

the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Medicare Rural Hospital Flexibility Grant Program Performance OMB No. 0915-0363-Rev.

Abstract: The Medicare Rural Hospital Flexibility Program (Flex) is authorized by Section 1820 of the Social Security Act (42 U.S.C. 1395i-4), as amended. The purpose of Flex is engaging state designated entities in activities relating to planning and implementing rural health care plans and networks; designating facilities as Critical Access Hospitals (CAHs); providing support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS).

Specifically, the Flex program provides funding for states to support technical assistance activities in hospitals to improve the quality of health care provided by CAHs; improve the financial and operational outcomes of CAHs; improve the Community Health and Emergency Medical Service (EMS) Needs of CAHs; enhance the health of rural communities through

community/population health improvement; improve identification and management of Time Critical Diagnoses (TCD) and engage EMS capacity and performance in Rural Communities; assist in the conversion of qualified small rural hospitals to CAH status; and support the financial and operational transition to value based models and health care transformation models in the health care system. State designated Flex Programs will act as a resource and focal point for these activities, ensuring residents in rural communities have access to high quality health care services. Measures and goals identified in the Flex program take into consideration existing measures and priorities HHS has set for hospitals, to avoid both conflict and duplication of efforts.

Need and Proposed Use of the Information: For this program, performance measures were drafted to provide data useful to the Flex program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act (GPRA) of 2010. These measures cover principal topic areas of interest to the Federal Office of Rural Health Policy (FORHP), including: (a) Quality reporting; (b) quality improvement interventions; (c) financial and operational improvement initiatives; (d) population health management; and (e) innovative care models. Several measures will be used

for this program and will inform FORHP's progress toward meeting the goals set in GPRA. Furthermore, obtaining this information is important for identifying and understanding programmatic improvement across program areas, as well as guiding future iterations of the Flex Program and prioritizing areas of need and support.

Likely Respondents: Respondents will be the Flex Program coordinator for each state participating in the Flex Program. There are currently 45 states participating in the Flex 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 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
Medicare Rural Hospital Flexibility Grant Program	45	1	45	216	9,720
Total	45	1	45	216	9,720

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.

Jackie Painter,

Director, Division of the Executive Secretariat.
[FR Doc. 2015-12700 Filed 5-26-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration

Advisory Committee on Interdisciplinary, Community-Based Linkages; 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: Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

Dates and Times: June 17, 2015 (9:30 a.m.–4:30 p.m.).

Place: Webinar/Conference Call Format.

Status: The meeting will be open to the public.

Purpose: The ACICBL provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary) concerning policy, program development, and other matters of significance related to interdisciplinary, community-based training grant programs authorized under sections 750-759, title VII, part D of the Public Health Service Act, as amended by the Affordable Care Act. The following sections are included under this part: 751—Area Health Education Centers; 752—Continuing Education Support for Health Professionals Serving in Underserved Communities; 753—Geriatrics Workforce Enhancement; 754—Quentin N. Burdick Program for Rural Interdisciplinary Training; 755—Allied Health and Other Disciplines; 756—Mental and Behavioral Health Education and Training, and 759—Program for Education and Training in Pain Care.

Agenda: The Committee members will continue to discuss the content of the ACICBL 15th Annual Report to the Secretary of Health and Human Services and Congress and finalize programmatic recommendations including recommendations on performance measures and appropriation levels for programs under title VII, part D in the following programmatic areas: Area Health Education Centers; Geriatrics, Rural Health; Allied Health; Chiropractic; Podiatric Medicine; Graduate Psychology; Social Work; and Pain Care.

The official agenda will be available 2 days prior to the meeting on the HRSA Web site at: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/index.html>. Agenda items are subject to change as priorities dictate.

Public Comment: Requests to make oral comments or provide written comments to the ACICBL should be sent to Dr. Joan Weiss, Designated Federal Official, using the address and phone number below. Individuals who plan to participate on the conference call or webinar should notify Dr. Weiss at least 3 days prior to the meeting, using the address and phone number below. Members of the public will have the opportunity to provide comments. Interested parties should refer to the meeting subject as the HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages. The conference call-in number is 1-888-323-2718. The passcode is: 5945760. The webinar link is: <https://hrsa.connectsolutions.com/acicbl/>.

For Further Information Contact: Anyone requesting information regarding the ACICBL should contact Dr. Joan Weiss, Designated Federal Official within the Bureau of Health Workforce, Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Dr. Joan Weiss, Designated Federal Official, Bureau of Health Workforce, Health Resources and Services Administration, Parklawn Building, Room 12C-05, 5600 Fishers Lane, Rockville, Maryland 20857; (2) call (301) 443-0430; or (3) send an email to jweiss@hrsa.gov.

Jackie Painter,

Director, Division of the Executive Secretariat.
[FR Doc. 2015-12717 Filed 5-26-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 for members of the Advisory Council on Alzheimer's Research, Care, and Services.

SUMMARY: The National Alzheimer's Project Act, Public Law 111-375 (42

U.S.C. 11225), requires that the Secretary of Health and Human Services (HHS) establish the Advisory Council on Alzheimer's Research, Care, and Services. The Advisory Council is governed by provisions of Public Law 92-463 (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees. The Secretary of HHS established the Advisory Council to provide advice and consultation to the Secretary on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. The Secretary signed the charter establishing the Advisory Council on May 23, 2011.

HHS is soliciting nominations for seven (7) new non-Federal members of the Advisory Council, one for each category of membership, to replace the seven members whose terms will end September 30th, 2015. 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 USPS mail before COB on June 12, 2015.

ADDRESSES: Nominations should be sent to Rohini Khillan at rohini.khillan@hhs.gov; Rohini Khillan, 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.

Comments

FOR FURTHER INFORMATION CONTACT: Rohini Khillan (202) 690-5932, rohini.khillan@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 to Congress and the Secretary of Health and Human Services 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 also provides feedback on a National Plan for Alzheimer's disease. On an annual basis, the Advisory Council evaluates the implementation of the recommendations through an updated national plan.

The Advisory Council consists of at least 25 members. Twelve members will be 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 fall into 7 categories: 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 member who is currently living with the disease (1).

At this time, the Secretary shall appoint one member for each category, to replace the seven members whose terms will end on September 30th, 2015, for a total of seven (7) new members to the Council. After receiving nominations the Secretary, with input from her staff, will make the final decision, and the new members will be announced soon after. Members shall be invited to serve 4-year terms, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. Members will serve as Special Government Employees.

Dated: May 15th, 2015.

Richard G. Frank,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 2015-12780 Filed 5-26-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Comments on the Office of the Assistant Secretary for Preparedness and Response Public Access Plan to Federally Funded Research: Publications and Data

AGENCY: Department of Health and Human Services.

ACTION: Notice of public comment period.

SUMMARY: The Department of Health and Human Services (HHS) is hereby requesting public comment on the Assistant Secretary for Preparedness and Response (ASPR) Public Access Plan for Federally Funded Research: