

meeting. The deadline for such registrations is listed in the **DATES** section of this notice.

VI. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 3, 2013.

Marilyn Tavenner,
Acting Administrator, Centers for Medicare & Medicaid Services.

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BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB).

Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

Information Collection Request Title: Rural Health Information Technology Network Development Program (OMB No. 0915-0354)—REVISION

The purpose of the Rural Health Information Technology Network Development (RHITND) Program, authorized under the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)) as amended by the Health Care Safety Net Amendments of 2002 (Pub. L. 107-251), is to improve health care and support the adoption of health information technology (HIT) in rural America by providing targeted HIT support to rural health networks. HIT plays a significant role in the advancement of the Department of Health and Human Services' (HHS) priority policies to improve health care delivery. Some of these priorities include: improving health care quality, safety, and efficiency; reducing disparities; engaging patients and families in managing their health; enhancing care coordination; improving population and public health; and ensuring adequate privacy and security of health information.

The intent of RHITND is to support the adoption and use of electronic health records (EHR) in coordination with the ongoing HHS activities related to the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5). The HITECH Act provides HHS with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of

health information technology, including EHR.

For this program, performance measures were drafted to provide data useful to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993 (Pub. L. 103-62). These measures cover the principal topic areas of interest to the Office of Rural Health Policy, including: (a) Access to care; (b) the underinsured and uninsured; (c) workforce recruitment and retention; (d) sustainability; (e) health information technology; (f) network development; and (g) health related clinical measures. Several measures will be used for this program. These measures will speak to the Office's progress toward meeting the goals set.

A 60-day **Federal Register** Notice regarding this collection request was published in the **Federal Register** on March 7, 2013, (Vol. 78, No. 45; page. 14804). There were no public comments.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Rural Health Information Technology Network Development Program	41	1	41	5.68	232.88
Total	41	1	41	5.68	232.88

ADDRESSES: Submit your comments to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting

information, please include the information request collection title for reference.

Deadline: Comments on this ICR should be received within 30 days of this notice.

Dated: May 17, 2013.

Bahar Niakan,
 Director, Division of Policy and Information
 Coordination.

[FR Doc. 2013-12340 Filed 5-23-13; 8:45 am]

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Health Resources and Services
 Administration**

**Agency Information Collection
 Activities; Proposed Collection; Public
 Comment Request**

AGENCY: Health Resources and Services
 Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the
 requirement for opportunity for public
 comment on proposed data collection
 projects (Section 3506(c)(2)(A) of the
 Paperwork Reduction Act of 1995), the
 Health Resources and Services
 Administration (HRSA) publishes
 periodic summaries of proposed
 projects being developed for submission
 to the Office of Management and Budget
 (OMB) under the Paperwork Reduction
 Act of 1995.

HRSA especially requests comments
 on: (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
 technology to minimize the information
 collection burden.

**Information Collection Request Title:
 The Teaching Health Center Graduate
 Medical Education (THCGME) Program
 Eligible Resident/FTE Chart (OMB
 0915-xxxx) NEW**

Abstract: The THCGME Program
 Eligible Resident/FTE Chart published
 in the THCGME Funding Opportunity
 Announcements (FOAs) is a means for
 determining the number of eligible
 residents/FTEs in an applicant's
 primary care residency program. The
 chart requires applicants to provide data
 related to the size and/or growth of the
 residency program over previous
 academic years, the number of residents
 enrolled in the program during the
 baseline academic year, and a projection
 of the program's proposed expansion
 over the next four academic years. It is
 imperative that applicants complete this

chart and provide evidence of a planned
 expansion, as per the statute, THCGME
 funding may only be used to support an
 expanded number of residents in a
 residency program. Utilization of a chart
 to gather this important information has
 decreased the number of errors in the
 eligibility review process resulting in
 more accurate review and funding
 process.

Burden Statement: Burden in this
 context means the time expended by
 persons to generate, maintain, retain,
 disclose or provide the information
 requested. This includes the time
 needed to review instructions; to
 develop, acquire, install and utilize
 technology and systems for the purpose
 of collecting, validating and verifying
 information, processing and
 maintaining information, and disclosing
 and providing information; to train
 personnel and to be able to respond to
 a collection of information; to search
 data sources; to complete and review
 the collection of information; and to
 transmit or otherwise disclose the
 information. The total annual burden
 hours estimated for this Information
 Collection Request are summarized in
 the table below.

Total Estimated Annualized burden
 hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Teaching Health Center GME program Eligible Resident/ FTE Chart	09	1	9	0.5	4.5
Total	09	1	9	0.5	4.5

ADDRESSES: Submit your comments to
paperwork@hrsa.gov or mail the HRSA
 Information Collection Clearance
 Officer, Room 10-29, Parklawn
 Building, 5600 Fishers Lane, Rockville,
 MD 20857.

FOR FURTHER INFORMATION CONTACT: To
 request more information on the
 proposed project or to obtain a copy of
 the data collection plans and draft
 instruments, email paperwork@hrsa.gov
 or call the HRSA Information Collection
 Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When
 submitting comments or requesting
 information, please include the
 information request collection title for
 reference.

Deadline: Comments on this
 Information Collection Request must be
 received within 60 days of this notice.

Dated: May 17, 2013.

Bahar Niakan,
 Director, Division of Policy and Information
 Coordination.

[FR Doc. 2013-12351 Filed 5-23-13; 8:45 am]

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Health Resources and Services
 Administration**

**Ryan White HIV/AIDS Program Core
 Medical Services Waiver; Application
 Requirements**

AGENCY: Health Resources and Services
 Administration, HHS.

ACTION: Final Notice with Opportunity
 for Comment

SUMMARY: Title XXVI of the Public
 Health Service Act, as amended by the
 Ryan White HIV/AIDS Treatment
 Extension Act of 2009 (Ryan White
 Program or RWP), requires that grantees
 expend 75 percent of Parts A, B, and C
 funds on core medical services,
 including antiretroviral drugs, for
 individuals with HIV/AIDS identified
 and eligible under the statute. The
 statute also grants the Secretary
 authority to waive this requirement if
 there are no waiting lists for the AIDS
 Drug Assistance Program (ADAP) and
 core medical services are available to all
 individuals identified and eligible
 under Title XXVI in an applicant's
 service area.

Prior to this policy announcement,
 grantees seeking a waiver of the 75
 percent requirement have been required
 to submit core medical services waiver
 requests at the same time as the annual