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Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2012-9323 Filed 4-17-12; 8:45 am]

BILLING CODE 4150-36-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Standards Committee; Schedule for the Assessment of HIT Policy Committee Recommendations

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: Section 3003(b)(3) of the American Recovery and Reinvestment Act of 2009 mandates that the HIT Standards Committee develop a schedule for the assessment of policy recommendations developed by the HIT Policy Committee and publish it in the **Federal Register**. This notice fulfills the requirements of Section 3003(b)(3) and updates the schedule posted in the **Federal Register** on May 4, 2011. In anticipation of receiving recommendations originally developed by the HIT Policy Committee, the HIT Standards Committee has created four (4) workgroups to analyze the areas of clinical quality, clinical operations, implementation, and privacy and security. Other groups are convened to address specific issues as needed, such as the Nationwide Health Information Network Power Team, the Consumer/Patient Engagement Power Team, and the Vocabulary Task Force.

HIT Standards Committee's Schedule for the Assessment of HIT Policy Committee Recommendations is as follows:

The National Coordinator will establish priority areas based in part on recommendations received from the HIT Policy Committee regarding health information technology standards, implementation specifications, and/or certification criteria. Once the HIT Standards Committee is informed of those priority areas, it will:

(A) Direct the appropriate workgroup or other special group to develop a report for the HIT Standards Committee, to the extent possible, within 90 days, which will include, among other items, the following:

(1) An assessment of what standards, implementation specifications, and certification criteria are currently available to meet the priority area;

(2) an assessment of where gaps exist (*i.e.*, no standard is available or harmonization is required because more

than one standard exists) and identify potential organizations that have the capability to address those gaps; and

(3) a timeline, which may also account for NIST testing, where appropriate, and include dates when the HIT Standards Committee is expected to issue recommendation(s) to the National Coordinator.

(B) Upon receipt of a report from a workgroup or other special group, the HIT Standards Committee will:

(1) Accept the timeline provided by the subcommittee, and, if necessary, revise it; and

(2) Assign subcommittee(s) to conduct research and solicit testimony, where appropriate, and issue recommendations to the full committee in a timely manner.

(C) Advise the National Coordinator, consistent with the accepted timeline in (B)(1) and after NIST testing, where appropriate, on standards, implementation specifications, and/or certification criteria, for the National Coordinator's review and determination whether or not to endorse the recommendations, and possible adoption of the proposed recommendations by the Secretary of the Department of Health and Human Services.

The standards and related topics which the HIT Standards Committee is expected to address over the coming year include, but may not be limited to: Quality measurement; the extended portfolio of standards for the nationwide health information network; distributed queries and results; radiology; consumer-mediated information exchange; public health; data portability; and a process for the maintenance of standards.

For a listing of upcoming HIT Standards Committee meetings, please visit the ONC web site at <http://healthit.hhs.gov>.

Notice of this schedule is given under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), section 3003.

Dated: April 11, 2012.

MacKenzie Robertson,

FACA Program Manager, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2012-9251 Filed 4-17-12; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions, and Delegations of Authority; Administration for Community Living

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services establishes the Administration for Community Living in order to achieve several important objectives: reduce the fragmentation that currently exists in Federal programs addressing the community living service and support needs of both the aging and disability populations; enhance access to quality health care and long-term services and supports for all individuals; promote consistency in community living policy across other areas of the Federal government; and complement the community infrastructure, as supported by both Medicaid and other Federal programs, in order to better respond to the full spectrum of needs of seniors and persons with disabilities.

FOR FURTHER INFORMATION CONTACT: Dan Berger, Administration for Community Living, 1 Massachusetts Avenue NW., Washington, DC 20201, 202-357-3419

SUPPLEMENTARY INFORMATION: This notice amends Part B of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), Administration on Aging, as last amended at 75 FR 18219-18228, dated April 9, 2010, and 76 FR 5178, dated January 28, 2011; Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, Administration for Children and Families, at Chapter K, Administration on Children and Families, as last amended at 75 FR 60471-60473, dated September 30, 2010, and at Chapter KC, Administration on Developmental Disabilities, as last amended at 76 FR 72418-72420, dated November 23, 2011; Part A of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, Office of the Secretary, Immediate Office of the Secretary, at Chapter AA, Immediate Office of the Secretary, as last amended at 76 FR 42710-11, dated July 19, 2011, and at Chapter AAC, Office on Disability, as last amended at 67 FR 70433, dated November 22, 2002; as follows: