

- Deceased, Bronx, New York, Court of Federal Claims No: 14–0863V
49. Carmen Ramirez on behalf of Luis Arroyo-Ramirez, Monrovia, California, Court of Federal Claims No: 14–0866V
  50. Carmel McDowell, Shallotte, North Carolina, Court of Federal Claims No: 14–0867V
  51. Howard Alexander and Sharyn Alexander on behalf of W. A., Baraboo, Wisconsin, Court of Federal Claims No: 14–0868V
  52. Diane Solak, Rochester, Michigan, Court of Federal Claims No: 14–0869V
  53. Jack Backes, San Diego, California, Court of Federal Claims No: 14–0871V
  54. Carmen Carreon, Santa Barbara, California, Court of Federal Claims No: 14–0873V
  55. Joan Horowitz, Cleveland, Ohio, Court of Federal Claims No: 14–0874V
  56. Jenny Howard on behalf of H. C., Phoenix, Arizona, Court of Federal Claims No: 14–0878V
  57. Donna Anderson, Manchester, Connecticut, Court of Federal Claims No: 14–0879V
  58. Kenneth Bible, Talihina, Oklahoma, Court of Federal Claims No: 14–0880V
  59. Jeffrey Pierce, Henderson, Nevada, Court of Federal Claims No: 14–0881V
  60. Kirstin Poma, Portland, Maine, Court of Federal Claims No: 14–0882V
  61. Matthew McLaughlin, Rochester, New York, Court of Federal Claims No: 14–0883V
  62. Vicky Hermreck, Riverbank, California, Court of Federal Claims No: 14–0884V
  63. Joseph Lee Duran, Albuquerque, New Mexico, Court of Federal Claims No: 14–0885V
  64. Theresa Rosa, Thermal, California, Court of Federal Claims No: 14–0886V
  65. Gloria Holmes, Atlanta, Georgia, Court of Federal Claims No: 14–0887V
  66. Steve Baldwin, Encinitas, California, Court of Federal Claims No: 14–0888V
  67. Mary Ellen Potter, Andover, Massachusetts, Court of Federal Claims No: 14–0889V
  68. Margaret Randle on behalf of K. R., Moreno Valley, California, Court of Federal Claims No: 14–0890V
  69. Richard Baldwin, Pottsville, Pennsylvania, Court of Federal Claims No: 14–0891V
  70. William Gable, Seattle, Washington, Court of Federal Claims No: 14–0892V
  71. Eva M. Kinkaid, Rockford, Illinois, Court of Federal Claims No: 14–0893V
  72. Anup Parikh, M.D., Charlotte, North Carolina, Court of Federal Claims No: 14–0894V
  73. Paula F. Holland, Cicero, New York, Court of Federal Claims No: 14–0895V
  74. Scott Woodring, Cadillac, Michigan, Court of Federal Claims No: 14–0896V
  75. Buntly Willard and Kristin Willard on behalf of NW., San Antonio, Texas, Court of Federal Claims No: 14–0897V
  76. Theodore A. Bryan, Middletown, Pennsylvania, Court of Federal Claims No: 14–0898V
  77. Jennifer Nash, Chicago, Illinois, Court of Federal Claims No: 14–0900V
  78. Diana Darken, Joliet, Illinois, Court of Federal Claims No: 14–0901V
  79. Michael Antros, Chicago, Illinois, Court of Federal Claims No: 14–0902V
  80. Jaime Brown on behalf of Damien Ballard, Tampa, Florida, Court of Federal Claims No: 14–0903V
  81. Susan Elizabeth Reichard, Seattle, Washington, Court of Federal Claims No: 14–0904V
  82. Anne Abbott on behalf of R. A., Phoenix, Arizona, Court of Federal Claims No: 14–0907V
  83. Anthony Mirra on behalf of Nancy Toner, Deceased, Staten Island, New York, Court of Federal Claims No: 14–0908V
  84. Pamela Boshart Lynch, Buffalo, New York, Court of Federal Claims No: 14–0909V
  85. Philip Altieri, Branchburg, New Jersey, Court of Federal Claims No: 14–0910V
  86. Janette Cole, Del City, Oklahoma, Court of Federal Claims No: 14–0911V
  87. Caren Shanley, Port St. Lucie, Florida, Court of Federal Claims No: 14–0912V
  88. Michael Angell and Anna Angell on behalf of D. A., Las Vegas, Nevada, Court of Federal Claims No: 14–0914V
  89. Michael Robinson on behalf of D. R., Boston, Massachusetts, Court of Federal Claims No: 14–0915V
  90. Margaret Haworth, Boston, Massachusetts, Court of Federal Claims No: 14–0916V
  91. Chris Powers, Boston, Massachusetts, Court of Federal Claims No: 14–0917V
  92. Steven Brass, Boston, Massachusetts, Court of Federal Claims No: 14–0918V
  93. Margaret McSorley, Boston, Massachusetts, Court of Federal Claims No: 14–0919V
  94. Lynnetta Zuzow, Boston, Massachusetts, Court of Federal Claims No: 14–0920V
  95. Harvey Walker, Boston, Massachusetts, Court of Federal Claims No: 14–0921V
  96. Mary Van Kooten, Bloomington, Indiana, Court of Federal Claims No: 14–0923V
  97. Kristen McEvoy, Dallas, Texas, Court of Federal Claims No: 14–0928V
  98. Darren Starr on behalf of Joshua Starr, Orinda, California, Court of Federal Claims No: 14–0929V

