

the Director of the National Vaccine Program on matters related to program responsibilities. The Assistant Secretary for Health (ASH) has been designated by the Secretary of Health and Human Services (HHS) as the Director of the National Vaccine Program. The ASH has charged the NVAC with examining the current adult immunization environment by updating adult immunization standards of practice with the intention of ultimately impacting Healthy People 2020 goals. A review group was established to address this charge on behalf of the NVAC. Through discussion and careful review, the group has developed draft recommendations for consideration by the NVAC to achieve this charge. It is anticipated that the draft report, as revised with consideration given to public comment and stakeholder input, will be presented in at the NVAC at the September 2013 meeting for deliberation and decision on their final recommendation. The draft report will be made available for public review and written comment.

DATES: To receive consideration, comments should be received no later than 5:00 p.m. EST on August 16, 2013.

ADDRESSES:

1. The draft report is available on the web at: <http://www.hhs.gov/nvpo/nvac/>

2. Electronic responses are preferred and may be addressed to nvpo@hhs.gov

3. Written responses should be addressed to: National Vaccine Program Office, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Room 745.H.5, Washington, DC 20201, Attention: Adult Immunization Standards, c/o Shary Jones.

FOR FURTHER INFORMATION CONTACT:

Shary Jones, PharmD, MPH, National Vaccine Program Office, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. SW., Room 745H.5, Washington, DC 20201, Attention: National Adult Immunization Standards, telephone (202) 205-4862, fax (202) 260-1165, email: nvpo@hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

August is National Immunization Awareness Month and while the United States has made significant progress toward eliminating vaccine-preventable diseases among children, unacceptably low immunization rates still exist among many adults. Many adults are aware of annual influenza vaccination, but fewer are aware of other recommended adult vaccines.

Additionally, there are many types of immunization providers and sites, as well as many missed opportunities occurring to assess patient vaccination needs. An updated version of the National Adult Immunization Standards provides a framework with the purpose of collaboration, coordination, and communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine preventable diseases.

II. Request for Comment

NVPO, on behalf of the NVAC, requests input on the draft report located on the NVAC Web site at <http://www.hhs.gov/nvpo/nvac/>. In addition to general comments, NVPO is seeking input on additional gaps not addressed in the National Adult Immunization Standards of Practice draft report, and/or prioritization criteria and its application. Please limit comments to 6 pages.

III. Potential Responders

The Department of Health and Human Services invites input from a broad range of individuals and organizations that have interests in adult immunizations and ways to increase vaccine coverage in adults. Examples of potential responders include, but are not limited to the following:

- general public;
- advocacy groups and public interest organizations;
- state and local governments;
- state and local health departments;
- healthcare professional societies and organizations;
- healthcare organizations.

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. All comments submitted will be publicly available. Anonymous submissions will not be considered and will not be posted.

Written submission should not exceed 6 pages. Any information submitted will be made public. Consequently, do not send proprietary, commercial, financial, business, confidential, trade secret, or personal information that you do not wish to be made public.

Dated: July 24, 2013.

Bruce Gellin,

Director, National Vaccine Program Office.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation; Advisory Council on Alzheimer's Research, Care, and Services

AGENCY: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

ACTION: Request for nominations.

SUMMARY: HHS is soliciting nominations for six non-Federal members of the Advisory Council on Alzheimer's Research, Care, and Services. The six positions are for each of the following categories, as specified in the National Alzheimer's Project Act: Alzheimer's patient advocate, Alzheimer's caregiver, health care provider, representative of state health department, researcher with Alzheimer's-related expertise, and voluntary health association representative. Nominations should include the nominee's contact information (current mailing address, email address, and telephone number) and current curriculum vitae or resume.

DATES: Submit nominations by email or FedEx or UPS before COB on August 16, 2013.

ADDRESSES: Nominations should be sent to Helen Lamont at helen.lamont@hhs.gov; Helen Lamont, Ph.D., Office of the Assistant Secretary for Planning and Evaluation, Room 424E, Humphrey Building, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Helen Lamont (202) 690-7996, helen.lamont@hhs.gov.

SUPPLEMENTARY INFORMATION: The Advisory Council on Alzheimer's Research, Care, and Services meets quarterly to discuss programs that impact people with Alzheimer's disease and related dementias and their caregivers. The Advisory Council makes recommendations about ways to reduce the financial impact of Alzheimer's disease and related dementias and to improve the health outcomes of people with these conditions. The Advisory Council provides feedback on the National Plan to Address Alzheimer's Disease. On an annual basis, the Advisory Council shall evaluate the implementation of the recommendations through an updated national plan.

The Advisory Council consists of designees from Federal agencies including the Centers for Disease

Control and Prevention, Administration on Aging, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Director of the National Institutes of Health, National Science Foundation, Department of Veterans Affairs, Food and Drug Administration, Agency for Healthcare Research and Quality, and the Surgeon General. The Advisory Council also consists of 13 non-federal members selected by the Secretary who are Alzheimer's patient advocates (2), Alzheimer's caregivers (2), health care providers (2), representatives of State health departments (2), researchers with Alzheimer's-related expertise in basic, translational, clinical, or drug development science (2), voluntary health association representatives (2), and a person with a diagnosis of Alzheimer's disease or a related dementia. Members serve as Special Government Employees.

Donald B. Moulds,

Acting Assistant Secretary for Planning and Evaluation.

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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: The Teaching Health Center Graduate Medical Education (THCGME) Program Eligible Resident/Full-Time Equivalent (FTE) Chart.

OMB No. 0915-xxxx NEW.
Abstract: The THCGME Program Eligible Resident/FTE Chart published in the THCGME Funding Opportunity Announcements (FOAs) is a means for determining the number of eligible residents/FTEs in an applicant's primary care residency program. The chart requires applicants to provide data related to the size and/or growth of the residency program over previous academic years, the number of residents enrolled in the program during the baseline academic year, and a projection of the program's proposed expansion over the next four academic years.

Need and Proposed Use of the Information: The THCGME Program Eligible Resident/FTE Chart published in the THCGME FOAs is a means for

determining the number of eligible residents/FTEs in an applicant's primary care residency program. The chart requires applicants to provide data related to the size and/or growth of the residency program over previous academic years, the number of residents enrolled in the program during the baseline academic year, and a projection of the program's proposed expansion over the next four academic years. It is imperative that applicants complete this chart and provide evidence of a planned expansion, as per the statute, THCGME program funding may only be used to support residents in new approved graduate medical residency training programs or an expanded number of residents in existing residency training programs (Section 340H(a) of the Public Health Service Act). Utilization of a chart to gather this important information has decreased the number of errors in the eligibility review process resulting in a more accurate review and funding process. Likely Respondents: The likely respondents are applicants for the THCGME Program.

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 |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Teaching Health Center GME program Eligible Resident FTE Chart | 25 | 1 | 25 | .5 | 12.5 |
| Total | 25 | 1 | 25 | .5 | 12.5 |

Dated: July 26, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

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