DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

[Docket No. FMCSA–2006–26367]

Motor Carrier Safety Advisory Committee; Request for Nominations

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Request for Nominations to the Motor Carrier Safety Advisory Committee (MCSAC).

SUMMARY: The FMCSA solicits nominations for interested persons in the safety enforcement, safety advocacy, and motor carrier industry (including labor unions) communities to serve on the MCSAC. The MCSAC is authorized by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, Public Law 109–59. The committee was established by charter on September 8, 2006; the charter was renewed on September 8, 2008. The Committee is charged with providing advice and recommendations to the FMCSA Administrator on the needs, objectives, plans, approaches, content, and accomplishments of Federal motor carrier safety programs and Federal motor carrier safety regulations. More information about the MCSAC, including reports, meeting minutes and membership, can be found on the MCSAC Web site at *http://mcsac.fmcsa.dot.gov/.*

DATES: Nominations for the MCSAC must be received on or before January 13, 2010.

FOR FURTHER INFORMATION CONTACT: Mr. Jack Kostelnik, Acting Chief, Strategic Planning and Program Evaluation Division, Office of Policy Plans and Regulation, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590–0001, 202–366–5721, *Jack.Kostelnik@dot.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 4144 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA–LU) (Pub. L. 109–59, August 10, 2005), required the Secretary to establish the MCSAC. The Committee provides advice and recommendations to the Administrator of FMCSA on the needs, objectives, plans, approaches, content, and accomplishments of motor carrier safety programs and motor carrier safety regulations. Under its charter (*http://mcsac/about.htm*), the Committee may be comprised of up to 20 members appointed by the Administrator for up to two-year terms. They are selected from among individuals who are not employees of FMCSA and who are specially qualified to serve on the Committee based on their education, training, or experience. The members include representatives of the motor carrier industry, safety advocates, and safety enforcement officials. Representatives of a single enumerated interest group may not constitute a majority of the Committee members. The Administrator designates a chairman of the Committee from among the members. Committee members must not be officers or employees of the Federal Government and serve without pay.

The White House has issued guidance to executive agencies and departments that Federally registered lobbyists not be appointed to agency advisory boards and commissions. Pursuant to this guidance, FMCSA will not consider for appointment to the MCSAC any individual who is subject to the registration and reporting requirements of the Lobbying Disclosure Act. 2 U.S.C. 1605.

The Administrator may allow a member, when attending meetings of the Committee or a subcommittee, reimbursement of expenses authorized under Section 5703 of Title 5, United States Code and the Federal Travel Regulation, 41 CFR Part 301, relating to per diem, travel and transportation.

The FMCSA anticipates calling Committee meetings at least four times each year. Meetings are open to the general public, except as provided under the Federal Advisory Committee Act (FACA) (5 U.S.C. App. 2). Notice of each meeting is published in the **Federal Register** at least 15 calendar days prior to the date of the meeting.

II. Request for Nominations

The FMCSA seeks nominations for membership to the MCSAC from representatives of the safety enforcement, safety advocacy, industry (including labor unions) sectors with specialized experience, education, or training in commercial motor vehicle issues. As allowed under the charter, the Agency is increasing the membership. The Agency is required under FACA to appoint members of diverse views and interests to ensure the committee is balanced with appropriate consideration of background. All Committee members must be able to attend three to four meetings each year in person, or by teleconference. Interested persons should have a commitment to transportation safety, knowledge of transportation issues, experience on panels that deal with transportation safety and a record of collaboration and professional experience in commercial motor vehicle safety issues. For nomination information or a nomination application, please contact Jack Kostelnik at 202–366–5721, or by e-mail at *Jack.Kostelnik@dot.gov.* Nominations must be received on or January 13, 2010.

Issued on: December 8, 2009.

Anne S. Ferro,

Administrator.

[FR Doc. E9–29700 Filed 12–11–09; 8:45 am]

BILLING CODE 4910–EX–P

DEPARTMENT OF VETERANS AFFAIRS

Project Better Respiratory Equipment Using Advanced Technologies for Healthcare Employees (B.R.E.A.T.H.E.)

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The National Center for Occupational Health and Infection Control, [administered by the Office of Public Health and Environmental Hazards, Veterans Health Administration (VHA), Department of Veterans Affairs (VA)], is seeking to partner with commercial organizations that have respirator design and manufacturing capabilities through a Cooperative Research and Development Agreement (CRADA), under the authority of the Federal Technology Transfer Act of 1986, Public Law 99–502, 100 Stat. 1785 (codified as amended in scattered sections of 15 U.S.C. (the FTTA). The CRADA is on a research endeavor called Better Respiratory Equipment using Advanced Technologies for Healthcare Employees (or Project B.R.E.A.T.H.E.) that aims to develop a new respirator for health care workers. The genesis and emphasis of Project B.R.E.A.T.H.E. grew from recommendations issued by the Institute of Medicine in November 2007 in its report *Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers,* which articulates the next steps to be taken toward better respiratory protection for health care workers.

SUPPLEMENTARY INFORMATION: The Project B.R.E.A.T.H.E. Working Group constitutes an interagency effort of the U.S. Federal Government, initiated and chaired by VA and co-chaired by the National Institute for Occupational Safety and Health (NIOSH), in the Centers for Disease Control and Prevention, the Department of Health

and Human Services. This multi-disciplinary team had a broad range of expertise, including pandemic and emergency preparedness, infectious disease medicine and epidemiology, respirator and personal protective equipment policy and regulation, occupational and environmental medicine, respirator and materials science, infection control, respirator physiology, physics, and biosecurity. The purpose of the Working Group is to bring a new respirator to the U.S. marketplace for health care workers using a government-academic-private partnership development model. During the first phase of Project B.R.E.A.T.H.E., a working group representing nine Federal agencies was convened and produced 28 consensus recommendations that, if implemented, would be expected to improve the function and utility of respiratory protective equipment used by health care workers employed by VHA and beyond. The consensus recommendations comprise desirable characteristics of a respirator, and respiratory protection programs, which fall into one of four (4) actionable categories:

- Respirators should perform their intended functions effectively and safely.
- Respirators should support, not interfere with, occupational activities.
- Respirators should be comfortable and tolerable.
- Respiratory protective programs should comply with Federal standards and guidelines, state regulations, and local policies.

