

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke, Interagency Pain Research Coordinating Committee Call for Working Group Nominations

SUMMARY: The National Institutes of Health and the Interagency Pain Research Coordinating Committee (IPRCC) are seeking nominations for membership of five working groups established to support efforts to create a comprehensive, population health level strategy for pain prevention, treatment, management, and research as recommended in the 2011 Institute of Medicine report titled “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.”

DATES: Nominations are due by 5 p.m. on March 22, 2013.

ADDRESSES: Nominations must be sent to Linda Porter, Ph.D., NINDS/NIH, 31 Center Drive, Room 8A03, Bethesda, MD 20892, or by email to porterl@ninds.nih.gov. Nominations must include contact information, and a current curriculum vitae or resume.

FOR FURTHER INFORMATION CONTACT: Contact Linda Porter, Ph.D., NINDS/NIH, 31 Center Drive, Room 8A03, Bethesda, MD 20892, porterl@ninds.nih.gov.

SUPPLEMENTARY INFORMATION: The Department of Health and Human Services (Department) has created the Interagency Pain Research Coordinating Committee (IPRCC). As specified in Public Law 111–148 (“Patient Protection and Affordable Care Act”) the Committee will: (a) Develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain; (b) identify critical gaps in basic and clinical research on the symptoms and causes of pain; (c) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort; (d) make recommendations on how best to disseminate information on pain care; and (e) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

The Office of the Assistant Secretary for Health, Department of Health and Human Services, has charged the IPRCC to create a comprehensive, population

health level strategy for pain prevention, treatment, management, and research as recommended in the 2011 Institute of Medicine Report titled “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.” The National Institutes of Health and the IPRCC are seeking nominations for membership of five working groups established to support efforts to address this charge. The working groups will focus on five defined areas related to pain: (1) Professional education and training, (2) Public education and communication, (3) Public health: care, prevention, and disparities, (4) Public health: service delivery and reimbursement, and (5) Population research.

Membership on the working groups will include representation from the public, scientific community, health care providers, and federal and state agencies with expertise and knowledge appropriate for each group. Members will serve for the duration of the effort to develop the strategic plan. It is anticipated that each working group will meet multiple times over approximately 18 months. Appointment to these working groups shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

The Department is soliciting nominations for each working group to include non-federal members from among scientists, physicians, and other health professionals and for members of the general public who are representatives of leading research, advocacy, and service organizations for people with pain-related conditions. Nominations for representatives from private insurers, professional accreditation, certification, examination, and licensing organizations also are appropriate for some working groups as are those from state workers’ compensation, Medicaid programs, and health departments. More information can be found at <http://iprcc.nih.gov>.

Dated: February 28, 2013.

Story C. Landis,

Director, National Institute of Neurological Disorders and Stroke, National Institutes of Health.

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BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: Regulations To Implement SAMHSA’s Charitable Choice Statutory Provisions—42 CFR Parts 54 and 54a (OMB No. 0930–0242)—Extension

Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65), as amended by the Children’s Health Act of 2000 (Pub. L. 106–310) and Sections 581–584 of the Public Health Service Act (42 U.S.C. 290kk et seq., as added by the Consolidated Appropriations Act (Pub. L. 106–554)), set forth various provisions which aim to ensure that religious organizations are able to compete on an equal footing for federal funds to provide substance abuse services. These provisions allow religious organizations to offer substance abuse services to individuals without impairing the religious character of the organizations or the religious freedom of the individuals who receive the services. The provisions apply to the Substance Abuse Prevention and Treatment Block Grant (SABG), to the Projects for Assistance in Transition from Homelessness (PATH)

formula grant program, and to certain Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant programs (programs that pay for substance abuse treatment and prevention services, not for certain infrastructure and technical assistance activities). Every effort has been made to

assure that the reporting, recordkeeping and disclosure requirements of the proposed regulations allow maximum flexibility in implementation and impose minimum burden.

No changes are being made to the regulations or the burden hours. Information on how states comply with the requirements of 42 CFR part 54

was approved by the Office of Management and Budget (OMB) as part of the Substance Abuse Prevention and Treatment Block Grant FY 2012–2013 annual application and reporting requirements approved under OMB control number 0930–0168.

42 CFR Citation and Purpose	Number of respondents	Responses per respondent	Total Responses	Hours per response	Total hours
Part 54—States Receiving SA Block Grants and/or Projects for Assistance in Transition from Homelessness (PATH)					
Reporting					
96.122(f)(5) Annual report of activities the state undertook to comply 42 CFR Part 54 (SABG)	60	1	60	1	60
54.8(c)(4) Total number of referrals to alternative service providers reported by program participants to States (respondents):					
SABG	7	68 (avg.)	476	1	476
PATH	10	5	50	1	50
54.8 (e) Annual report by PATH grantees on activities undertaken to comply with 42 CFR Part 54	56	1	56	1	56
Disclosure					
54.8(b) State requires program participants to provide notice to program beneficiaries of their right to referral to an alternative service provider:					
SABG	60	1	60	.05	3
PATH	56	1	56	.05	3
Recordkeeping					
54.6(b) Documentation must be maintained to demonstrate significant burden for program participants under 42 U.S.C. 300x-57 or 42 U.S.C. 290cc-33(a)(2) and under 42 U.S.C. 290cc-21 to 290cc-35	60	1	60	1	60
Part 54—Subtotal	116		818		708
Part 54a—States, local governments and religious organizations receiving funding under Title V of the PHS Act for substance abuse prevention and treatment services					
Reporting					
54a.8(c)(1)(iv) Total number of referrals to alternative service providers reported by program participants to states when they are the responsible unit of government.	25	4	100	.083	8
54a(8)(d) Total number of referrals reported to SAMHSA when it is the responsible unit of government. (NOTE: This notification will occur during the course of the regular reports that may be required under the terms of the funding award.)	20	2	40	.25	10
Disclosure					
54a.8(b) Program participant notice to program beneficiaries of rights to referral to an alternative service provider	1,460	1	1,460	1	1,460
Part 54a—Subtotal	1,505		1,600		1,478
Total	1,621		2,418		2,186

Send comments to Summer King, SAMHSA Reports Clearance Officer,

Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 or send a copy to

her via email at: summer.king@samhsa.hhs.gov. Written

comments should be received by May 7, 2013.

