

question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 15, 2012.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Westpac Banking Corporation*, Sydney, Australia, to engage *de novo* through its subsidiary, Westpac Capital Markets LLC, New York, New York, in broker dealer and riskless principal transactions, pursuant to sections 225.28(b)(7)(i) and 225.28(b)(7)(ii).

Board of Governors of the Federal Reserve System, July 26, 2012.

**Michael J. Lewandowski**,

*Assistant Secretary of the Board.*

[FR Doc. 2012-18606 Filed 7-30-12; 8:45 am]

**BILLING CODE 6210-01-P**

## OFFICE OF GOVERNMENT ETHICS

### Privacy Act of 1974; Amendment to System of Records

**AGENCY:** Office of Government Ethics (OGE).

**ACTION:** Notice of Modification of Routine Use (I) in OGE/GOVT-1 System of Records.

**SUMMARY:** The U.S. Office of Government Ethics (OGE) proposes to modify Routine Use (I) to OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records. This modification to Routine Use (I) is needed to implement provisions of the Stop Trading on Congressional Knowledge Act of 2012 (Stock Act), Public Law 112-105 (2012), which amend the Ethics in Government Act of 1978, 5 U.S.C. App. This action is necessary to comply with the requirements of the Privacy Act to publish in the **Federal Register** notice of the existence and character of records maintained by the agency (5 U.S.C. 552a(e)(4)). OGE last published OGE/GOVT-1 in 68 FR 3097-3109 (January 22, 2003), as corrected at 68 FR 24744 (May 8, 2003). An additional routine use was added to OGE/GOVT-1 in 76 FR 24489 (May 2, 2011).

**DATES:** This action will be effective without further notice on August 30, 2012 unless comments received before this date would result in a contrary determination.

**ADDRESSES:** You may submit comments to OGE on this Privacy Act Notice by any of the following methods:

*Email:* [usoge@oge.gov](mailto:usoge@oge.gov) (Include reference to "Privacy Act Modified Routine Use Comment" in the subject line of the message).

*Fax:* 202-482-9237, Attention: Kerri A. Cox, Privacy Officer.

*Mail, Hand Delivery/Courier:* Office of Government Ethics, Suite 500, 1201 New York Avenue NW., Washington, DC 20005-3917, Attention: Kerri A. Cox, Privacy Officer.

**FOR FURTHER INFORMATION CONTACT:** Ms. Cox at the Office of Government Ethics; telephone: 202-482-9312; TTY: 800-877-8339; Fax: 202-482-9237; Email: [kacox@oge.gov](mailto:kacox@oge.gov).

**SUPPLEMENTARY INFORMATION:** In accordance with the Privacy Act of 1974, 5-U.S.C. 552(a), this document provides public notice that the OGE is proposing to amend the OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records. The amendments will (1) update the authority for maintaining the system by adding the citation to the Stock Act; and (2) modify Routine Use (I) to explain that certain records will be automatically posted to official executive branch agency Web sites and/or the OGE Web site.

The system report, as required by 5 U.S.C. 552a(r), has been submitted to the Committee on Homeland Security and Governmental Affairs of the United States Senate, the Committee on Oversight and Government Reform of the House of Representatives and the Office of Management and Budget.

### Routine Use (I.)

(I.) to disclose on the OGE Web site and to otherwise disclose to any person, including other departments and agencies: any written ethics agreements filed with the Office of Government Ethics, pursuant to 5 CFR 2634.803, by an individual nominated by the President to a position requiring Senate confirmation when the position also requires the individual to file a public financial disclosure report; and any public filer reports required to be filed by reason of Federal employment or by the president or vice president.

Approved: July 25, 2012.

**Don W. Fox**,

*Acting Director, Office of Government Ethics.*

[FR Doc. 2012-18658 Filed 7-30-12; 8:45 am]

**BILLING CODE 6345-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### HIT Standards Committee Advisory Meeting; Notice of Meeting

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

**ACTION:** Notice of meeting.

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

*Name of Committee:* HIT Standards Committee.

*General Function of the Committee:* To provide recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee.

*Date and Time:* The meeting will be held on August 15, 2012, from 9:00 a.m. to 3:00 p.m. Eastern Time.

*Location:* This meeting will be VIRTUAL ONLY. Detailed call-in information is posted on the ONC Web site, <http://healthit.hhs.gov>.

*Contact Person:* MacKenzie Robertson, Office of the National Coordinator, HHS, 355 E Street SW., Washington, DC 20201, 202-205-8089, Fax: 202-260-1276, email: [mackenzie.robertson@hhs.gov](mailto:mackenzie.robertson@hhs.gov). Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

*Agenda:* The committee will hear reports from its workgroups and updates from ONC and other Federal agencies. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

*Procedure:* ONC is committed to the orderly conduct of its advisory committee meetings. Interested persons may present data, information, or views, orally or in writing, on issues pending

before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

ONC welcomes the attendance of the public at its advisory committee meetings. If you require special assistance due to a disability, please contact MacKenzie Robertson at least seven (7) days in advance of the meeting.

