

46. Argelio Garcia, North Bend, Washington, Court of Federal Claims No: 18-0401V
47. Jo Ann Gilbert, Pennsville, New Jersey, Court of Federal Claims No: 18-0402V
48. Travis Eason, Montgomery, Alabama, Court of Federal Claims No: 18-0406V
49. Sean Kaplan, Chicago, Illinois, Court of Federal Claims No: 18-0407V
50. Amarachi Grace Otuokere, Austin, Texas, Court of Federal Claims No: 18-0409V
51. Shelle Johnson, Chatfield, Minnesota, Court of Federal Claims No: 18-0410V
52. Amber Etheridge, Tuscaloosa, Alabama, Court of Federal Claims No: 18-0411V
53. Mary E. Lyons, Seattle, Washington, Court of Federal Claims No: 18-0414V
54. Christian Park, Dothan, Alabama, Court of Federal Claims No: 18-0415V
55. Jennifer Talbot, South Weymouth, Massachusetts, Court of Federal Claims No: 18-0416V
56. Joy Houston, New Orleans, Louisiana, Court of Federal Claims No: 18-0420V
57. Kristian M. Ellingsen, Sterling, Virginia, Court of Federal Claims No: 18-0421V
58. Harry D. Tanner, Jr., Monroe, North Carolina, Court of Federal Claims No: 18-0422V
59. Philip Arcadipane, Brockton, Massachusetts, Court of Federal Claims No: 18-0423V
60. Keith McCarville, Newton, Iowa, Court of Federal Claims No: 18-0424V
61. Sharon Rons, Sioux Falls, South Dakota, Court of Federal Claims No: 18-0425V
62. Mary George, Boston, Massachusetts, Court of Federal Claims No: 18-0426V
63. Sandra Posh-Denzler, Stratford, Connecticut, Court of Federal Claims No: 18-0427V
64. Richard Chester, Minocqua, Wisconsin, Court of Federal Claims No: 18-0428V
65. Rebekah Morgan, Henderson, Nevada, Court of Federal Claims No: 18-0429V
66. Ruby Katherine Gordon on behalf of C.C., Kings Mountain, North Carolina, Court of Federal Claims No: 18-0431V
67. Dawn Eberhardt, Madison, Wisconsin, Court of Federal Claims No: 18-0432V
68. Rufus D. Parker, Shelby, North Carolina, Court of Federal Claims No: 18-0434V
69. Miranda Sellers, Washington, District of Columbia, Court of Federal Claims No: 18-0435V
70. John Bayles, Washington, District of Columbia, Court of Federal Claims No: 18-0436V
71. Louie Garcia, Washington, District of Columbia, Court of Federal Claims No: 18-0438V
72. Gail Linville, Washington, District of Columbia, Court of Federal Claims No: 18-0439V
73. A L V and M V on behalf of AA—VV, Park Ridge, Illinois, Court of Federal Claims No: 18-0440V
74. Tiffany Dagen, Middletown, Pennsylvania, Court of Federal Claims No: 18-0442V
75. Sharon Gregory, Durham, North Carolina, Court of Federal Claims No: 18-0444V
76. Denise Bigda, Boston, Massachusetts, Court of Federal Claims No: 18-0445V
77. Virginia Wilt, Norristown, Pennsylvania, Court of Federal Claims No: 18-0446V
78. Spencer Vick, Fayetteville, Georgia, Court of Federal Claims No: 18-0447V
79. Kevin Randall, Haddonfield, New Jersey, Court of Federal Claims No: 18-0448V
80. Karen Owens, Gainesville, Florida, Court of Federal Claims No: 18-0449V
81. Noah E. Musick, Greensboro, North Carolina, Court of Federal Claims No: 18-0451V
82. Zina Sanders, Tampa, Florida, Court of Federal Claims No: 18-0452V
83. Linda D. Kooker, Erie, Pennsylvania, Court of Federal Claims No: 18-0453V
84. Vincent Ricciardi, Deer Park, New York, Court of Federal Claims No: 18-0455V
85. Raine Learn, Corning, New York, Court of Federal Claims No: 18-0456V
86. Laura Russell, Dresher, Pennsylvania, Court of Federal Claims No: 18-0457V
87. Jodi Mickelson, Clarion, Iowa, Court of Federal Claims No: 18-0459V
88. Chelsea Engel on behalf of A.E., Dresher, Pennsylvania, Court of Federal Claims No: 18-0461V
89. Leonard E Smith, Greensboro, North Carolina, Court of Federal Claims No: 18-0462V
90. Charla Thornton, Washington, District of Columbia, Court of Federal Claims No: 18-0464V
91. Patricia Kelley, Washington, District of Columbia, Court of Federal Claims No: 18-0466V
92. Richard Proctor, Washington, District of Columbia, Court of Federal Claims No: 18-0468V
93. Barbara Plowman, Knoxville, Tennessee, Court of Federal Claims No: 18-0469V
94. Kelly Dean, Lancaster, Ohio, Court of Federal Claims No: 18-0470V
95. Rita Czyzewski, Berlin, New Jersey, Court of Federal Claims No: 18-0471V
96. Philip Yeakel, Washington, District of Columbia, Court of Federal Claims No: 18-0472V
97. Benjamin Taylor, Dresher, Pennsylvania, Court of Federal Claims No: 18-0473V

[FR Doc. 2018-08715 Filed 4-25-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Establishment of the National Clinical Care Commission and Solicitation of Nominations for Commission Members

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS) hereby announces the establishment of the National Clinical Care Commission (the Commission) pursuant to the National Clinical Care Commission Act. The Commission will consist of representatives of specific federal agencies and non-federal individuals and entities who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to awareness and clinical care for complex metabolic or autoimmune diseases that result from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases.