Summer King,
Statistician.

[FR Doc. 2013-05350 Filed 3-7-13; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2013-0006]

Solicitation for Comments Regarding Current Procedures To Request Emergency and Major Disaster Declarations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: On Tuesday, January 29, 2013, President Obama signed the Sandy Recovery Improvement Act of 2013, which includes a provision amending the Robert T. Stafford Disaster Relief and Emergency Assistance Act to provide federally recognized Indian tribal governments the option to make a request directly to the President for a Federal emergency or major disaster declaration, or to seek assistance, as they do presently, under a declaration for a State. In support of preliminary implementation of this provision, the Federal Emergency Management Agency (FEMA) is engaging in a comprehensive consultation effort with federally recognized Indian tribal governments. To initiate that consultation, FEMA is soliciting comments regarding FEMA procedures for declaration requests from Indian tribal governments.

DATES: Comments must be received by April 22, 2013.

ADDRESSES: Comments must be identified by docket ID FEMA-2013-0006 and may be submitted by one of the following methods:

Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Mail: Regulatory Affairs Division, Office of Chief Counsel, Federal Emergency Management Agency, Room 835, 500 C Street SW., Washington, DC 20472-3100.

FOR FURTHER INFORMATION CONTACT: Jessica Stewart, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, 202-646-3888.

SUPPLEMENTARY INFORMATION

I. Public Participation

Instructions: All submissions received must include the agency name and docket ID. Regardless of the method used for submitting comments or material, all submissions will be posted, without change, to the Federal eRulemaking Portal at <http://www.regulations.gov>, and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to read the Privacy Act notice, which can be viewed by clicking on the "Privacy Notice" link in the footer of <http://www.regulations.gov>.

You may submit your comments and material by the methods specified in the **ADDRESSES** section of this notice. Please submit your comments and any supporting material by only one means to avoid the receipt and review of duplicate submissions.

Docket: A copy of this notice is available in docket ID FEMA-2013-0006. For access to the docket to read background documents or comments received, go to the Federal eRulemaking Portal at <http://www.regulations.gov>, click on "Advanced Search," then enter "FEMA-2013-0006" in the "By Docket ID" box, then select "FEMA" under "By Agency," and then click "Search." Submitted comments may also be inspected at FEMA, Office of Chief Counsel, Regulatory Affairs Division, 500 C Street SW., Washington, DC 20472-3100.

II. Background

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) authorizes the President to make certain Federal assistance available to support State, tribal, and local efforts to respond to and recover from a disaster. The President makes disaster assistance available after he declares that an emergency or major disaster has occurred and that Federal assistance is needed to supplement State and local government resources. In the past, the Stafford Act allowed only the Governor of a State to make a request for a declaration by the President for an emergency or major disaster.

On Tuesday, January 29, 2013, President Obama signed the Sandy Recovery Improvement Act of 2013, that included a provision amending the Stafford Act to provide Federally recognized Indian tribal governments the option to choose whether to make a request directly to the President for a Federal emergency or major disaster declaration, or to seek assistance, as they do presently, under a declaration for a State.

Specifically, the amendment permits the "Chief Executive" of an "affected Indian tribal government" to submit a request for a declaration to the President that a major disaster or emergency exists consistent with the requirements listed in Stafford Act section 401 (major disasters) and 501 (emergencies). The amendment also stipulates that an Indian tribal government may be eligible to receive assistance through a declaration made by the President at the request of a State, so long as the Indian tribal government does not receive a separate declaration from the President for the same incident.

FEMA plans to establish a pilot program for managing requests from Indian tribal governments; during development of this pilot program, FEMA will engage in a comprehensive consultation effort with Indian tribal governments.

III. Current Requirements and Processes for State Declaration Requests

Below you will find an explanation of the *current* regulatory requirements (located in Title 44 of the Code of Federal Regulations) for a Governor's request for an emergency or major disaster declaration and the factors FEMA uses to make a recommendation to the President about whether supplemental Federal assistance is needed. These regulations are currently framed with respect to States.

As an initial step in consultation with Indian tribal governments and outreach to other stakeholders, FEMA asks Indian tribal governments for their thoughts and comments on how these requirements and factors may or may not be appropriate as applied to requests from Indian tribal governments during the pilot program. The input provided will inform the development of the pilot program to process declaration requests from Indian tribal governments. FEMA welcomes comments on any or all of the topics addressed in this Notice. Comments are also welcomed on any other issues that may not be covered in the below topics.

Types of Declarations and Assistance

Stafford Act assistance is intended to supplement State and local resources. States must establish in their requests that the event is of such severity and magnitude that effective response is beyond the capabilities of the State and the affected local governments. (42 U.S.C. 5121(2))

Emergency Declarations: Emergency Declarations are to supplement efforts in providing short-term emergency services, such as the protection of lives,