

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Health Information Technology Implementation**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice of Noncompetitive Replacement of the Award to Southwest Virginia Community Health Systems, Virginia.

**SUMMARY:** HRSA will be transferring the American Recovery and Reinvestment Act (ARRA) (section 330 of the Public Health Service Act) Health Information Technology Implementation for Health Center Controlled Networks (HCCN) funds originally awarded to Southwest Virginia Community Health Systems (SVCHS), to support the implementation of a HCCN in the state of Virginia to enhance the quality and efficiency of primary and preventive care as a safety net through the effective use of Health Information Technology (HIT).

**SUPPLEMENTARY INFORMATION:** *Former Grantee of Record:* Southwest Virginia Community Health Systems (SVCHS). *Original Period of Grant Support:* June 1, 2010, to May 31, 2012.

*Replacement Awardee:* Harrisonburg Community Health Center (HCHC). *Amount of Replacement Award:* \$951,240.

*Period of Replacement Award:* The period of support for the replacement award is July 1, 2012, to March 31, 2013.

**Authority:** Section 330 of the Public Health Service Act, 42 U.S.C. 245b.

*CFDA Number:* 93.703.

**Justification for the Exception to Competition**

The former grantee, SVCHS, relinquished the grant due to financial and organizational challenges. In the effort to preserve the opportunity to advance information technology resources of Virginia's medically underserved communities, HCHC has demonstrated capacity to fulfill the expectations of the original grant award and plans to work closely with the

Community Care Network of Virginia (CCNV), to complete the grant project and to plan for a smooth transition of the grant. HCHC has been a HRSA funded health center since 2008 and is a well-established organization with sound fiscal and grants management operations. The transfer of these funds will ensure full implementation of the grant, which will enhance the state of Virginia's ability to improve the quality and efficiency of primary and preventive care as a safety net through the effective use of health information technology.

In order to ensure a timely implementation of an HCCN in the state of Virginia as originally awarded, this replacement award will not be competed.

**FOR FURTHER INFORMATION CONTACT:** Ms. Suma Nair via phone at (301) 443-7587, or via email at *SNair1@hrsa.gov*.

Dated: August 30, 2012.

**Mary K. Wakefield,**  
*Administrator.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Submission for OMB Review; Comment Request: Cognitive Testing of Instrumentation and Materials for the Population Assessment of Tobacco and Health (PATH) Study**

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on May 23, 2012, page 30540 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not

required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

*Proposed Collection: Title:* Cognitive Testing of Instrumentation and Materials for Population Assessment of Tobacco and Health (PATH) Study. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The PATH study will establish a population-based framework for monitoring and evaluating the behavioral and health impacts of regulatory provisions implemented as part of the Family Smoking Prevention and Tobacco Control Act (FSPTCA) by the Food and Drug Administration (FDA). NIDA is requesting generic approval from OMB for cognitive testing of the PATH study's instrumentation, supporting materials, consent forms, and methods of administration (e.g., computer assisted personal interviews [CAPI], audio computer assisted self-interviews [ACASI], web-based interviews). Cognitive testing of these materials and methods will help to ensure that their design and content are valid and meet the PATH study's objectives. Additionally, results from cognitive testing will inform the feasibility (scientific robustness), acceptability (burden to participants and study logistics) and cost of the information collection to help minimize its estimated cost and public burden.

*Frequency of Response:* Annual [As needed on an on-going and concurrent basis].

*Affected Public:* Individuals and Households. *Type of Respondents:* Youth (ages 12-17) and Adults (ages 18+). The annual reporting burden for the screening of respondents for the PATH study cognitive testing is presented in Table 1, and the annual reporting burden for the PATH study cognitive testing is presented in Table 2. The annualized cost to respondents for participating in screening for PATH study cognitive testing is estimated at: \$6,632; and the annualized cost to respondents for participating in PATH study cognitive testing is estimated at: \$20,346. There are no capital, operating or maintenance costs.

**TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN FOR SCREENING OF PATH STUDY COGNITIVE TESTING RESPONDENTS**

Screening for respondents	Type of respondent	Number of respondents	Responses per respondent	Hours per response	Annual hour burden
Screener .....	Youth .....	1000	1	1% <sub>60</sub>	167