Through this notice, HHS is also requesting nominations of individuals who are interested in being considered for appointment to the Commission. Resumes or curricula vitae from qualified individuals who wish to be considered for appointment as a member of the Commission are currently being accepted.

DATES: Nominations must be received no later than close of business May 29, 2018.

ADDRESSES: Qualified persons and interested organizations are invited to

submit nominations by any of the following methods:

- *Email:* OHQ@hhs.gov (please indicate in the subject line: National Clinical Care Commission)
- *Mail/Courier:* Office of Disease Prevention and Health Promotion, Attn: Division of Health Care Quality, Department of Health and Human Services, 1101 Wootton Parkway, Suite LL100, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Clydette Powell, MD, MPH, FAAP, Director, Division of Health Care Quality, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health; U.S. Department of Health and Human Services; Telephone: 240-453-8239; Email address: OHQ@hhs.gov (please indicate in the subject line: National Clinical Care Commission). The Commission charter may be accessed online at <https://health.gov/hcq/national-clinical-care-commission.asp>. The charter includes detailed information about the purpose, function, and structure of the Commission.

SUPPLEMENTARY INFORMATION: The National Clinical Care Commission Act (Pub. L. 115-80) requires the HHS Secretary to establish the National Clinical Care Commission. The Commission will consist of representatives of specific federal agencies and non-federal individuals and entities who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to awareness and clinical care for complex metabolic or autoimmune diseases that result from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases.

Objectives and Scope of Activities. The Commission shall evaluate and make recommendations, as appropriate, to the Secretary and Congress regarding:

(1) Federal programs of the Department of Health and Human Services that focus on preventing and reducing the incidence of complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases;

(2) Current activities and gaps in federal efforts to support clinicians in providing integrated, high-quality care

to individuals with the diseases and complications;

(3) The improvement in, and improved coordination of, federal education and awareness activities related to the prevention and treatment of the diseases and complications, which may include the utilization of new and existing technologies;

(4) Methods for outreach and dissemination of education and awareness materials that—

(a) address the diseases and complications;

(b) are funded by the federal government; and

(c) are intended for health care professionals and the public; and

(5) Whether there are opportunities for consolidation of inappropriately overlapping or duplicative federal programs related to the diseases and complications.

Membership and Designation. The Commission shall consist of 23 voting members. The composition shall include eleven ex-officio members and twelve non-federal members. The ex-officio members shall consist of the heads of, or subordinate officials designated by the heads of, the following federal departments, agencies, or components: The Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Indian Health Service, the National Institutes of Health, the Food and Drug Administration, the Health Resources and Services Administration, the Office of Minority Health, the Department of Defense, the Department of Veterans Affairs, and the Department of Agriculture.

The twelve non-federal members shall be appointed as special government employees (SGEs) by the Secretary and shall have expertise in prevention, care, and epidemiology of any of the diseases and complications described in Section 2(a) of the National Clinical Care Commission Act. The non-federal members shall include one or more members from each of the following categories: Physician specialties, including clinical endocrinologists, that play a role in the prevention or treatment of diseases and complications; primary care physicians; non-physician health care professionals; patient advocates; national experts, including public health experts; and health care providers furnishing services to a patient population that consists of a high percentage (as specified by the Secretary) of individuals who are enrolled in a state plan under title XIX of the Social Security Act or who are not

covered under a health plan or health insurance coverage. One of the non-federal members shall be selected by the members to serve as the Chair.

The ex-officio members and non-federal members shall be appointed to serve for the duration of the time that the Commission is authorized to operate. Any vacancy of a non-federal member shall be filled in the same manner as the original appointments. Any non-federal member who is appointed to fill the vacancy of an unexpired term shall be appointed to serve for the remainder of that term.

Pursuant to advance written agreement, each non-federal member of the Commission will waive his or her right to compensation for performing services as a member of the Commission. However, non-federal members shall receive per diem and reimbursement for travel expenses incurred in relation to performing duties for the Commission, as authorized by FACA and 5 U.S.C. 5703 for persons who are employed intermittently to perform services for the Federal government and in accordance with federal travel regulations. Ex-officio members of the Commission remain covered under their current compensation system.

