

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Survey of Eligible Users of the National Practitioner Data Bank.

OMB No. 0915-xxxx—New.

Abstract: The Health Resources and Services Administration (HRSA) plans to conduct a survey of eligible users of the National Practitioner Data Bank (NPDB). The respondent universe is comprised of both users and non-users that are eligible to report to the NPDB, query the NPDB, or both, between January 1, 2010, and December 31, 2012. The survey aims to assess the overall satisfaction of NPDB users with regard to reporting and querying processes. Additionally, the survey will evaluate the effectiveness of the NPDB as an information source and measure user perception of the utility of NPDB information when hiring, licensing, credentialing, and monitoring health care practitioners. The survey will also collect information from eligible non-users of the NPDB to assess what can be done to motivate eligible non-users to register, access, and use the information available in the NPDB.

The survey will be administered to three populations of interest: Eligible users, eligible non-users, and self-queriers. First, eligible users of the NPDB include entities who queried the NPDB, reported to the NPDB, or both, during the defined time frame. Entities that used an authorized agent to fulfill their reporting or querying requirements will be considered eligible users. Second, eligible non-users of the NPDB are those that: (i) Never registered with the NPDB; (ii) registered prior to 2010 and were not currently registered during the survey time frame; and (iii) were registered but not using the NPDB directly or through an authorized agent. Third, those that self-query the NPDB include health care practitioners that submitted a query during the specified time frame to either verify their own status or to provide a copy of the results to a third party. The majority of self-queriers are health care practitioners; however, this population can include medical service providers and medical suppliers.

Eligible NPDB users and eligible non-users who were previously registered or were currently registered but not using the NPDB will be asked to complete a web-based survey. Eligible non-users that were never registered with the NPDB will be contacted via telephone to obtain email information so that they

will be able to complete a web-based survey. The survey will collect additional information from users that receive a matched response. A matched response occurs when an eligible user queries the NPDB and, in turn, receives a response that the subject of the query has a report in the NPDB. This survey is a follow-up to the NPDB users and non-users survey of 2008. Data gathered from the survey will be compared with previous surveys results. This survey will provide HRSA with the information necessary to improve the usability and effectiveness of the NPDB.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Respondents type	Respondents description	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden (hours)
NPDB Users	Reporters Queriers (non-matched responses).	11,832	1	11,832	.333	3,940
	Queriers (matched responses).	1,768	1	1,768	.383	677
Non-Users	Ever registered	1,200	1	1,200	.133	160
	Never-registered	400	1	400	.10	40
NPDB Self Queriers	Non-matched responses	1,080	1	1,080	.10	108
	Matched	120	1	120	.216	26
Total	16,400	16,400	4,951

Dated: July 3, 2013.
Bahar Niakan,
Director, Division of Policy and Information Coordination.
 [FR Doc. 2013-16600 Filed 7-9-13; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received within 30 days of this notice.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Ryan White HIV/AIDS Program, Part A Minority AIDS Initiative Report (the *Part A MAI Report*).

OMB No. 0915-0304—Extension.

Abstract: HRSA’s HIV/AIDS Bureau administers the Ryan White HIV/AIDS Part A Program authorized under Title XXVI of the Public Health Service (PHS) Act (Ryan White HIV/AIDS Program). Part A provides emergency relief for areas with substantial need for HIV/AIDS care and support services that are most severely affected by the HIV/AIDS epidemic, including eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). As a component of Part A, the purpose of the MAI funding is to improve access to high quality HIV care, services, and outcomes for individuals in disproportionately impacted communities of color who are living with HIV disease, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders (Section 2693(b)(2)(A) of the PHS Act). Since the purpose of the Part A MAI is to expand access to medical, health, and social support services for disproportionately impacted racial/ethnic minority populations living with HIV/AIDS, it is important that HRSA is able to report on minorities served by the Part A MAI.

The Part A MAI Report is a data collection instrument in which grantees

report on the number and characteristics of clients served and services provided. The Part A MAI Report, first approved for use in March 2006, is designed to collect performance data from Part A grantees. The report has two parts: (1) A web-based data entry application that collects standardized quantitative and qualitative information and (2) an accompanying narrative report. Grantees submit two Part A MAI Reports annually: The Part A MAI Plan (Plan) and the Part A MAI Year-End Annual Report (Annual Report). The Plan and Annual Report components of the report are linked to minimize the reporting burden and include drop-down menu responses; fields for reporting budget, expenditure, and aggregated client level data; and open-ended responses for describing client or service-level outcomes. Together, the Plan and Annual Report components collect information from grantees on MAI-funded services, expenditure patterns, the number and demographics of clients served, and client-level outcomes.

The MAI Plan Narrative that accompanies the Plan web forms provides: (1) An explanation of the data submitted in the Plan web forms; (2) a summary of the Plan, including the Plan and timeline for disbursing funds, monitoring service delivery, and implementing any service-related capacity development or technical assistance activities; and (3) the Plan and timeline for documenting client-level outcome measures. In addition, if the EMA/TGA revised any planned services, allocation amounts, or target communities after their grant application was submitted, the changes must be highlighted and explained. The accompanying MAI Annual Report Narrative describes: (1) Progress towards achieving specific goals and objectives identified in the grantee’s approved MAI Plan for that fiscal year and in linking MAI services/activities to Part A

and other Ryan White HIV/AIDS Program services; (2) achievements in relation to client-level health outcomes; (3) summary of challenges or barriers at the provider or grantee levels, the strategies and/or action steps implemented to address them, and lessons learned; and (4) discussion of MAI technical assistance needs identified by the EMA/TGA.

