

disagrees with the determination. Nothing in the AAC administrative process shall create any discovery or other such rights.

#### H. Burden of Proof

The burden of proof as to all matters at issue in the appeal, including timeliness of the appeal if timeliness is at issue, rests with the institution.

#### I. Oral Presentation

The AAC may, in its discretion, whether or not a request is made, determine to allow an oral presentation. The AAC generally grants a request for oral presentation if it determines that oral presentation is likely to be helpful or would otherwise be in the public interest. Notice of the AAC's determination to grant or deny a request for oral presentation will be provided to the institution. If oral presentation is held, the institution will be allowed to present its position on the issues raised in the appeal and to respond to any questions from the AAC. The AAC may also require that FDIC staff participate as the AAC deems appropriate.

#### J. Dismissal and Withdrawal

An appeal may be dismissed by the AAC if it is not timely filed, if the legal or factual basis for the appeal is not discernable from the appeal, or if the institution moves to withdraw the appeal.

#### K. Scope of Review and Decision

The AAC will review all submissions concerning an appeal, review the final determination being appealed, consider any other matters it deems in its discretion to be appropriate, and issue a written decision within 60 days from the date the appeal is filed, or within 60 days from oral presentation, if held. The AAC may reconsider its decision only on a showing of an intervening change in the controlling law or the availability of material evidence not reasonably available when the decision was issued.

#### L. Publication of Decisions

AAC decisions will be published and the published AAC decisions will be redacted to avoid disclosure of exempt information. In cases where redaction is deemed to be insufficient to prevent improper disclosure, published decisions may be presented in summary form. Published decisions of the AAC may be cited as precedent in appeals to the AAC.

#### M. AAC Guidelines Generally

Appeals to the AAC will be governed by these guidelines. The AAC will retain the discretion to waive any

provision of the guidelines for good cause; the AAC may adopt supplemental rules governing AAC operations; the AAC may order that material be kept confidential; and the AAC may consolidate similar appeals.

#### N. Effect on Deposit Insurance Assessment Payments

The use of the procedures set forth in these guidelines by an insured institution will not affect, delay, or impede the obligation of that institution to make timely payment of any deposit insurance assessment.

By order of the Board of Directors.

Dated at Washington, DC, this 20th day of March, 2012.

Federal Deposit Insurance Corporation.

**Robert E. Feldman,**  
*Executive Secretary.*

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**BILLING CODE 6714-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Requirements and Registration for Beat Down Blood Pressure Challenge

**AGENCY:** Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

*Award Approving Official:* Jodi Daniel, Director, Office of Policy and Planning.

**ACTION:** Notice.

**SUMMARY:** The Office of the National Coordinator for Health Information Technology (ONC), in partnership with Million Hearts, an HHS initiative to prevent a million heart attacks and strokes in five years, announces the launch of the *Beat Down Blood Pressure Video Challenge*. This challenge is an open call for the public to create and submit short, compelling videos sharing how they use health IT or consumer e-health tools to manage high blood pressure. Health care providers are also encouraged to apply to demonstrate how they use electronic health records and other health IT to manage their patients' high blood pressure. This is the second in a series of Health IT video contests that will occur throughout 2012. The goal of this video contest series is to generate content that will be used to motivate and inspire others to leverage technology to be more engaged partners in improving their health and health care. Each challenge will be a call to action for members of the public to create a short video clip [2 minutes or

less] on a particular theme, and will award cash prizes to winners in several categories.

**DATES:** Effective on March 21, 2012.

**FOR FURTHER INFORMATION CONTACT:** Erin Poetter, Consumer e-Health Policy Analyst, [erin.poetter@hhs.gov](mailto:erin.poetter@hhs.gov) | 202.205.3310.

#### SUPPLEMENTARY INFORMATION:

#### Subject of Challenge Competition

We invite the general public to create short (<2 min long), compelling videos sharing how they use *health IT* or *consumer e-health tools* to manage high blood pressure. Videos will demonstrate how health IT is used to support blood pressure control through activities such as routine monitoring of blood pressure, taking blood pressure medications as prescribed, and maintaining a healthy lifestyle that helps lower blood pressure. High blood pressure (aka "hypertension") affects one in three adults in the U.S. and is sometimes referred to as the "silent killer" because it damages the brain, heart, eyes, and kidneys while causing no symptoms. If left untreated, high blood pressure can result in strokes, heart attacks, and kidney failure. Fortunately there are steps that each of us can take to prevent or manage high blood pressure and change our future health for the better.

