

**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) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

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

**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.

*Information Collection Request Title:* Black Lung Clinics Program Performance Measures OMB No. 0915–0292—Extension.

**Abstract:** The Office of Rural Health Policy (ORHP), Health Resources and Services Administration, conducts an annual data collection of user information for the Black Lung Program, which has been ongoing, with OMB approval since 2004. The purpose of the Black Lung Clinic Program is to improve the health status of coal workers by providing services to minimize the effects of respiratory and pulmonary impairments of coal miners, including treatment required in the management of problems associated with black lung disease, which improves the miner’s quality of life and reduces economic costs associated with morbidity and mortality arising from pulmonary diseases. Collecting this data will provide HRSA information on how well each grantee is meeting the needs of active and retired miners in their communities.

*Need and Proposed Use of the Information:* Data from the annual report will provide quantitative

information about the clinics, specifically: (a) The characteristics of the patients they serve (gender, age, disability level, and occupation type); (b) the characteristics of services provided (medical encounters, non-medical encounters, benefits counseling, or outreach); and, (c) the number of patients served. This assessment will enable HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that funds are effectively used to provide services that meet the target population needs.

*Likely Respondents:* Black Lung Clinics Program Grantees.

*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
Black Lung Clinics Program Measures .....	15	1	15	10.0	150
Total .....	15	1	15	10.0	150

HRSA specifically 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.

Dated: June 6, 2013.  
**Bahar Niakan,**  
*Director, Division of Policy and Information Coordination.*  
 [FR Doc. 2013–13915 Filed 6–11–13; 8:45 am]  
**BILLING CODE 4165–15-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) for review and approval. 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.

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

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-5806.

**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:**

*Information Collection Request Title:* Primary Care Faculty Development Initiative.

OMB No. 0915-xxxx—New.

**Abstract:** HRSA’s Bureau of Health Professions, Division of Medicine and Dentistry, has contracted with Oregon Health and Science University (OHSU), contract HSH250201200023C, to conduct the planning, execution, and evaluation of a nationally based, longitudinal Primary Care Faculty Development Initiative (PCFDI) demonstration project. OHSU has developed web-based survey instruments which will be used to evaluate the effectiveness of the planned curriculum and its implementation and to make recommendations to improve teaching and competency assessment in primary care educational activities. The two web-based surveys are Irvine’s Leadership Behavior Survey and the Faculty Skill & Program Feasibility Survey. The objectives of the survey instruments are to assess the feasibility and acceptability of an interdisciplinary faculty development pilot program targeting primary care physicians, to measure the leadership skills of PCFDI faculty participants, and to assess the initial impact of faculty

receiving training from an interdisciplinary faculty development pilot program on their perception of skill development in the core content areas of leadership, change management, teamwork, panel or population management, competency assessment, and clinical microsystems.

**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**

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Irvine’s Leadership Behavior Survey .....	36	1	36	.167	6
Faculty Skill & Program Feasibility Survey .....	36	1	36	.25	9
Total .....	72	1	72	.....	15

Dated: June 6, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-13929 Filed 6-11-13; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Discretionary Grant Program**

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

**ACTION:** Notice of Class Deviation from Competition Requirements for the Maternal and Child Health Bureau’s (MCHB) Family-to-Family Health Information Centers (F2F HIC) Program (H84).

**SUMMARY:** HRSA will be issuing non-competitive awards under the Family-

to-Family Health Information Centers Program. Approximately \$4.9M will be made available in the form of a grant to current grantees (see below) during the budget period of 6/1/2013—5/31/2014. This will provide for an extension of the program for one year, as provided for in section 624 of the American Taxpayer Relief Act of 2012 (Pub. L. 112-240) (ATRA) with the least disruption to the states, communities, and constituencies that currently receive assistance and services from these grantees.

**SUPPLEMENTARY INFORMATION:** Intended Recipients of the Awards: The 51 incumbent grantees of record (listed below).

*Amount of the Non-Competitive Awards:* Up to \$95,700 per grantee.

*CFDA Number:* 93.504.

*Period of Supplemental Funding:* 6/1/2013–5/31/2014.

**Authority:** Section 501(c)(1) of the Social Security Act, as amended.

*Justification:* The F2F HIC program provides grants to family-run/staffed

organizations to ensure families of children with special health care needs have access to adequate information about health and community resources to facilitate informed and shared decision-making around their children’s health care. F2F HICs were originally authorized under the Budget Deficit Reduction Act of 2005 (Pub. L. 109-171). Congress specified that there be a family-run/staffed center in each state and the District of Columbia that, among other tasks, assists families of children with special health care needs to make informed choices about health care in order to promote good treatment decisions, cost effectiveness, and improved health outcomes; and provides information and educational opportunities for families, their health professionals, schools, and other appropriate entities. The earlier law was later amended by the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), which made funding available until fiscal year (FY) 2012. As the end of the F2F HIC project period