

information to be collected; and (e) ways to minimize the burden 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Robert Sargis,**

*Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Agency Information Collection Activities; Proposed Collection; Comment Request; Chronic Disease Self-Management Education Program Standardized Data Collection

**AGENCY:** Administration on Aging (AoA), Administration for Community Living (ACL), HHS.

**ACTION:** Notice.

#### Subject

**SUMMARY:** The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to the Chronic Disease Self-Management Education Program.

**DATES:** Submit written or electronic comments on the collection of information by September 21, 2012.

**ADDRESSES:** Submit electronic comments on the collection of information to: [Michele.boutaugh@aoa.hhs.gov](mailto:Michele.boutaugh@aoa.hhs.gov). Submit written comments on the collection of information to Michele Boutaugh, U.S. Administration on Aging, 61 Forsyth Street SW., Suite 5M69, Atlanta, GA 30303-8909.

**FOR FURTHER INFORMATION CONTACT:** Michele Boutaugh, 404-987-3411 or [Michele.boutaugh@aoa.hhs.gov](mailto:Michele.boutaugh@aoa.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the

Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education (CDSME) Programs" cooperative agreement program is financed through 2012 Prevention and Public Health Funds. The statutory authority for cooperative agreements under this program announcement is contained in Section 1701(a)(3)(A-B), Section 1701(a)(4), and Section 1703(a)(4) of the Public Health Service Act; and Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74; and the Patient Protection and Affordable Care Act, Public Law 111-148; and Title IV, Section 4002 of the Affordable Care Act (PPHF).

This data collection is necessary for monitoring program operations and outcomes. AoA proposes to use the following tools: (1) Semi-annual progress reports to monitor grantee progress; (2) an Annual Integrated Services Delivery System Assessment Tool to determine grantee's progress in developing sustainable program delivery systems; (3) an Organization

Data form to record location of sites where workshops are held which will allow mapping of the delivery infrastructure; and (4) a set of tools used to collect information at each workshop completed by the workshop leaders (Workshop Information Cover Sheet and Attendance Log) and a Participant Information Survey completed by each participant to document their demographic and health characteristics, including whether the participant has a disability. The Participant Survey also requests the last 4 numbers of the social security number to allow for potential Medicare claims matching and an analysis of changes in health care utilization post participation. AoA proposes to gather data using an online data entry system for the workshop and participant survey data.

The proposed FY2012 Data Collection Tools can be found at AoA's Web site at: [http://www.aoa.gov/AoARoot/AoA\\_Programs/Tools\\_Resources/collection\\_tools.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/collection_tools.aspx).

ACL estimates the burden of this collection of information as 400 hours for State Governments, 1,170 hours for local agency staff, and 2,000 hours for individuals—Total burden is 3,570 hours per year.

Dated: July 17, 2012.

**Kathy Greenlee,**

*Administrator and Assistant Secretary for Aging.*

[FR Doc. 2012-17752 Filed 7-20-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### President's Committee for People with Intellectual Disabilities; Committee Meeting via Conference Call

**AGENCY:** Administration for Community Living (ACL), HHS.

**ACTION:** Notice.

**DATES:** Thursday, August 09, 2012, from 1:00 p.m. to 2:30 p.m. e.s.t., via audio conferencing. This meeting will be open to the public.

Details for public access to the Committee Conference Call are cited below:

*Toll Free Dial-In Number:* 888-989-0724.

*Pass Code:* 1939592.

Individuals whose full participation in the meeting will require special accommodations (e.g., sign language interpreting services, assistive listening devices, materials in alternative format such as large print or Braille) should

notify PCPID Policy Analyst, Madjid (MJ) Karimi, via email at [MJ.Karimie@acf.hhs.gov](mailto:MJ.Karimie@acf.hhs.gov), or via telephone at 202-619-0634. Special accommodations needed must be received no later than Friday, August 03, 2012. PCPID will attempt to meet requests for accommodations made after that date, but cannot guarantee ability to grant requests received after this deadline.

**Agenda:** Discussion plans for developing the PCPID 2012 Report to the President.

**Additional Information:** For further information, please contact Laverdia Taylor Roach, Senior Advisor, President's Committee for People with Intellectual Disabilities, The Aerospace Center, Second Floor West, 370 L'Enfant Promenade SW., Washington, DC 20447. Telephone: 202-619-0634. Fax: 202-205-9519. Email: [Laverdia.Roach@acf.hhs.gov](mailto:Laverdia.Roach@acf.hhs.gov).

**SUPPLEMENTARY INFORMATION:** PCPID acts in an advisory capacity to the President and the Secretary of Health and Human Services, through the Administration on Intellectual and Developmental Disabilities, on a broad range of topics relating to programs, services, and supports for persons with intellectual disabilities. The PCPID Executive Order stipulates that the Committee shall: (1) Provide such advice concerning intellectual disabilities as the President or the Secretary of Health and Human Services may request; and (2) provide advice to the President concerning the following for people with intellectual disabilities: (a) Expansion of educational opportunities; (b) promotion of homeownership; (c) assurance of workplace integration; (d) improvement of transportation options; (e) expansion of full access to community living; and (f) increasing access to assistive and universally designed technologies.

Dated: July 6, 2012.

**Sharon Lewis,**

*Commissioner, Administration on Intellectual and Developmental Disabilities.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2012-N-0001]

### Cardiovascular and Renal Drugs Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

**Name of Committee:** Cardiovascular and Renal Drugs Advisory Committee.

**General Function of the Committee:** To provide advice and recommendations to the Agency on FDA's regulatory issues.

**DATES:** The meeting will be held on September 14, 2012, from 8 a.m. to 5 p.m.

**ADDRESSES:** **Location:** FDA White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, the Great Room (rm. 1503), Silver Spring, MD 20993-0002. Information regarding special accommodations due to a disability, visitor parking, and transportation may be accessed at: <http://www.fda.gov/AdvisoryCommittees/default.htm>; under the heading "Resources for You," click on "Public Meetings at the FDA White Oak Campus." Please note that visitors to the White Oak Campus must enter through Building 1.

**FOR FURTHER INFORMATION CONTACT:**

**Contact Person:** Kalyani Bhatt, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, rm. 2417, Silver Spring, MD 20993-0002, 301-796-9001, Fax: 301-847-8533, email: [CRDAC@fda.hhs.gov](mailto:CRDAC@fda.hhs.gov), or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), to find out further information regarding FDA advisory committee information. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at <http://www.fda.gov/AdvisoryCommittees/default.htm> and scroll down to the appropriate advisory committee meeting link or call the advisory committee information line to learn about possible modifications before coming to the meeting.

**SUPPLEMENTARY INFORMATION:**

**Agenda:** The committee will discuss new drug application (NDA) 203446, imatinib mesylate, submitted by Novartis Pharmaceuticals Corp., as adjunctive therapy for the treatment of pulmonary arterial hypertension (WHO Diagnostic Group 1), to improve exercise capacity and cardiopulmonary hemodynamics in patients who remain

symptomatic despite treatment with two or more approved vasodilator therapies ("vasodilator therapies" refer to medicines used to dilate blood vessels and thereby reduce resistance to blood flow).

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee link.

**Procedure:** Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before August 29, 2012. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before August 21, 2012. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by August 22, 2012.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Kalyani Bhatt at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on