Participants can demonstrate how they use health IT or consumer e-health tools to monitor their blood pressure, take medication as prescribed to maintain low blood pressure, and/or make lifestyle changes that reduce your risks and enhance heart health. Participants may also discuss how they are partnering with their health care provider to leverage health IT to better monitor and manage their blood pressure.

Health care providers can demonstrate how they use electronic health records and other health IT to manage their patients' hypertension, help them take their medications as prescribed, and help their patients adopt healthy habits that enhance control of blood pressure.

#### Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, an individual or entity—

(1) Shall have registered to participate in the competition under the rules promulgated by HHS;

(2) Shall have complied with all the requirements under this section;

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual,

whether participating singly or in a group, shall be a citizen or permanent resident of the United States; and

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of the Office of the National Coordinator.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

All individual members of a team must meet the eligibility requirements.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

**Registration Process for Participants**

1. During the Challenge Submission Period, visit <http://>

[BloodPressure.Challenge.gov](http://BloodPressure.Challenge.gov) and register (Registration is free) or log in with an existing ChallengePost account. After a Contestant signs up, a confirmation email will be sent to the email address provided. The Contestant must use the confirmation email to verify his or her email address. The registered Contestant will then be able to enter a Submission.

2. On [BloodPressure.Challenge.gov](http://BloodPressure.Challenge.gov), click "Accept this challenge" to register your interest in participating. This step ensures that you will receive important challenge updates.

3. Create a video and ensure the following (please read the Official Rules on <http://BloodPressure.challenge.gov> for complete requirements):

a. Your video shares ONE activity to prevent high blood pressure or monitor blood pressure.

b. Your video demonstrates ONE technology used as part of or in support of the activity to prevent or monitor high blood pressure.

c. Your video encourages viewers to visit [www.HealthIT.gov](http://www.HealthIT.gov).

d. Your video is no longer than 2 minutes.

4. Confirm that you have read and agreed to the Official Rules. A Contestant will be required to fill out the submission form on [BloodPressure.Challenge.gov](http://BloodPressure.Challenge.gov) and must provide:

- The title of the Video;
- A link to the Video on [YouTube.com](http://YouTube.com) or [Vimeo.com](http://Vimeo.com) (the Video should be no longer than 2 minutes);
- A text description of an activity to prevent high blood pressure or monitor blood pressure and how technology is a part of or supportive of the activity;
- A transcript of the words spoken or sung in the video;
- Categories for the participant type (consumer/caregiver or healthcare provider), activity type, and the technology featured in the video; and
- Uploaded consent forms for everyone who appears in the video regardless of age.

All individuals that appear in a Video must complete and sign the Video Consent Form. If a minor appears in the Video, the minor's parent/legal guardian must also sign the Video Consent Form. A Submission will not be considered complete and eligible to win prizes without a completed Video Consent Form being uploaded from all individuals that appear in the Video. All completed Video Consent Forms must include a handwritten signature, and be scanned, combined in to a single file (ZIP, PDF, or doc), and uploaded on the submission form on [BloodPressure.Challenge.gov](http://BloodPressure.Challenge.gov).

**AMOUNT OF THE PRIZE**

| Winner                              | Prize   | Quantity |
|-------------------------------------|---------|----------|
| Consumer Monitoring Prize .....     | \$1,000 | 1        |
| Consumer Taking Meds Prize .....    | 1,000   | 1        |
| Consumer Prevention Prize .....     | 1,000   | 1        |
| Provider Monitoring Prize .....     | 1,000   | 1        |
| Provider Med Management Prize ..... | 1,000   | 1        |
| Popular Choice .....                | 500     | 1        |

