

following corrections: In the Summary section, correct estimated dates of each phase to read:

Estimated dates for each phase are as follows:

Phase 1: Effective September 2018

Phase 1: Submission ends December 2018

Phase 1: Judging Period: December 2018–January 2019

Phase 1: Winners Announced January 2019

Phase 2: Begins February, 2019

Phase 2: Submission Period Ends: July, 2019

Phase 2: Judging Period: July 2019

Phase 2: Winners Announced August 2019

Phase 3: Begins August 2019

Phase 3: Submission Period Ends:

December 2019

Phase 3: Winner Announced January 2020

In the Subject of Challenge Competition section, change to:

MCHB is sponsoring the Preventing Opioid Misuse in Pregnant Women and New Moms Challenge. Along with the general population, there has been a rapid rise in opioid use among pregnant women in recent years resulting in a surge of infants born with Neonatal Abstinence Syndrome (NAS), increasing nearly fivefold nationally between 2000 and 2012.¹ This increase has led to rising costs of care and gaps in services for this population. Medicaid payments to hospitals for NAS treatment services have increased from about \$564 million to \$1.2 billion nationwide, with more than 80 percent of NAS cases paid for by Medicaid.² Despite this rising need, availability of services for pregnant and postpartum women is limited.

Pregnant women, new mothers, and families who struggle with opioid use disorders (OUD) face a variety of barriers in obtaining safe and effective treatment and care. Barriers include:

- Limited access to substance use disorder (SUD) treatment and recovery services;
- limited access to care and long-term supports for infants born with (NAS);
- limited access to family-centered recovery approaches, including co-located treatment and child care support;
- significant stigma;
- obstacles within the criminal justice system; and
- limited access to trauma-informed care.

Women living in rural and geographically isolated areas often face

additional barriers with accessing limited services and coordination.

Family-centered approaches to recovery address many of the barriers to care that women and families face. Research shows that women are more likely to seek and stay in treatment longer if they are able to maintain their caregiving role while in treatment, as well as either stay within the same treatment services or retain relationships with treatment providers throughout the provision of services.³

This challenge will improve access to quality health care, including SUD treatment, recovery and support services for pregnant women with OUD, their infants, and families, especially those in rural and geographically isolated areas. Innovators will develop ideas, tools, and/or platforms, to address as many of the barriers that limit access to quality treatment, care and support services for those with OUD, including pregnant women and new mothers.

Dated: May 17, 2018.

George Sigounas,

Administrator.

[FR Doc. 2018–11032 Filed 5–22–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Solicitation of Nominations for Membership To Serve on the National Advisory Council on the National Health Service Corps

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

ACTION: Request for nominations.

SUMMARY: HRSA is seeking nominations of qualified candidates for consideration for appointment as members of the National Advisory Council on the National Health Service Corps (NACNHSC). NACNHSC advises the Secretary of HHS and, by designation, HRSA's Administrator on the priorities and policies impacting the National Health Service Corps (NHSC) and provides specific recommendations for policy revisions.

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: Nomination packages may be mailed to Advisory Council Operations, Bureau of Health Workforce, HRSA, 5600 Fishers Lane,

Room 15W09D, Rockville, Maryland 20857 or submitted electronically by email to: BHWAdvisoryCouncilFRN@hrsa.gov.

FOR FURTHER INFORMATION CONTACT:

Diane Fabiyyi-King, Designated Federal Official, NACNHSC at (301) 443–3609 or email at dfabiyyi-king@hrsa.gov. Interested parties may obtain a copy of the current committee membership, charter, and reports by accessing the website <http://nhsc.hrsa.gov/corpsexperience/aboutus/nationaladvisorycouncil/index.html>.

SUPPLEMENTARY INFORMATION:

NACNHSC consists of 15 members selected by the HHS Secretary who are knowledgeable in the recruitment and retention of providers in communities with a shortage of primary care professionals. Meetings take place up to four times a year.

Nominations: HRSA is requesting nominations for voting members of NACNHSC representing the areas of primary care, dental health, and mental health. In particular, NACNHSC is seeking nominations with demonstrated expertise in the following areas: Working with underserved populations, health care policy, recruitment and retention, site administration, customer service, marketing, organizational partnerships, research, or clinical practice. HRSA is seeking nominees that either are currently or have previously been site administrators, physicians, dentists, mid-level professionals (*i.e.*, nurses, physician assistants), mental or behavioral health professionals, or NHSC scholars or loan repayors who have the expertise described above.

The Secretary of HHS will consider nominations of all qualified individuals within the areas of subject matter expertise noted above. In making such appointments, the Secretary shall ensure a broad geographic representation of members and a balance between urban and rural educational settings.

Individuals, professional associations, and organizations may nominate one or more qualified persons for membership. NACNHSC members are appointed as Special Government Employees and receive a stipend and reimbursement for per diem and travel expenses incurred for attending meetings and/or conducting other business on behalf of NACNHSC, as authorized by Section 5 U.S.C. 5703 for persons employed intermittently in government service.

To evaluate possible conflicts of interest, individuals selected for consideration for appointment will be required to provide detailed information regarding their financial holdings,

¹ Patrick, Davis, Lehmann & Cooper, 2015.

² <https://www.gao.gov/assets/690/687580.pdf>.

