percent; Hba1c greater than or equal to 8 percent and less than or equal to 9 percent; and Hba1c greater than 9 percent. Health centers will report one category, Hba1c greater than 9 percent.

Likely Respondents: The respondents will be HRSA BPHC Health Center Program grantees and look-alikes.

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 Information Collection Request 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
Universal Report	1,302	1	1302	82	106,764
Grant Report	499	1	499	18	8,982
Total	1,801	.....	.....	.....	115,746

HRSA specifically requests comments on (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.

Dated: August 1, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18736 Filed 8–7–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Discretionary Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, codified at 5 U.S.C. App.), notice is hereby given of the following meeting:

Name: Discretionary Advisory Committee on Heritable Disorders in Newborns and Children

Dates and Times: September 11, 2014, 9:30 a.m. to 4:30 p.m.

September 12, 2014, 9:00 a.m. to 3:00 p.m.

Place: Webinar and In-Person, National Institute of Health, Natcher Conference Center (Building 45), 9000 Rockville Pike, Bethesda, MD 20892.

Status: The meeting will be open to the public with attendance limited to space availability. Participants also have the option of viewing the meeting via webinar. Whether attending in-person or via webinar, all participants must register for the meeting at *https://www.blsmeetings.net/ACHDNCSeptember2014/.* The registration deadline is Thursday, August 28, 2014, 11:59 p.m. Eastern Time. If there are technical problems gaining access to the Web site, please contact Anthony Rodell, Director of Client Relations, at *arodell@SeamonCorporation.com.*

Purpose: The Discretionary Advisory Committee on Heritable Disorders in Newborns and Children (Committee), as authorized by Public Health Service Act (PHS), 42 U.S.C. 217a: Advisory councils or committees, was established to advise the Secretary of the Department of Health and Human Services about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, the Committee's recommendations regarding additional conditions/inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel and constitute part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg–13, non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (i.e., policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

Agenda: The meeting will include: (1) Presentations from the Newborn Screening Translational Research Network and the Region 4 Genetics Collaborative on long-term follow up activities as they relate to newborn screening; (2) an update on the Mucopolysaccharidosis 1 (MPS–1) condition review; (3) presentations and discussion on national activities addressing timeliness of newborn screening; (4) a presentation on the Region 4 Stork (R4S) database that facilitates the clinical validation of cutoff target ranges for metabolic disorders by tandem mass spectrometry; (5) a presentation of the National Committee on Vital and Health Statistics' recommendations regarding the adoption of electronic standards for public health information exchanges; (6) a presentation on the Clinical Laboratory Improvement Amendments (CLIA) Program and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule—Patients' Access to Test Reports; and (7) updates from the Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training subcommittees. Tentatively, the Committee is expected to review and/or vote on recommendations to the Secretary regarding educational activities that emphasize succinylacetone as the best marker for Tyrosinemia Type I screening, a condition on the Recommended Uniform Screening Panel (RUSP). This tentative vote does not involve any proposed addition of a condition to the RUSP.

Agenda items are subject to change as necessary or appropriate. The agenda, webinar information, Committee Roster,

Charter, presentations, and other meeting materials are located on the Advisory Committee's Web site at *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.*

Public Comments: Members of the public may present oral comments and/or submit written comments. Comments are part of the official Committee record. The public comment period is tentatively scheduled for September 11, 2014. Advance registration is required to present oral comments and/or submit written comments at *https://www.blsmeetings.net/ACHDNCSeptember2014/.* The registration deadline is Thursday, August 28, 2014, 11:59 p.m. Eastern Time. Written comments must be received by the deadline in order to be included in the September meeting briefing book. Written comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (i.e., parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted. For additional information or questions on public comments, please contact Lisa Vasquez, Maternal and Child Health Bureau, Health Resources and Services Administration; email: *lvasquez@hrsa.gov.*

For More Information Contact: Anyone interested in obtaining other relevant information should contact Debi Sarkar, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; email: *dsarkar@hrsa.gov.*

More information on the Advisory Committee is available at *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.*

Dated: August 1, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18737 Filed 8–7–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Committee on Rural Health and Human Services; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of September 2014.

The National Advisory Committee on Rural Health and Human Services will convene its seventy sixth meeting in the time and place specified below:

Name: National Advisory Committee on Rural Health and Human Services.

Dates and Time: September 24, 2014, 8:45 a.m.–5:00 p.m. September 25, 2014, 8:30 a.m.–5:30 p.m. September 26, 2014, 8:30 a.m.–11:00 a.m.

Place: Avera eHelm, 4500 N Lewis Ave, Sioux Falls, SD 57104, (605) 322–4669.

Status: The meeting will be open to the public.

Purpose: The National Advisory Committee on Rural Health and Human Services provides counsel and recommendations to the Secretary with respect to the delivery, research, development, and administration of health and human services in rural areas.

Agenda: Wednesday morning, at 8:45 a.m., the meeting will be called to order by the Chairperson of the Committee: The Honorable Ronnie Musgrove. The Committee will assess how telehealth coverage opportunities in rural areas are affected by the Affordable Care Act. The Committee will also examine the issue of rural domestic violence. The day will conclude with a period of public comment at approximately 4:45 p.m.

Thursday morning at approximately 8:30 a.m., the Committee will break into Subcommittees and depart for site visits to health care and human services providers in South Dakota and Minnesota. Subcommittees will visit the Pipestone County Medical Center and the Good Samaritan Society in Pipestone, Minnesota, and the Horizon Health Clinic in Howard, South Dakota. The day will conclude at the Avera eHelm with a period of public comment at approximately 5:15 p.m.

Friday morning at 8:30 a.m., the Committee will meet to summarize key findings and develop a work plan for the next quarter and the following meeting.

FOR FURTHER INFORMATION CONTACT: Steve Hirsch, MSLS, Executive Secretary, National Advisory Committee on Rural Health and Human Services, Health Resources and Services Administration, Parklawn Building, 17W29–C, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–0835, or fax (301) 443–2803.

Persons interested in attending any portion of the meeting should contact Catherine Fontenot at the Office of Rural Health Policy (ORHP) via telephone at (301) 945–0897or by email at *cfontenot@hrsa.gov.* The Committee meeting agenda will be posted on the Committee's Web site at *http://www.hrsa.gov/advisorycommittees/rural/.*

Dated: August 1, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18735 Filed 8–7–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request

The Social Security Administration (SSA)—National Institutes of Health (NIH) Collaboration to Improve the Disability Determination Process: Calibration II, Predictive Validity Testing & Validation of Item Response Theory-Computer Adaptive Testing Tools (IRT–CAT) (CC)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on April 22, 2014, page 22507 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The Clinical Center, National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office