

**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](mailto: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](mailto: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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**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)