³ <https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf>.

consultancies, and research grants or contracts. The selected candidates must fill out the U.S. Office of Government Ethics (OGE) Confidential Financial Disclosure Report, OGE Form 450. Disclosure of this information is necessary to determine if the selected candidate is involved in any activity that may pose a potential conflict with their official duties as a member of the committee.

A nomination package should include the following information for each nominee: (1) A letter of nomination from an employer, a colleague, or a professional organization stating the name, affiliation, and contact information for the nominee, the basis for the nomination (*i.e.*, what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of the NACNHSC, and the nominee's field(s) of expertise); (2) a letter of interest from the nominee stating the reasons they would like to serve on the NACNHSC; (3) a biographical sketch of the nominee, a copy of his/her curriculum vitae, and his/her contact information (address, daytime telephone number, and email address); and (4) the name, address, daytime telephone number, and email address at which the nominator can be contacted.

HRSA will collect and retain nomination packages to create a pool of possible future NACNHSC voting members. When a vacancy occurs, the agency will review nomination packages from the appropriate category and may contact nominees at that time. Nominations should be updated and resubmitted every 4 years to continue to be considered for committee vacancies.

HHS strives to ensure a balance of the membership of NACNHSC in terms of points of view presented and the committee's function and makes every effort to ensure the representation of women, all ethnic and racial groups, and people with disabilities on HHS Federal Advisory Committees. Therefore, we encourage nominations of qualified candidates from these groups and endeavor to make appointments to NACNHSC without discrimination on basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Authority: Section 337 of the Public Health Service Act (42 U.S.C. 254j), as amended. NACNHSC is governed by provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), which sets for the formation and use of advisory committees, and applies to the extent that the provisions of FACA do not

conflict with the requirements of PHSA Section 337.

Dated: May 17, 2018.

Jay Womack,

Acting Deputy Director, Division of Executive Secretariat.

[FR Doc. 2018-11034 Filed 5-22-18; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5173-N-17]

Affirmatively Furthering Fair Housing: Withdrawal of the Assessment Tool for Local Governments

AGENCY: Office of the Assistant Secretary for Fair Housing and Equal Opportunity, HUD.

ACTION: Notice.

SUMMARY: HUD announces the withdrawal of the Local Government Assessment Tool developed by HUD for use by local governments that receive Community Development Block Grants, HOME Investment Partnerships Program, Emergency Solutions Grants, or Housing Opportunities for Persons With AIDS formula funding from HUD when conducting and submitting their own Assessment of Fair Housing (AFH) under the Affirmatively Furthering Fair Housing (AFFH) regulations. Through **Federal Register** notice published on January 13, 2017, HUD announced the Office of Management and Budget's renewed approval of the Assessment Tool under the Paperwork Reduction Act. Since that time, HUD has become aware of significant deficiencies in the Tool impeding completion of meaningful assessments by program participants. HUD therefore is withdrawing the Local Government Assessment Tool because it is inadequate to accomplish its purpose of guiding program participants to produce meaningful AFHs. Following this withdrawal of the Local Government Assessment Tool, HUD will review the Assessment Tool and its function under the AFFH regulations to make it less burdensome and more helpful in creating impactful fair housing goals. Accordingly, this withdrawal notice also solicits comments and suggestions geared to creating a less burdensome and more helpful AFH Tool for local governments.

DATES:

Applicability Date: May 23, 2018.

Comment Due Date: Comments on improvement to the AFH Tool for Local Governments are due on or before July 23, 2018.

ADDRESSES: Interested persons are invited to submit comments to the Office of the General Counsel, Rules Docket Clerk, Department of Housing and Urban Development, 451 Seventh Street SW, Room 10276, Washington, DC 20410-0001. Communications should refer to the above docket number and title and should contain the information specified in the "Request for Comments" section. There are two methods for submitting public comments.

1. Submission of Comments by Mail. Comments may be submitted by mail to the Regulations Division, Office of General Counsel, Department of Housing and Urban Development, 451 7th Street SW, Room 10276, Washington, DC 20410-0500. Due to security measures at all federal agencies, however, submission of comments by mail often results in delayed delivery. To ensure timely receipt of comments, HUD recommends that comments submitted by mail be submitted at least two weeks in advance of the public comment deadline.

2. Electronic Submission of Comments. Interested persons may submit comments electronically through the Federal eRulemaking Portal at <http://www.regulations.gov>. HUD strongly encourages commenters to submit comments electronically. Electronic submission of comments allows the commenter maximum time to prepare and submit a comment, ensures timely receipt by HUD, and enables HUD to make comments immediately available to the public. Comments submitted electronically through the <http://www.regulations.gov> website can be viewed by other commenters and interested members of the public. Commenters should follow instructions provided on that site to submit comments electronically.

Note: To receive consideration as public comments, comments must be submitted through one of the two methods specified above. Again, all submissions must refer to the docket number and title of the notice.

No Facsimile Comments. Facsimile (fax) comments are not acceptable.

Public Inspection of Comments. All comments and communications submitted to HUD will be available, for public inspection and copying between 8 a.m. and 5 p.m. weekdays at the above address. Due to security measures at the HUD Headquarters building, an advance appointment to review the public comments must be scheduled by calling the Regulations Division at (202) 708-3055 (this is not a toll-free number). Copies of all comments submitted are available for inspection and