This information is needed to monitor and assess: (1) Changes in the type and amount of HIV/AIDS health care and related services being provided to each disproportionately impacted community of color; (2) the aggregate number of persons receiving HIV/AIDS services within each racial and ethnic community; and (3) the impact of Part A MAI-funded services in terms of client-level and service-level health outcomes. This information also is used to plan new technical assistance and capacity development activities, and influence the HRSA policy and program management functions. The data provided to HRSA does not contain individual or personally identifiable information. No changes have been made to the Part A MAI Report.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Part A MAI Report	53	2	106	23.9	2,532.87

Dated: July 3, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-16557 Filed 7-9-13; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Availability of Policy Document

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

ACTION: Final Agency Guidance and Opportunity for Public Comments on Draft Section.

SUMMARY: HRSA is publishing Agency Guidance (“Policy Information Notice” (PIN) 2013-01) to provide clarification on the budgeting and accounting requirements for federally-funded health centers and Look-Alikes. The PIN, “Health Center Budgeting and Accounting Requirements” is available on the Internet at <http://bphc.hrsa.gov/policiesregulations/policies/pin201301.html>.

Background: HHS’ Health Resources and Services Administration (HRSA) provides grants to eligible health centers under section 330 of the Public Health Service Act to support the delivery of preventive and primary care services to medically underserved communities and vulnerable populations. In 2012, grants helped fund more than 1,200 health center grantees that provided services at nearly 9,000 health care delivery sites and served more than 21 million people. There are also over 100 Look-Alikes. Look-Alikes, as described in section 1861(aa)(4) and section 1905(l)(2)(B) of the Social Security Act, do not receive federal funding under section 330 of the PHS Act; however, to receive the Look-Alike designation and benefits, Look-Alikes must meet the statutory, regulatory, and policy requirements for health centers programs under section 330.

Under 45 CFR Part 74, a key requirement of the Health Center Program is for a health center to establish a budget that reflects the cost of operations, expenses, and revenues necessary to accomplish the service delivery plan. All section 330-funded health centers and Look-Alikes must prepare a budget that meets these requirements. The purpose of this PIN is to provide clarification regarding budgeting and accounting requirements

for health centers to ensure transparency and accountability.

In addition to making the final PIN available on HRSA’s Web site, HRSA is also making available a section of this PIN for public comment. HRSA will review and analyze all comments on this section and issue final PIN. When finalized, this section of the PIN will supersede all other previous Health Center Program guidance and policy issued on this program requirement.

FOR FURTHER INFORMATION CONTACT: For questions regarding this notice, please contact the Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, at OPPDudgetPIN@hrsa.gov.

Dated: July 2, 2013.

Mary K. Wakefield,

Administrator.

[FR Doc. 2013-16505 Filed 7-9-13; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: National Advisory Council on Migrant Health.

Dates and Times: August 19, 2013, 8:30 a.m. to 4:30 p.m. August 20, 2013, 8:00 a.m. to 5:00 p.m.

Place: Health Resources and Services Administration, 5600 Fishers Lane, Room 14-72, Rockville, Maryland 20857, Telephone: 301-594-0367, Fax: 301-443-9477.

Status: The meeting will be open to the public.

Purpose: The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal agricultural workers and their families and to formulate recommendations for the Secretary of Health and Human Services.

Agenda: The agenda includes an overview of the Council’s general business activities. The Council will also hear presentations from experts on agricultural worker issues, including the status of agricultural worker health at the local and national levels.

In addition, the council will be holding a public hearing at which migrant agricultural workers will have the opportunity to testify before the Council regarding matters that affect the health of migrant agricultural workers. The hearing is scheduled for Monday, August 19, from 1:30 p.m. to 4:30 p.m., at the Health Resources and Services Administration.

Agenda items are subject to change as priorities indicate.

FOR FURTHER INFORMATION

CONTACT: Gladys Cate, Office of National Assistance and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Room 6-41, Maryland 20857; telephone (301) 594-0367.

Dated: July 3, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-16558 Filed 7-9-13; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission of Childhood Vaccines; Request for Nominations for Voting Members

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill three vacancies on the Advisory Commission on Childhood Vaccines (ACCV). The ACCV was established by Title XXI of the Public Health Service Act (the Act), as enacted by Public Law (Pub. L.) 99-660 and as subsequently amended, and advises the Secretary of Health and Human Services (the Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP).

DATES: The agency must receive nominations on or before August 9, 2013.

ADDRESSES: All nominations are to be submitted to the Director, Division of Vaccine Injury Compensation, Healthcare Systems Bureau (HSB), HRSA, Parklawn Building, Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Ms. Annie Herzog, Principal Staff Liaison, Division of Vaccine Injury Compensation, HSB, HRSA, at (301) 443-6634 or email: aherzog@hrsa.gov.

SUPPLEMENTARY INFORMATION: Under the authorities that established the ACCV, the Federal Advisory Committee Act of October 6, 1972 (Pub. L. 92-463) and section 2119 of the Act, 42 U.S.C. 300aa-19, as added by Public Law 99-660 and amended, HRSA is requesting nominations for three voting members of the ACCV.