

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

| Type of respondent | Form name | Number of respondents | Number responses per respondent | Average burden per response (in hours) | Total burden hours |
|--|--------------------|-----------------------|---------------------------------|--|--------------------|
| Community Advisory Group Members | Attachment A | 40 | 1 | 1 | 40 |
| Total | | 390 | | | 465 |

OS 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.

Darius Taylor,
Information Collection Clearance Officer.
 [FR Doc. 2016-08975 Filed 4-18-16; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting; Privacy, Security & Confidentiality Subcommittee

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Privacy, Confidentiality & Security.

Time and Date: May 24, 2016, 9:00 a.m.–5:30 p.m. EST; May 25, 2016, 9:00 a.m.–5:15 p.m. EST.

Place: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Room 705A, Washington, DC 20201, (202) 690-7100.

Status: Open.

Purpose: HIPAA sets forth methodologies for de-identifying protected health information (PHI). Once PHI is de-identified, it is no longer subject to the HIPAA rules and can be used for any purpose. The U.S. Department of Health and Human Services (HHS) Services Office for Civil Rights (OCR) issued guidance in 2012, specifying two ways through which a covered entity can determine that health information is de-identified: (1) The Expert Determination Method and (2) the Safe Harbor Method. Much has changed in the health care landscape since that

time, including greater availability and use of “big data.” Concerns have been raised about the sufficiency of the HIPAA de-identification methodologies, the lack of oversight for unauthorized re-identification of de-identified data, and the absence of public transparency about the uses of de-identified data. The purpose of this hearing is to gather industry input on existing guidance and possible limitations of the de-identification methodologies for making recommendations to the Secretary of HHS.

The objectives of this meeting are as follows:

- Increase awareness of current and anticipated practices involving protected health information, such as the sale of information to data brokers and other data-mining companies for marketing and/or risk mitigation activities;
- Understand HIPAA's de-identification requirements in light of these practices, and
- Identify areas where outreach, education, technical assistance, a policy change, or guidance may be useful.

Contact Person for More Information: Rebecca Hines, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458-4715 or Rachel Seeger, OS/OCR, Room 443D, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201, Phone: (202) 260-7106. Program information as well as summaries of meetings and a roster of committee members are available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on 770-488-3204 as soon as possible.

Dated: April 12, 2016.

James Scanlon,
Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OMB # 0990-0424-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Assistant Secretary for Health, Office of Adolescent Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for revision of the approved information collection assigned OMB control number 0990-0424, which expires on January 31, 2019. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR. Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before June 20, 2016.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the

document identifier OMB # 0990-0424-60D for reference.

Information Collection Request Title: Positive Adolescent Futures (PAF) Study

Abstract: The Office of Adolescent Health (OAH), U.S. Department of Health and Human Services (HHS) is requesting approval by OMB on a revised data collection. The Positive Adolescent Futures (PAF) Study will provide information about program design, implementation, and impacts through a rigorous assessment of program impacts and implementation of two programs designed to support expectant and parenting teens. These programs are located in Houston, Texas and throughout the state of California. This revised information collection request includes the 24-month follow-

up survey instrument related to the impact study. The data collected from this instrument in the two study sites will provide a detailed understanding of program impacts about two years after youth are enrolled in the study and first have access to the programming offered by each site.

Need and Proposed Use of the Information: The data will serve two main purposes. First, the data will be used to determine program effectiveness by comparing outcomes on repeat pregnancies, sexual risk behaviors, health and well-being, and parenting behaviors between treatment (program) and control youth. Second, the data will be used to understand whether the programs are more effective for some youth than others. The findings from these analyses of program impacts will

be of interest to the general public, to policymakers, and to organizations interested in supporting expectant and parenting teens.

Likely Respondents: The 24-month follow-up survey data will be collected through a web-based survey or through telephone interviews with study participants; *i.e.* adolescents randomly assigned to a program for expectant and parenting teens being tested for program effectiveness, or to a control group. The mode of survey administration will primarily be based on the preference of the study participants. The survey will be completed by 1,515 respondents across the two study sites. Clearance is requested for three years.

The total annual burden hours estimated for this ICR are summarized in the table below.

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|--|-----------------------|------------------------------------|--|--------------------|
| 24-month follow-up survey of impact study participants | 505 | 1 | .5 | 252.5 |
| Total | | | | 252.5 |

OS 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.

Darius Taylor,

Information Collection Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Epidemiology and Disease Prevention; Epidemiology Program for American Indian/Alaska Native Tribes and Urban Indian Communities

Announcement Type: Competing Continuation

Funding Announcement Number: HHS-2016-IHS-EPI-0001

Catalog of Federal Domestic Assistance Number: 93.231

Key Dates

Application Deadline Date: June 21, 2016

Review Date: July 11-15, 2016

Earliest Anticipated Start Date:

September 15, 2016

Signed Tribal Resolutions Due Date: June 21, 2016

Proof of Non-Profit Status Due Date: June 21, 2016

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive cooperative agreement applications for Tribal Epidemiology Centers serving American Indian/Alaska Native (AI/AN) Tribes and urban Indian communities. This program is managed by the IHS Division of Epidemiology and Disease Prevention (DEDP). This program is authorized by the Indian Health Care Improvement Act (IHCA), as amended, 25 U.S.C. 1621m, the Snyder Act, 25 U.S.C. 13, and described in the Catalog of Federal Domestic Assistance (CFDA) under 93.231.

Background

The Tribal Epidemiology Center (TEC) program was authorized by Congress in 1998 as a way to provide public health support to multiple Tribes and urban Indian communities in each of the IHS

Areas. The funding opportunity announcement is open to eligible Tribes, Tribal organizations, Indian organizations, intertribal consortia, and urban Indian organizations, including currently funded TECs.

TECs are uniquely positioned within Tribes, Tribal and urban Indian organizations to conduct disease surveillance, research, prevention and control of disease, injury, or disability, and to assess the effectiveness of AI/AN public health programs. In addition, they can fill gaps in data needed for Government Performance and Results Act and Healthy People 2020 measures. Some of the existing TECs have already developed innovative strategies to monitor the health status of Tribes and urban Indian communities, including development of Tribal health registries and use of sophisticated record linkage computer software to correct existing state data sets for racial misclassification. TECs work in partnership with IHS DEDP to provide a more accurate national picture of Indian health status.

TECs provide critical support for activities that promote Tribal self-governance and effective management of Tribal and urban Indian health programs. Data generated locally and analyzed by TECs enable Tribes and urban Indian communities to effectively