

3. *Accountability, Enforcement and Oversight*

- Please share your experiences in establishing accountability, enforcement and oversight with regard to both trust and interoperability.

- What suggestions do you have for ONC for establishing governance in this area? Examples of specific issues include:

- How should organizations be vetted for participation?

- How should the exchange of information be monitored for appropriateness in a large volume/ distributed environment?

- How should information be provided to a consumer regarding who accessed his/her information?

- How should consumer complaints be investigated?

- How should “bad actors” be disciplined?

Panel 4: Existing Governance Authorities

1. Please describe the scope and jurisdiction of your authority/ authorities, with particular reference to areas that are/may be related to the exchange of health information over a network.

2. Please describe how your authorities are implemented.

3. Please offer suggestions to the Office of the National Coordinator for developing, implementing and coordinating governance.

Persons attending ONC’s advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://healthit.hhs.gov> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App. 2).

Dated: September 13, 2010.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the Agency; (b) the accuracy of the Agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and

clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: HRSA AIDS Drug Assistance Program Quarterly Report—(OMB No. 0915–0294)—Extension

HRSA’s AIDS Drug Assistance Program (ADAP) is funded through Part B of Title XXVI of the Public Health Service Act, the Ryan White HIV/AIDS Program, which provides grants to States and Territories. The ADAP provides medications for the treatment of HIV disease. Program funds may also be used to purchase health insurance for eligible clients or for services that enhance access, adherence, and monitoring of drug treatments.

Each of the 50 States, the District of Columbia, Puerto Rico, and several Territories receive ADAP grants. As part of the funding requirements, ADAP grantees submit quarterly reports that include information on patients served, pharmaceuticals prescribed, pricing, and other sources of support to provide AIDS medication treatment, eligibility requirements, cost data, and coordination with Medicaid. Each quarterly report requests updates from programs on number of patients served, type of pharmaceuticals prescribed, and prices paid to provide medication. The first quarterly report of each ADAP fiscal year (due in July of each year) also requests information that only changes annually (e.g., State funding, drug formulary, eligibility criteria for enrollment, and cost-saving strategies including coordinating with Medicaid).

The quarterly report represents the best method for HRSA to determine how ADAP grants are being expended and to provide answers to requests from Congress and other organizations.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
1st Quarterly Report	57	1	57	3	171
2nd, 3rd, & 4th Quarterly Reports	57	3	171	1.5	256.5
Total	57	228	427.5

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 14, 2010.

Sahira Rafiullah,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010–23417 Filed 9–17–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information shall have practical utility; (b) the accuracy of the Agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Ryan White HIV/AIDS Program: Client-Level Data Reporting System: (OMB No. 0915–0323)—Extension

The Ryan White HIV/AIDS Program’s client-level data reporting system, the Ryan White HIV/AIDS Program Services Report or Ryan White Services Report (RSR), created in 2008 by HRSA, is designed to collect information from grantees, as well as their subcontracted service providers, funded under Parts A, B, C, and D, and the Part F Minority AIDS Initiative of the Title XXVI of the Public Health Service Act (Ryan White HIV/AIDS Program). The Ryan White HIV/AIDS Program provides the programs with the flexibility to respond effectively to the changing HIV epidemic. Its emphasis is on providing life-saving and life-extending services for people living with HIV/AIDS across the country, and on targeting resources to areas that have the greatest needs.

All parts of the Ryan White HIV/AIDS Program specify HRSA’s responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quality of care. Accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities.

The RSR provides data on the characteristics of Ryan White HIV/AIDS Program-funded grantees, their contracted service providers, and the clients being served with program funds. The reporting system consists of two online data forms: the Grantee Report, completed by all grantees, and the Service Provider Report, completed by all subcontracted service providers. Each provider that delivers direct client services also submits a data file

containing one de-identified record for each client that received a Ryan White-funded service during the year. The client record contains information on demographic status, HIV medical and support services received, and HIV clinical information.

The RSR provides the grantees with the requisite information to assess quality of care and unmet need, and the ability to more accurately and efficiently report these figures to HRSA and other funding agencies than is possible with an aggregate data reporting system. In addition, HRSA will be able to perform detailed analyses and to characterize accurately the number of clients served by the Ryan White HIV/AIDS Program and the outcomes of the program services on a national scale. Because grantees associate a unique client identifier that is encrypted before transfer to each client record, HRSA is able to link data for clients across Ryan White HIV/AIDS Program-funded grantees and their subcontracted service providers.

With an increased emphasis on grantee accountability and linking performance to budget, the RSR will be used to ensure compliance with the requirements of the legislation; to evaluate the progress of programs; to monitor grantee and provider performance; to measure the Government Performance and Result Act (GPRA) and the Performance Assessment Rating Tool (PART) goals; and to meet reporting responsibilities to the Department, Congress, and OMB. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected through the RSR is critical for HRSA, State and local grantees, and individual providers. Through the RSR, these groups will assess the status of existing HIV-related service delivery systems, investigate trends in service utilization, and identify areas of greatest need.

The response burden for grantees is estimated as:

Component	Source of funding	Number of respondents	Responses per grantee	Hours per response	Total hour burden
Grantee Report	Part A	56	1	1.02	57
	Part B	59	1	1.50	89
	Part C	354	1	0.32	113
	Part D	98	1	0.33	32
	Part A MAI	56	1	1.02	57
	Part B MAI	30	1	2.00	60
	Subtotal		653