**Basis Upon Which Winner Will Be Selected**

To be considered for a Category Prize, a Submission must meet the following award category requirements:

| Category                         | Requirements   |
|----------------------------------|--|
| Consumer Monitoring Prize .....  | Video must describe how a patient, consumer or caregiver engages in an activity to monitor blood pressure using health information technology.   |
| Consumer Taking Meds Prize ..... | Video must describe how a patient, consumer or caregiver engages in an activity related to taking blood pressure medications as prescribed using health information technology.  |
| Consumer Prevention Prize .....  | Video must describe how a patient, consumer or caregiver engages in an activity related to maintaining a healthy lifestyle that supports low blood pressure and uses health information technology as part of or in support of the activity. |
| Provider Monitoring Prize .....  | Video must describe how a healthcare provider (e.g. doctor, nurse, pharmacist, etc.) engages in an activity related to monitoring patients' blood pressure using health information technology.  |

| Category                            | Requirements   |
|-------------------------------------|--|
| Provider Med Management Prize ..... | Video must describe how a professional healthcare provider engages in an activity to help patients manage their blood pressure medication using health information technology. |

Submissions that meet category requirements will be evaluated by an internal panel of judges for Category Prizes based on the following criteria (to be equally weighted):

1. *Quality of the Idea* (Includes elements such as the relevance and originality of your use of health IT)
2. *Implementation of the Idea* (Includes elements such as the quality of the video content, narrative and visual appearance)
3. *Potential Impact on health IT adoption* (Includes whether the video is compelling, instructive, and easy to follow so that others can perform similar activities using health technology)

The one (1) Contestant whose Submissions earns the highest overall score in their respective category will win, respectively, the prizes identified below in Section 8. In the event of a tie, winners will be selected based on their score on the criteria described in (1), then (2), and finally (3). If there is still a tie then the winner will be selected based on a vote by the judging panel.

**Authority:** 15 U.S.C. 3719.

Dated: March 16, 2012.

**Erin Poetter,**

*Consumer e-Health Policy Analyst, Office of the National Coordinator for Health Information Technology (ONC), Office of the Secretary (OS).*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-12-12GN]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and

instruments, call 404-639-7570 and send comments to Ron Otten, CDC at 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

ROPS Attributes Identified by Distribution Channel Intermediaries—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

It is commonly acknowledged that it is in the public interest to develop more effective ways of determining the incentives, impediments and barriers to the adoption of items of safety equipment that are known to be effective in reducing occupational traumatic injury and death.

Despite the development of rollover protective structures (ROPS), an item of safety equipment which has proven preventive effectiveness against the leading cause of occupational fatality in the Agricultural, Forestry and Fishing industrial sector (tractor rollovers), the incidence of fatal and nonfatal traumatic occupational injury within the sector remains elevated. Tractor rollovers remain the leading cause of fatal injury in this sector, occurring at a rate of 5.4 per every 100,000 workers (NSC). Some 125 fatalities occurred each year from this cause, for the years 1992-2002; both fatal injuries and nonfatal injuries were overwhelmingly associated with the use of tractors that were not protected by ROPS.

The efficacy of rollover protective structures in preventing injury and

death from crushing injuries is well established. Various research efforts have been undertaken over a period of time and in international venues, especially the Scandinavian countries, to confirm the role of ROPS in preventing injury from this source. As a result of these studies, the efficacy of ROPS in preventing this type of injury was widely accepted by manufacturers internationally and in this country. Beginning in the mid-1980's, manufacturers of farm tractors in this country universally elected to protect tractor operators through the incorporation of integral ROPS within the design and manufacture of all new farm tractors sold for domestic use. However, significant numbers of older, unprotected farm tractors remain in use. ROPS are available for many of these unprotected tractors, as a retrofit item manufactured by fabricators or by original equipment manufacturers. However, a number of tractors remain in operation without rollover protective structures, and operators of these tractors are at an elevated risk of injury.

ROPS are generally provided to end users by tractor parts dealers, who constitute channel intermediaries between the manufacturer and the consumer. However, little is known about the decision processes that tractor parts dealers follow in deciding whether or not to recommend, source or provide this item of safety equipment to end users. The current project will generate ranking scores for the importance accorded to various issues of concern to tractor parts dealers; these most-important items were previously developed through qualitative research studies. The Northeast Equipment Dealers' Association (NEDA), a trade group representing tractor parts dealers, and which is active in 12 Northeast and Mid-Atlantic U.S. States, will represent the collective membership of the distribution channel intermediaries. Some 500 establishments hold membership in NEDA, and each of these establishments will be surveyed to provide ranking criteria.

CDC requests OMB approval to collect customized information, from 500 NEDA establishments, over a one-month period. This information will be of two kinds: Demographic information on the client base served by the NEDA establishment, and importance ranking