements for how the DoD Treatment and preventions of disease and injury;
- d. Promotion of health and wellness within DoD, and the delivery of efficient, effective high-quality health care services to DoD beneficiaries; and
- e. Other health-related matters of special interest to DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).

The Board is not established to provide advice on individual DoD procurements. No matter will be assigned to the Board for its consideration that would require any Board member to participate personally and substantially in the conduct of any specific procurement or place him or her in the position of acting as a contracting or procurement official.

The Board reports to the Secretary of Defense and/or the Deputy Secretary of Defense, through the USD(P&R). The USD(P&R), pursuant to DoD policy, may act upon the Board's advice and recommendations.

The Board will be comprised of no more than 19 members who are appointed to serve a term of service of one-to-four years, with annual renewals, by the Secretary of Defense or the Deputy Secretary of Defense. The members are eminent authorities in one or more of the following disciplines: Clinical health care, disease and injury prevention, health care delivery and administration, or strategic decision making in government, industry, or academia. The USD(P&R) selects and appoints the Board's President from the total membership.

Each member, based upon his or her individual professional experience, provides his or her best judgment on the matters before the Board, and he or she does so in a manner that is free from conflict of interest. Board members who are not full-time or permanent part-time Federal officers or employees, will be appointed as experts or consultants pursuant to 5 U.S.C. 3109 to serve as special government employee (SGE) members.

Board members who are full-time or permanent part-time Federal officers or employees, will serve as regular government employee (RGE) members pursuant to 41 CFR 102–3.130(a). No

member may serve more than two consecutive terms of service without Secretary of Defense or Deputy Secretary of Defense approval.

Board members are not compensated for service on the Board, but each member is reimbursed for travel and per diem as it pertains to official business of the Board.

Pursuant to DoD policies and procedures, the USD(P&R) may appoint experts or consultants with special expertise to assist, on an ad hoc intermittent basis, the Board or its subcommittees on specific issues. These experts or consultants have no voting rights whatsoever and will not engage or participate in any deliberations by the Board or its subcommittees. These experts or consultants, if not full-time or permanent part-time Government employees, will be appointed pursuant to 5 U.S.C. 3109, serve as a SGE.

The DoD, when necessary and consistent with the Board's mission and DoD policies and procedures, may establish subcommittees, task forces, or working groups to support the Board. Establishment of subcommittees is based upon a written determination, to include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense, or USD(P&R), as the Board's Sponsor.

Such subcommittees will not work independently of the Board and will report all of their recommendations and advice solely to the Board for full and open deliberation and discussion. Subcommittees, task forces, or working groups have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Board. No subcommittee or any of its members can update or report, verbally or in writing, on behalf of the Board, directly to the DoD or any Federal officers or employees.

Each member, based upon his or her individual professional experience, provides his or her best judgment on the matters before the Board, and he or she does so in a manner that is free from conflict of interest. All subcommittee members will be appointed by the Secretary of Defense or the Deputy Secretary of Defense to a term of service of one-to-four years, with annual renewals, even if the individual in question is already a member of the Board. Subcommittee members will not serve more than two consecutive terms of service, unless authorized by the Secretary of Defense or the Deputy Secretary of Defense. Subcommittee members who are not full-time or permanent part-time Federal officers or employees will be appointed as an expert or consultant pursuant to 5

U.S.C. 3109, to serve as a SGE member. Subcommittee members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 CFR 102–3.130(a), to serve as a RGE member. With the exception of reimbursement of official travel and per diem related to the Board or its subcommittees, subcommittee members will serve without compensation.

All subcommittees operate under the provisions of FACA, the Sunshine Act, governing Federal statutes and regulations, and established DoD policies and procedures.

Currently, DoD has approved the following permanent subcommittees to the Board:

a. Public Health Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines; infectious disease, occupational health/medicine, preventive medicine, public health, and toxicology. The subcommittee, when tasked according to DoD policy and procedures, provides advice on matters pertaining to improving the overall health of members of the Armed Forces and their families through the evaluation of DoD public health programs and initiatives, including education, health promotion, and prevention activities, as well as disease and injury prevention research.

b. Health Care Delivery Subcommittee: This subcommittee will be comprised of not more than nine members, who are eminent authorities in at least one of the following disciplines: Health care academia; health care finance/economics; health care policy/executive leadership; and patient care.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to health care delivery, to include DoD health care policy and program management, and research.

c. Neurological/Behavioral Health Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines; neurology, post-traumatic stress disorder, psychiatry; psychology, and traumatic brain injury. The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to psychological/mental health issues and neurological symptoms or conditions among members of the Armed Forces and their families.

d. Medical Ethics Subcommittee: This subcommittee will be comprised of not

more than five members, who are eminent authorities in at least one of the following disciplines: Clergy, DoD leadership, human research protection, attorneys with expertise in medical ethics, and military health system beneficiaries. One member must have formal bioethics or medical ethics training or expertise.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to medical ethics.

e. Trauma and Injury Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines: Civilian or military trauma medicine systems.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to trauma and injury, to include methods for prevention, recognition, clinical management, and treatment.