[FR Doc. 2014–25210 Filed 10–22–14; 8:45 am]

BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 79 FR 52734–52735 dated September 4, 2014).

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA). Specifically, this notice: (1) Abolishes the Office of Administrative Management, Office of National Assistance and Special Populations, Central Southeast Division, North Central Division, Northeast Division, and Southwest Division; (2) establishes the Office of Strategic Business Operations (RCA), Office of Northern Health Services (RCB), the Office of Southern Health Services (RCD) and the Division of Administrative Operations (RC2); (3) renames the Office of Quality and Data to the Office of Quality Improvement (RCK) and updates the functional statement; and (4) updates the functional statement for the Office of the Associate Administrator (RC) and the Office of Policy and Program Development (RCH).

**Chapter RC—Bureau of Primary Health Care****Section RC–10, Organization**

Delete the organization for the Bureau of Primary Health Care in its entirety and replace with the following:

The Bureau of Primary Health Care (RC) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The Bureau of Primary Health Care includes the following components:

- (1) Office of the Associate Administrator (RC);
- (2) Division of Administrative Operations (RC2);
- (3) Office of Strategic Business Operations (RCA);
- (4) Office of Northern Health Services (RCB);
- (5) Office of Southern Health Services (RCD);
- (6) Office of Policy and Program Development (RCH); and
- (7) Office of Quality Improvement (RCK).

**Section RC–20, Functions**

(1) Delete the functional statement for the Bureau of Primary Health Care (RC) and replace in its entirety.

**Office of the Associate Administrator (RC)**

The Office of the Associate Administrator provides overall leadership, direction, coordination, and planning in support of BPHC programs. Specifically: (1) Establishes program goals, objectives and priorities, and provides oversight to their execution; (2) plans, directs, coordinates, supports, and evaluates Bureau wide management activities; and (3) maintains effective relationships within HRSA and with other Department of Health and Human Services (HHS) organizations, other federal agencies, state and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the nation's underserved and vulnerable populations.

**Division of Administrative Operations (RC2)**

The Division of Administrative Operations plans, directs and coordinates Bureau wide administrative management activities. Specifically: (1) Serves as BPHC's principal source for administrative and management advice, analysis, and assistance; (2) provides strategic guidance and coordinates personnel activities for BPHC, including the allocation of personnel resources; (3)

develops policies and procedures for internal operations, interpreting and implementing management policies, procedures and systems; (4) develops and coordinates BPHC program and administrative delegations of authority activities; (5) provides guidance to BPHC on financial management activities; (6) provides Bureau-wide support services such as continuity of operations and emergency planning, procurement planning and coordination, supply management, equipment utilization, printing, property management, space management, and management reports; and (7) coordinates BPHC administrative management activities with other components within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations, as appropriate.

**Office of Strategic Business Operations (RCA)**

The Office of Strategic Business Operations serves as the organizational focus for the development of BPHC external affairs, organizational development, and management information systems. Specifically: (1) Serves as BPHC's focal point for communication and program information dissemination; (2) serves as BPHC Executive Secretariat and BPHC focal point for records management policies and guidance; (3) leads strategic initiatives for the organizational development of the Bureau; (4) plans and coordinates internal training and staff development activities; (5) serves as BPHC focal point for the design and implementation of management information systems to assist and improve program performance and internal operations; and (6) consults and coordinates BPHC external affairs, organizational development and management information systems with other components within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations.

