

3. Once GSA makes an announcement for temporary closure, there is potential for a high number of new offers before the effective date of the temporary closure. It is highly likely that nearly all of these offers will not generate business. What should GSA do with offers received in this window?

4. To help industry best plan, should GSA's reassessment be conducted annually, every two years, or every three years? What actions can GSA take to assist industry with planning? For example, is it better to know with certainty when a schedule or SIN will reopen even if that means the duration of closure is longer, or is it better for GSA to take a shorter term view of the question?

5. Currently, over 50 percent of schedule contracts will not meet the sales retention criteria. Is reducing this percentage to 30 percent an appropriately aggressive interim goal?

6. Are there other considerations on how to ensure minimum impact to industry with the implementation?

Dated: July 18, 2012.

**Houston Taylor,**

*Assistant Commissioner, Office of Acquisition Management, Federal Acquisition Service, General Services Administration.*

[FR Doc. 2012-17882 Filed 7-20-12; 8:45 am]

**BILLING CODE 6820-89-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier OS-0937-0166]

**Agency Information Collection Request; 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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 collection technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to [sherette.funncoleman@hhs](mailto:sherette.funncoleman@hhs).

gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

*Proposed Project:* Title: HHS 42 CFR subpart B; Sterilization of Persons in Federally Assisted Family Planning Projects—OMB No. 0937-0166—Extension—OPHS, Office of Population Affairs—Office of Family Planning.

*Abstract:* This is a request for extension of a currently approved collection for the disclosure and record-keeping requirements codified at 42 CFR part 50, subpart B ("Sterilization of Persons in Federally Assisted Family Planning Projects"). The consent form solicits information to assure voluntary and informed consent to persons undergoing sterilization in programs of health services which are supported by federal financial assistance administered by the PHS. It provides additional procedural protection to the individual and the regulation requires that the consent form be a copy of the form that is appended to the PHS regulation. In 2003, the PHS sterilization consent form was revised to conform to OMB government-wide standards for the collection of race/ethnicity data and to incorporate the PRA burden statement as part of the consent form. There are no revisions to the form.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
100,000 .....	citizen seeking sterilization .....	100,000	1	15/60	25,000

**Keith A. Tucker,**

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

[FR Doc. 2012-17790 Filed 7-20-12; 8:45 am]

**BILLING CODE 4150-34-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Solicitation of Written Comments on Draft Phase 3 Long-Term Care Facilities Strategy/Module for Inclusion in the National Action Plan To Prevent Healthcare-Associated Infections: Roadmap to Elimination**

**AGENCY:** Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Healthcare Quality.

**ACTION:** Notice.

**SUMMARY:** The Office of Healthcare Quality is soliciting public comment on a new long-term care facilities strategy/module of the National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination. To further the HHS mission to protect the health and well-being of the nation, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections has developed a draft comprehensive strategy for preventing and reducing healthcare-associated infections in long-term care facilities. This Phase 3 Long-Term Care Facilities module builds upon and is to be included in the existing National Action Plan to Prevent Healthcare-Associated

Infections: Roadmap to Elimination that focuses on reducing healthcare-associated infections (HAIs) in acute care hospitals, ambulatory surgical centers, and end stage renal disease facilities and presents strategies for increasing healthcare personnel influenza vaccination coverage (Phases 1 & 2).

**DATES:** Comments on the draft Phase 3 Long-Term Care Facilities module should be received no later than 5:00 p.m. Eastern daylight saving time on August 22, 2012.

**ADDRESSES:** The draft Phase 3 Long-Term Care Facilities module can be found at <http://www.hhs.gov/ash/initiatives/hai/actionplan/index.html#tier3>. Comments are preferred electronically and may be

addressed to [OHQ@hhs.gov](mailto:OHQ@hhs.gov). Written responses should be addressed to the Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Suite LL100, Rockville, MD 20852, Attention: Draft Phase 3 Long-Term Care Facilities Module.

**FOR FURTHER INFORMATION CONTACT:**

Debra Nichols (240) 453-8264 or [OHQ@hhs.gov](mailto:OHQ@hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**I. Background**

HAIs are among the leading causes of morbidity and mortality in the United States and the most common type of adverse event in the field of healthcare today. They are defined as localized or systemic adverse events, resulting from the presence of an infectious agent or toxin, occurring to a patient in a healthcare setting. An epidemiologic study by the Centers for Disease Control and Prevention (CDC) revealed that the subset of HAIs with hospital-onset accounted for approximately one in twenty hospital patients contracting an HAI. The fiscal cost is steep as well. HAIs contribute to an additional 28 to 33 billion dollars in healthcare expenditures annually.