The Board's Designated Federal Officer (DFO) must be a full-time or permanent part-time DoD officer or employee, appointed in accordance with established DoD policies and procedures. The Board's DFO is required to attend at all meetings of the Board and its subcommittees for the entire duration of each and every meeting. However, in the absence of the Board's DFO, a properly approved Alternate DFO, duly appointed to the Board according to established DoD policies and procedures, must attend the entire duration of all meetings of the Board and its subcommittees.

The DFO or the Alternate DFO, calls all meetings of the Board and its subcommittees; prepares and approves all meeting agendas; and adjourn any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policies and procedures.

Pursuant to 41 CFR 102–3.105(j) and 102–3.140, the public or interested organizations may submit written statements to Defense Health Board membership about the Board's mission and functions. Written statements may be submitted at any time or in response to the stated agenda of planned meeting of the Defense Health Board.

All written statements shall be submitted to the DFO for the Defense Health Board, and this individual will ensure that the written statements are provided to the membership for their consideration. Contact information for the Defense Health Board DFO can be obtained from the GSA's FACA

Database—<http://www.facadatabase.gov/>.

The DFO, pursuant to 41 CFR 102–3.150, will announce planned meetings of the Defense Health Board. The DFO, at that time, may provide additional guidance on the submission of written statements that are in response to the stated agenda for the planned meeting in question.

Dated: December 2, 2014.

Aaron Siegel,

Alternate OSD Federal Register, Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Department of the Air Force

Revision to Military Freight Traffic Unified Rules Publication (MFTURP) NO. 1, Section F, Air Transportation Service Provider Rules and Domestic Air Tender Freight Carrier Registration Program (FCRP)

AGENCY: Department of the Air Force, Department of Defense.

SUMMARY: On September 3, 2014, Air Mobility Command (AMC) published a 30-day public notice in the **Federal Register (Federal Register Volume 79, Number 170, Docket No. 2014–20877)** to invite public comment on the intent to change Domestic Air Tender Policy within MFTURP No.1 to restrict registration in the FCRP for Domestic Air Tenders to Civil Reserve Air Fleet (CRAF) Transportation Service Providers (TSP) only. At the end of the 30-day comment period, AMC received five responses from transportation industry professionals

ADDRESSEES: AMC/A4TC, Commercial Services, email: org.amca4-67@us.af.mil.

FOR FURTHER INFORMATION CONTACT:

AMC/A4TC, Commercial Services Team, (618) 229–4684, THOMAS J. TRUMBULL II, Colonel, USAF, Chief Air Transportation Division

SUPPLEMENTARY INFORMATION: Detailed Comments and Responses.

1. Commenters asked for a definition of CRAF. CRAF is a voluntary program through which the nation's airlines provide stand-by commitments of aircraft and crews to support mobilization as a supplement to organic airlift capacity. As an incentive to participate in the CRAF program, air carriers that participate in the CRAF are entitled to participate in the award of DOD's peacetime airlift requirements. A series of presidential executive orders

and memoranda of understanding, the first of which was signed December 15, 1951 formalized the CRAF program. The National Airlift Policy, released in July 1987, reinforced the need for and use of the CRAF program.

2. Commenters expressed concerns with decreased competition and performance, as well as increased cost. Currently, 24 airlines participate in the CRAF program. Competition will continue to exist among CRAF participants as CRAF carriers maintain a commercial network to support and regularly provide commercial less-than-paneload cargo service. Under the policy change, CRAF participants may associate with and use services provided by an agent to meet commercial less-than-paneload service requirements with no limitations placed on the number of agents per CRAF participant. The Government expects fair and reasonable costs under the policy change, since competition will exist within the group of CRAF participants and published rates are readily available.

3. Commenters expressed concern about a negative impact to small business. The Government understands the importance and appreciates the contributions of small businesses. CRAF carriers will have the opportunity to utilize agents, expected to comprise principally small businesses of the sort currently involved in domestic air tender performance, and are encouraged to develop relationships with small business transportation service providers.

4. A commenter expressed agreement with the proposed policy because it promotes continued carrier participation in CRAF at a time when other DOD program business is expected to significantly decline. The Government agrees the change will promote continued CRAF participation and supports keeping vital commercial airlift resources available as a mobilization base in the event of a national or military emergency.

5. A commenter stated that the other programs allocated to CRAF only are sufficient to ensure a healthy CRAF Program. Changes in operational areas and decreasing requirements cause significant decline in business segments across DOD airlift and directly impact programs allocated to CRAF only. The policy change will promote continued CRAF participation as losses are experienced across business segments. Additionally, it will align domestic air tender policy with the long-standing international air tender CRAF eligibility policy.