• Allow consumers to understand and consistently compare PHR service provider policies with others, and

• Focus on the key information that may influence decisions and choices of PHR service provider.

The project includes iterative rounds of in-depth consumer testing during April–October 2009 to assess and analyze consumer understanding and input about the model. The model will be iteratively revised to design a final template that will allow PHR vendors to convey useful and understandable facts to consumers about their privacy, security, and information management policies. Testing will be conducted in six locations that cover the four geographic census regions and will include 90-minute, one-on-one, cognitive usability interviews with seven participants at each of six sites, for a total not to exceed 42 interviews. In addition, each participant will have been recruited through a 15-minute screening interview. The participants will be recruited according to U.S. census statistics for race/ethnicity, age, marital status, gender, and income. Also, the sample will include participants both familiar and unfamiliar with PHRs and participants who manage chronic health issues or a disease for themselves or others.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms (If necessary)	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Screening Form	84	1	15/60	21
Interview Form	42	1	90/60	63
Total				84

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E9–3440 Filed 2–17–09; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990—New; 30–day notice]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

Agency Information Collection Request; 30-Day Public Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–6974.

Proposed Project: Evaluation of the National Bone Health Campaign Pilot Site Project—OMB No. 0990—NEW—Office on Women's Health (OWH).

Abstract: The Office on Women's Health (OWH) is requesting clearance for forms to evaluate the implementation and effectiveness of the revised BodyWorks program; an obesity prevention program targeting parents and girls that highlights behaviors known to improve bone health. Using a technical assistance model, the revised BodyWorks program will be implemented by local coalitions in three pilot sites. Clearance is also requested for forms to assess the success of this technical assistance model.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Parent/Caregiver participant in the Revised BodyWorks program.	Parent/Caregiver Pre test Questionnaire.	171	1	30/60	86
	Parent/Caregiver Post test Questionnaire.	153	1	30/60	77
	Parent/Caregiver Session Evaluation Forms (10 forms).	153	10	3/60	77
Parent/Caregiver Revised BodyWorks program comparison group participant.	Parent/Caregiver Pre test Questionnaire.	63	1	30/60	32
	Parent/Caregiver Post test Questionnaire.	50	1	30/60	25
Adolescent participant in the Revised BodyWorks program.	Adolescent Pretest Questionnaire ...	228	1	30/60	114

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Adolescent Post test Questionnaire	204	1	30/60	102
	Adolescent Session Evaluation Forms (10 forms).	204	10	3/60	102
Adolescent Revised BodyWorks program comparison group participant.	Adolescent Pre test Questionnaire ..	63	1	30/60	32
	Adolescent Post test Questionnaire	50	1	30/60	25
Trainers of the Revised BodyWorks program.	Facilitator Feedback Forms (10 forms).	22	10	5/60	18
Coalition leaders, members, and site coordinators.	Coalition Pre test Survey	86	1	20/60	29
	Coalition Post test Survey	72	1	30/60	36
Total Hours	.....	.....	.....	.....	755

Dated: February 10, 2009.

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E9–3439 Filed 2–17–09; 8:45 am]

BILLING CODE 4150–33–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions and Delegation of Authority

Notice is hereby given that I have delegated to the Director, Office of Family Assistance, the following authority vested in me by the Secretary of Health and Human Services in the memorandums dated August 20, 1991, Delegations of Authority for Social Security Act Programs and September 16, 1997, Delegations of Authority for the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104–193).

(a) Authority Delegated.

Authority under section 116 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 to take action related to the reimbursement of the federal share of overpayments that were recovered from former recipients of the Aid to Families with Dependent Children (AFDC) program.

(b) Limitations.

1. This delegation of authority shall be exercised under the Department's existing policies on delegations and regulations.

2. This delegation of authority excludes the authority to hold hearings.

3. Any redelegation shall be in writing and prompt notification must be provided to all affected managers, supervisors, and other personnel, and requires the concurrence of the Deputy Assistant Secretary for Administration.

(c) Effect on Existing Delegations.

As related to the authorities delegated herein, this delegation of authority supersedes all previous delegations relating to the AFDC program delegated to OFA.

I hereby affirm and ratify any actions taken by the Director, Office of Family Assistance, which involved the exercise of the authorities delegated herein prior to the effective date of this delegation.

(d) Effective Date.

This delegation of authority is effective upon the date of signature.

Date signed: February 5, 2009.

Daniel C. Schneider,

Acting Assistant Secretary for Children and Families.

[FR Doc. E9–3458 Filed 2–17–09; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Analysis of Comments and Implementation of the NIH Public Access Policy

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

Background

The National Institutes of Health (NIH) Public Access Policy requires investigators funded by the NIH to submit, or have submitted for them, an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication to the National Library of Medicine's digital archive, PubMed Central, to be posted publicly within 12 months after the official date of publication. Congress required the NIH to implement this funding limitation in Division G, Title II, Section 218 of the Consolidated Appropriations Act of 2008 (''Section 218''). The Policy is intended to advance science, provide public access to the published results of NIH-funded research, and improve human health.

The current Public Access Policy is the culmination of years of effort and community interaction. Prior to passage of Section 218, the NIH undertook extraordinary public outreach concerning the issue of public access to the published results of NIH-funded research. These outreach efforts included a review of over six thousand public comments and the establishment of an independent advisory group to review NIH's implementation of a voluntary Public Access Policy. Additionally, as part of the process to implement Section 218 in a transparent and participatory manner, the NIH formally sought public input through an open meeting and a Request for Information (RFI) seeking public comment. This open meeting occurred on March 20, 2008, and was designed to ensure that a discussion of stakeholder issues could occur. The feedback from the open meeting helped define questions for an RFI, which was published on the NIH Web site on March 28, 2008 and in the **Federal Register** on March 31, 2008 (73 FR 16881–16895). The RFI was designed to seek input on the NIH Public Access Policy, as it was revised to incorporate Section 218, and the responses to frequently asked questions (FAQs) concerning it. The RFI was open for sixty days following publication in the **Federal Register**, from March 28 to May 31, 2008.