Under the CRADA, the duties of the Federal Government will include the following:

- the National Institute for Occupational Safety and Health (NIOSH) will evaluate, to the extent possible, the respirator prototype(s), to determine whether the respirator under evaluation meets or exceeds the performance requirements identified in the consensus recommendations.
- VA's Office of Public Health and Environmental Hazards will seek the collective expertise of some or all of the Project B.R.E.A.T.H.E. Working Group members regarding optimal product development.
- VA's National Center for Occupational Health and Infection Control will pursue, to the extent possible, clinical testing of resulting respirator prototype(s), including feedback from health care workers.

VA is seeking to identify commercial organizations with the respirator design and manufacturing capabilities to construct a new respirator, based on the aforementioned characteristics. Collaboration will be made via a CRADA under the authority of the FTTA. 15 U.S.C. 3710a. Under the FTTA, no Federal funds may be provided to the collaborator, but the Federal laboratory is authorized to grant to the collaborating party a license or an assignment to inventions made under the CRADA.

Resource constraints may limit the number of candidate organizations that may be included and/or the extent of government supplied testing in this research program. VA will select one or more declared partnering candidates with respirator design and commercial manufacturing capabilities using the following criteria:

(1) The candidate organization has the capability to develop a new respirator prototype(s) utilizing advanced technologies within 6 to 12 months;

(2) The candidate organization has the resources, or access to the technological resources, to construct the desired new respirator prototype(s) through commercial models.

(3) The candidate organization has the capabilities to mass produce the successful respirator model within 6 months of final pre-commercial model approval; and

(4) The candidate organization has prior experience with, and received prior certification from, NIOSH for respiratory protection products.

Candidate organizations will be evaluated based on their capability to incorporate the identified consensus characteristics into the prototype(s) and meet the established criteria. Candidates selected most likely will be requested to enter into a CRADA with VA and/or other Federal agencies. In considering candidates, special consideration will be given to small business firms and consortia involving small business firms; and preference will be given to businesses located in the United States which agree that products embodying inventions made under the CRADA will be manufactured substantially in the United States. 15 U.S.C. 3710a(c)(4). This announcement does not obligate VA to enter into a contractual agreement with any respondents. VA reserves the right to establish a partnership based on scientific analysis and capabilities found by way of this announcement or other searches, if determined to be in the best interest of the government.

Discomfort and intolerance were frequent complaints of health care workers in Toronto, Ontario, Canada who wore respiratory protection during the 2003 Severe Acute Respiratory Syndrome crisis. During the outbreak, many Canadian public health organizations advised health care workers to use respiratory protection throughout the course of their work shifts, which often lasted 12 hours or longer. Notwithstanding the ostensible protection provided by respirators, workers complained about headaches, facial heat and pressure, shortness of breath, interference with occupational duties, among other problems associated with their use. Respirator-associated discomfort and occupational interference were viewed as significant limiting factors in work performance. Concerns have been raised about the same or similar events occurring in the U.S. during future epidemics.

In 2006, the National Personal Protective Technology Laboratory at NIOSH made a request to the Institute of Medicine for a review of personal protective equipment, with the explicit purpose of recommending how to best protect health care workers during an influenza pandemic. In its report, *Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers,* the Institute of Medicine noted a conspicuous lack of evidence behind respirator protective measures, including minimal attention placed on the development of equipment meeting the unique needs of the health care workforce. The Institute of Medicine recommended revisiting elemental aspects of respirator design and development, including distinct attention to respirators tailored to the jobs performed by health care workers, and pursuing an evidence-based approach to equipment design to the extent that this is possible. Further, the Report stressed the need for urgent action, emphasizing that the next influenza pandemic could occur in the near future.

An extensive research network and immense health care system make VHA uniquely poised to marshal the development of one or more new respirators to the U.S. marketplace in partnership with other Federal partners. VA hospitals should provide for an excellent test environment to assess and guide prototype design, development and revision. VA health care workers, who stand to receive the most benefit from a new respirator, are poised to assist with development. The Nation's VA medical centers employ approximately 118,000 health care workers who wear and discard approximately 1.6 million respirators per year at its 900+ outpatient clinics, 150+ hospitals and some 136 nursing homes. Provision of a safe workplace where health care workers can carry-out their occupational duties in a secure

environment without undue risk, during both periods of routine operations and times of crisis, is mission critical.

DATES: Submit letters of interest within 30 days after the date of publication of this notice in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Interested commercial organizations with respirator design and manufacturing capabilities should submit a letter of interest with information about their capabilities to: Attention: Kimberly Rumping, The National Center for Occupational Health and Infection Control, Office of Public Health and Environmental Hazards, Veterans Health Administration, 1601 SW Archer Road (151B), Gainesville, Florida 32608, E-mail: *Kimberly.Rumping@va.gov.*

Approved: December 8, 2009.

John R. Gingrich,

Chief of Staff, Department of Veterans Affairs.

[FR Doc. E9–29709 Filed 12–11–09; 8:45 am]

BILLING CODE 8320–01–P