For these reasons, the prevention and reduction of healthcare-associated infections is a top priority for the U.S. Department of Health and Human Services (HHS). Multiple agencies within HHS have been working to reduce the incidence and prevalence of HAIs for decades. To further efforts, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2008 and charged with developing a comprehensive strategy to progress toward the elimination of HAIs.

In 2009, the Steering Committee issued the initial version of the National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination. The initial strategy (Phase 1) focused on the prevention of infections in the acute care hospital setting and includes a prioritized research agenda; an integrated information systems strategy; policy options for linking payment incentives or disincentives to quality of care and enhancing regulatory oversight of hospitals; and a national messaging plan to raise awareness of HAIs among the general public, providers, and other stakeholder groups. The Action Plan also delineates specific measures and five-year goals to focus efforts and track national progress in reducing the most prevalent infections. In addition, the plan intended to enhance collaboration with non-government stakeholders and

partners at the national, regional, state, and local levels to strengthen coordination and impact of efforts. Recognizing the need to coordinate prevention efforts across healthcare facilities, HHS released Phase 2 of the Action Plan in late 2010. Phase 2 expands efforts outside of the acute care setting into outpatient facilities (ambulatory surgical centers and end-stage renal disease facilities). Phase 2 of the Action Plan also addressed strategies to increase influenza vaccination coverage amongst healthcare personnel as influenza transmission to patients by healthcare personnel is well documented; healthcare personnel can acquire and transmit influenza from patients or other staff; and higher vaccination coverage among healthcare personnel has been associated with a lower incidence of healthcare-associated influenza cases.

The healthcare and public health communities are increasingly challenged to identify, respond to, and prevent HAIs across the continuum of settings where healthcare is delivered. The public health model's population-based perspective can be deployed to enhance HAI prevention, particularly given the shifts in healthcare delivery from the acute care (Phase 1) to ambulatory (Phase 2) and now to long-term care facilities with Phase 3.

The Steering Committee has drafted a strategy or modules that address HAI prevention in long-term care facilities, specifically nursing facilities and skilled nursing facilities. Similar to its Phase 1 & 2 efforts, Phase 3 Long-Term Care Facilities healthcare-associated infection reduction strategies expect to be executed through research and guideline development, implementation of national quality improvement initiatives at the provider level, and creation of payment policies that promote infection control and reduction in healthcare facilities.

To assist the Steering Committee in obtaining broad input in the development of the draft module, HHS, through this request for information (RFI), is seeking comments from stakeholders and the general public on the draft Phase 3 Long-Term Care Facilities module. The modules can be found at <http://www.hhs.gov/ash/initiatives/hai/actionplan/index.html#tier3>.

**II. Information Request**

The Office of Healthcare Quality, on behalf of the HHS Steering Committee for the Prevention of Healthcare-Associated Infections, requests input on the draft: "Long-Term Care Facilities."

In addition to general comments, the Steering Committee is seeking input on any additional gaps not addressed in the draft strategies.

**III. Potential Responders**

HHS invites input from a broad range of individuals and organizations that have interests in preventing and reducing healthcare-associated infections. Some examples of these organizations include, but are not limited to the following:

- General public
- Healthcare, professional, and educational organizations/societies
- Caregivers or health system providers (e.g., physicians, physician assistants, nurses, infection preventionists)
- State and local public health agencies
- Public health organizations
- Foundations
- Medicaid- and Medicare-related organizations
- Insurers and business groups
- Collaboratives and consortia

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. Anonymous submissions will not be considered. The submission of written materials in response to the RFI should not exceed 10 pages, not including appendices and supplemental documents. Responders may submit other forms of electronic materials to demonstrate or exhibit concepts of their written responses. All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

Dated: July 17, 2012.

**Don Wright,**

*Deputy Assistant Secretary for Health.*

[FR Doc. 2012-17925 Filed 7-20-12; 8:45 am]

**BILLING CODE 4150-28-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Nomination of an In Vitro Test Method for the Identification of Contact Allergens: Request for Comments and Data**

**AGENCY:** Division of the National Toxicology Program (DNTP), National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

**ACTION:** Request for Comments and Data.

**SUMMARY:** On behalf of the Interagency Coordinating Committee on the Validation of Alternative Methods