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

Dated: July 18, 2012.

**MacKenzie Robertson,**

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

[FR Doc. 2012-18592 Filed 7-30-12; 8:45 am]

**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notification of Single Source Cooperative Agreement Award for Project Hope

**AGENCY:** Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Policy and Planning (OPP).

**ACTION:** Notification of Single Source Cooperative Agreement Award for Project Hope, the publisher of *Health Affairs*, for strengthening emergency care delivery in the United States healthcare system through health information and promotion in Support of National Health Security Strategy (2009) and Implementation Plan (2012) and Homeland Security Presidential Directive-21 (2007). CFDA#93.078.

**Statutory Authority:** Public Health Service Act, Section 1703(c), 42 U.S.C. Section 300u-2(c).

Amount of Single Source Award: \$50,000.

Project Period: September 15, 2012 to December 15, 2012.

**SUMMARY:** In FY2012, HHS/ASPR/OPP plans to provide a single source cooperative agreement award to Project Hope to strengthen emergency care

delivery in the United States healthcare system through health information and promotion in support of the Homeland Security Presidential Directive-21 (2007) and the National Health Security Strategy (2009) and Implementation Plan (2012).

In the past decade, numerous studies have described the delivery of emergency care in the United States as fragmented, overburdened, underfunded, and challenged in its efforts to provide an appropriate level of high quality and cost effective emergency care for Americans on a daily basis and in response to a public health emergency or disaster. These studies have recommended that the emergency care delivery system be redesigned and more broadly integrated into the U.S. healthcare system and healthcare sub-systems. As these changes will have implications for the broader healthcare community, particularly the primary care sub-system, it is essential that both expert and non-expert healthcare professionals, across the healthcare continuum, be informed and engaged in these key policy discussions.

Project Hope will plan the publication of a *Health Affairs* thematic issue that will identify, explore and propose policy options for developing, strengthening and preparing a regionalized, accountable and coordinated system of emergency care that is broadly integrated into the United States healthcare system and capable of responding to a public health emergency or disaster. The project will serve to educate non-emergency medicine healthcare policy professionals and providers about the current state of emergency care delivery in the United States. It will also promote an interdisciplinary dialogue between emergency and other healthcare professionals and providers regarding policy options for the coordinated and integrated delivery of acute unscheduled care that might result from an acute onset of symptoms, exacerbation of a chronic disease, or a public health emergency or disaster. This project will focus on exploring, identifying and proposing policy options regarding workforce, finance, organization and medical care delivery that are essential to redesigning emergency care delivery and supporting its full integration into other healthcare sub-systems as well as the broader U.S. healthcare system. This work will be performed in the context of Homeland Security Presidential Directive-21 and Strategic Objective (4) of the National Health Security Strategy (2009) and Implementation Plan (2012) that seek to

foster integrated, scalable healthcare delivery systems that can meet both daily demands and medical surge demands resulting from a public health emergency or disaster.

### Single Source Justification

Over the past few years, emergency care delivery and systems research and policy have largely been discussed in research-focused academic journals, publications and forums that have primarily targeted expert emergency care and pre-hospital care communities. While these forums have been successful in engaging emergency care communities, they have had minimal success in engaging the rest of the U.S. healthcare system policy professionals and providers that impact or are impacted by emergency care delivery. In the past, HHS and other federal departments have addressed similar healthcare policy engagement challenges by having Project Hope develop, provide or, promote key healthcare policy information via easy-to-read *Health Affairs* thematic issues and targeted outreach activities that ensured optimal awareness, engagement and discussion by a wide audience of expert and non-expert healthcare policy professionals, healthcare providers, and the general public.

The Project Hope *Health Affairs* journal is uniquely positioned to execute the proposed thematic issue. Although other publications can and do focus on scientific and clinical aspects of emergency care, none of the journals have a primary focus on policy matters related to workforce, financing, organization and the delivery of medical care. *Health Affairs* also has the largest circulation among healthcare policy publications with an estimated eleven thousand individual and institutional subscribers and more than fifty million online page views per year. *Health Affairs* is considered a trusted source for health policy—frequently cited in congressional testimony and the news media—and has a wide-ranging audience that includes healthcare professionals and providers, academia, private sector, health advocates, opinion leaders, industry decision makers, and government leaders. Project Hope has also successfully developed and published other key *Health Affairs* healthcare thematic issues that have significantly increased expert and non-expert interdisciplinary discussions and the general population's awareness and understanding of these topics.

In making this award, ASPR will capitalize on Project Hope's extensive experience in producing and marketing thematic issues that ensure broader