**Office of Northern Health Services (RCB)**

The Office of Northern Health Services manages BPHC primary health care service delivery programs, including those focused on special populations, and associated activities within HHS Regions I, II, III, V, VIII, X. Specifically: (1) Oversees BPHC primary health care service delivery programs for compliance with program requirements; (2) provides assistance on program-related statutory/regulatory policy, and program requirements; (3)

monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance, where appropriate; (4) reviews findings and recommendations of periodic and episodic grantee assessments, coordinating actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of federal resources; (5) coordinates and supports emergency preparedness and response for BPHC programs; and (6) provides consultation to and coordinates activities within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

**Office of Southern Health Services (RCD)**

The Office of Southern Health Services manages BPHC primary health care service delivery programs, including those focused on special populations, and associated activities within HHS Regions IV, VI, VII and IX. Specifically: (1) Oversees BPHC primary health care service delivery programs for compliance with program requirements; (2) provides assistance on program-related statutory/regulatory policy and program requirements; (3) monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance, where appropriate; (4) reviews findings and recommendations of periodic and episodic grantee assessments, coordinating actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of federal resources; (5) coordinates and supports emergency preparedness and response for BPHC programs; and (6) provides consultation to and coordinates activities within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

**Office of Policy and Program Development (RCH)**

The Office of Policy and Program Development serves as the organizational focus for the development of BPHC programs and policies. Specifically: (1) Leads and monitors the strategic development of primary care programs, including health

centers, special population programs, and other health systems; (2) provides assistance to communities, community-based organizations, and BPHC programs related to the development, and expansion of primary care; (3) manages BPHC capital and loan guarantee programs; (4) leads and coordinates the analysis, development and drafting of budget and policy impacting BPHC programs; (5) provides support to the National Advisory Council on Migrant Health; (6) performs environmental scanning on issues that affect BPHC programs; (7) monitors BPHC activities in relation to HRSA and HHS Strategic Plan; and (8) consults and coordinates with other components within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations on issues affecting BPHC programs and policies.

#### Office of Quality Improvement (RCK)

The Office of Quality Improvement serves as the organizational focus for program performance including, clinical and operational quality improvement, patient safety and risk management, data reporting, and program evaluation. Specifically: (1) Provides leadership for implementing BPHC clinical quality and performance improvement strategies/initiatives, including health information technology; (2) oversees BPHC Federal Tort Claims Act (FTCA) medical malpractice liability programs, reviewing, risk management and patient safety activities to improve policies and programs for primary health care services, including clinical information systems; (3) leads and coordinates BPHC national and state technical assistance/programs and activities, including those focused on special populations; (4) identifies and provides assistance to BPHC programs around quality improvement and performance reporting activities; (5) oversees BPHC programs related to health information technology and quality improvement; (6) serves as BPHC focal point for the design and implementation of program evaluations; and (7) coordinates BPHC/quality improvement and performance reporting activities within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations.

#### Section RC-30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA

officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective October 20, 2014.

Dated: September 23, 2014.

**Mary K. Wakefield,**

*Administrator.*

[FR Doc. 2014-25205 Filed 10-22-14; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Neurological Disorders and Stroke Amended; Notice of Meeting

Notice is hereby given of a change in the meeting of the National Institute of Neurological Disorders and Stroke Special Emphasis Panel, October 31, 2014, 12:00 p.m. to October 31, 2014, 3:00 p.m., National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 which was published in the **Federal Register** on October 15, 2014, 79FRN61884.

The meeting date and time has been changed to November 11, 2014 from 11:00 a.m. to 4:00 p.m. The location remains the same. The meeting is closed to the public.

Dated: October 17, 2014.

**Carolyn Baum,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014-25181 Filed 10-22-14; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Neurological Disorders and Stroke; 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 Neurological Disorders and Stroke; Special Emphasis Panel, NINDS T32 Training program.

*Date:* December 1-2, 2014.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* One Washington Circle, One Washington Circle NW., Washington, DC 20037.

*Contact Person:* Natalia Strunnikova, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Research, NINDS/NIH/DHHS/Neuroscience Center, 6001 Executive Boulevard, Suite 3208, MSC 9529, Bethesda, MD 20892-9529, 301-402-0288, [natalia.strunnikova@nih.gov](mailto:natalia.strunnikova@nih.gov). (Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: October 17, 2014.

**Carolyn Baum,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014-25177 Filed 10-22-14; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

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

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 meetings.

The meetings 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, Understanding SES Disparities in Cognitive Development.

*Date:* November 18, 2014.

*Time:* 2:00 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.