Estimated Number and Frequency of Meetings. The Commission shall meet at least twice and not more than four times a year. These meetings may be in person or conducted by teleconference or videoconference at the discretion of the Designated Federal Official (DFO). The meetings shall be open to the public, except as determined otherwise by the Secretary, or other official to whom authority has been delegated, in accordance with the guidelines under Government in the Sunshine Act, 5 U.S.C. 552b(c). Notice of all meetings shall be provided to the public in accordance with the FACA. Meetings shall be conducted and records of the proceedings shall be kept, as required by applicable laws and departmental policies. A quorum is required for the Commission to meet to conduct business. A quorum shall consist of a majority of the Commission's voting members.

When the Secretary or designee determines that a meeting shall be closed or partially closed to the public, in accordance with stipulations of Government in the Sunshine Act, 5 U.S.C. 552b(c), then a report shall be prepared by the DFO that includes, at a minimum, a list of members and their business addresses, the Commission's functions, date and place of the meeting, and a summary of the Commission's activities and recommendations made

during the fiscal year. A copy of the report will be provided to the Department's Committee Management Officer.

Nominations. Nominations, including self-nominations, of individuals who have the specified expertise and knowledge will be considered for appointment as members of the Commission. A nomination should include, at a minimum, the following for each nominee: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination, and a statement from the nominee that indicates that the individual is willing to serve as a member of the Commission, if selected; (2) a one-page biography that describes the nominee's qualifications and, if applicable, highlights relevant experience on other federal advisory committees; (3) the nominator's name, address, and daytime telephone number; and the address, telephone number, and email address of the individual being nominated; and (4) a current copy of the nominee's curriculum vitae or resume, which should be limited to no more than 30 pages. Incomplete nomination packages will not be reviewed.

Every effort will be made to ensure that the composition of the Commission includes individuals from various geographic locations, including rural and underserved areas; racial and ethnic minorities; genders, and persons living with disabilities. Individuals other than officers or employees of the United States government being considered for appointment as members of the Commission will be required to complete and submit a report of their financial holdings. An ethics review must be conducted to ensure that individuals appointed as members of the Commission are not involved in any activity that may pose a potential conflict of interest for the official duties that are to be performed. This is a federal ethics requirement that must be satisfied upon entering the position and annually throughout the established term of appointment on the Commission.

Authority: The National Clinical Care Commission Act (Pub. L. 115–80) requires establishment of the National Clinical Care Commission. The Commission is governed by provisions of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

Dated: April 19, 2018.

Don Wright,

Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).

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BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that a meeting is scheduled to be held for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council). The meeting will be open to the public; a public comment session will be held during the meeting. Pre-registration is required for members of the public who wish to attend the meeting and who wish to participate in the public comment session. Individuals who wish to attend the meeting and/or send in their public comment via email should send an email to CARB@hhs.gov. Registration information is available on the website <http://www.hhs.gov/ash/carb/> and must be completed by May 9, 2018; all in-person attendees must pre-register by this date. Additional information about registering for the meeting and providing public comment can be obtained at <http://www.hhs.gov/ash/carb/> on the Meetings page.

DATES: The meeting is scheduled to be held on May 16, 2018, from 9:00 a.m. to 4:45 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for the meeting will be posted on the website for the Advisory Council at <http://www.hhs.gov/ash/carb/> when this information becomes available. Pre-registration for attending the meeting in person is required to be completed no later than May 9, 2018; public attendance at the meeting is limited to the available space.

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Great Hall, 200 Independence Avenue SW, Washington, DC 20201.

The meeting can also be accessed through a live webcast on the day of the meeting. For more information,

FOR FURTHER INFORMATION CONTACT:

Jomana Musmar, Acting Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room 715H, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. Phone: (202) 690–5566; email: CARB@hhs.gov.

SUPPLEMENTARY INFORMATION: Under Executive Order 13676, dated September 18, 2014, authority was given to the Secretary of HHS to establish the Advisory Council, in consultation with the Secretaries of Defense and Agriculture. Activities of the Advisory Council are governed by the provisions of Public Law 92–463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

The Advisory Council will provide advice, information, and recommendations to the Secretary of HHS regarding programs and policies intended to support and evaluate the implementation of Executive Order 13676, including the National Strategy for Combating Antibiotic-Resistant Bacteria and the National Action Plan for Combating Antibiotic-Resistant Bacteria. The Advisory Council shall function solely for advisory purposes.

In carrying out its mission, the Advisory Council will provide advice, information, and recommendations to the Secretary regarding programs and policies intended to preserve the effectiveness of antibiotics by optimizing their use; advance research to develop improved methods for combating antibiotic resistance and conducting antibiotic stewardship; strengthen surveillance of antibiotic-resistant bacterial infections; prevent the transmission of antibiotic-resistant bacterial infections; advance the development of rapid point-of-care and agricultural diagnostics; further research on new treatments for bacterial infections; develop alternatives to antibiotics for agricultural purposes; maximize the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers; and improve international coordination of efforts to combat antibiotic resistance.

The May 16, 2018, public meeting will be focused on the topic of antibiotic stewardship for animal and plant health. The meeting agenda will be posted on the Advisory Council website at <http://www.hhs.gov/ash/carb/> when it