

## 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
SF-424 Non-Construction UPD and SF-424 Application Guide .....	3,500	1	3,500	145	507,500
Total .....	3,500	1	3,500	145	507,500

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: September 5, 2013.

**Bahar Niakan,**

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-22111 Filed 9-10-13; 8:45 am]

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## 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](mailto: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](mailto:paperwork@hrsa.gov) or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Evaluation and Initial Assessment of HRSA Teaching Health Centers.

OMB No. 0915-xxxx—NEW.

*Abstract:* Section 5508 of the Affordable Care Act of 2010 (ACA) amended section 340H of the Public Health Service (PHS) Act to establish the Teaching Health Center Graduate Medical Education (THCGME) program to support the expansion of new and existing primary care residency training programs in community-based settings. The primary goals of the THCGME program are to increase the production of primary care doctors who are well prepared to practice in community settings, particularly with underserved populations, and to improve the overall number and geographic distribution of primary care providers. To ensure these goals are achieved, the George Washington University (GW) will conduct an evaluation of the training, administrative and organizational structures, clinical service, challenges, innovations, costs associated with training, and outcomes of teaching health centers (THCs). GW has developed a program data collection tool that assesses basic organizational and training characteristics of the programs (including program specialty, numbers trained, training sites, educational partners, and residency program financing), educational initiatives (particularly around training for changing health care delivery systems and community experiences), and health center characteristics (including current workforce and vacancies, clinical service provided by residents, and participation in workforce programs such as the National Health Service Corps).

Questionnaires have also been developed for implementation with all THC matriculating residents, graduating residents, and graduated residents at 1

year post-graduation. The matriculation questionnaire aims to collect background information on THC residents to better understand the characteristics of individuals who apply and are accepted to THC programs. The graduation questionnaire collects information on career plans. The alumni questionnaire collects information on career outcomes (including practice in primary care and in underserved settings) following graduation, as well as feedback on the quality of training.

*Need and Proposed Use of the Information:* Statute requires that THC programs report annually on the types of primary care resident approved training programs provided, the number of approved training positions, the number who completed their residency at the end of the prior academic year and care for vulnerable populations living in underserved areas, and any other information as deemed appropriate by the Secretary (Section 340H(h)(1) of the PHS Act). The described data collection activities will serve to meet this statutory requirement for the THC programs in a uniform and consistent manner and will allow comparisons of this group to other trainees in non-THC programs (*See also* Section 241 of the PHS Act).

*Likely Respondents:* THC Program Directors will respond to the part of the data collection tool related to the characteristics of the programs, and THC matriculating residents, graduating residents, and graduated residents at 1 year post-graduation will respond to the questionnaires related to characteristics of the residents.

*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	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Program Data Collection Tool .....	40	1	40	8.00	320
THC Alumni Survey .....	200	1	200	0.33	66
THC Matriculant Survey .....	200	1	200	0.25	50
THC Graduation Survey .....	200	1	200	0.25	50
Total .....	640	.....	640	.....	486

Dated: September 5, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013–22106 Filed 9–10–13; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Health Workforce Research Center Cooperative Agreement Program

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

**ACTION:** Notice.

**SUMMARY:** The Bureau of Health Professions (BHP) is announcing a change to its Health Workforce Research Center cooperative agreement program. Funding Opportunity Announcement (FOA) HRSA–13–185, issued on November 26, 2012, announced HRSA’s intent to fund Health Workforce Research Centers (HWRCs) focusing on research and technical assistance (TA). The FOA identified five broad areas of focus for research in HWRCs: Allied health, long-term care, behavioral health, oral health, and flexible use of workers to improve care delivery and efficiency. The concentration area, “flexible use of workers to improve care delivery and efficiency,” was further defined via published “frequently asked questions” as an area intended to address questions related to leveraging the existing health workforce to improve access to care, efficiency, and effectiveness in care delivery. Suggested topics for study included novel health care roles, team-based care (including the composition of teams and division of responsibilities across a team), professionals working at the top of their skills and training, and delegation. These proposed concentration areas were selected as areas of critical

importance to health workforce policies and programs, as well as areas in which substantial expertise exists outside the government, indicating strong potential for public benefit.

Applicants were asked to design a portfolio consisting of six research or TA projects, of which a subset would be selected for completion in the first budget period. Applicants were instructed to use their own judgment and expertise in designing a portfolio that would address timely, relevant, and important health workforce policy and planning questions.

Though the FOA indicated the intent to fund only one cooperative agreement in each research focus area, the latitude given to applicants in designing their portfolios resulted in diverse interpretations of the concentration areas, particularly in the “flexible use of workers” category. For example, the top two ranked “flexible use of workers” HWRC (ranked at second and third in the research category) have distinct areas of focus. One focuses its portfolio on use of workers in community health centers, health IT, and telehealth. The other focuses primarily on primary care, including competencies for primary care teams, temporal shifts between primary and specialty practice over time, and flexibility in primary vs. specialty care service offerings. After further consideration, and in light of growing interest in promoting full and effective use of health workers, HRSA has concluded it is appropriate and consistent with the intent of the FOA to fund more than one cooperative agreement in a single area of concentration if the proposals cover research on distinct issues of importance.

With this in mind, BHP intends to fund two HWRCs in the concentration area “flexible use of workers.” This decision was made in light of the critical importance of defining new and emerging roles and models of the health workforce to meet the nation’s changing

health care needs. In addition, this allows BHP to fund directly down the rank order list of applicants produced in the independent review process.

#### **FOR FURTHER INFORMATION CONTACT:**

Margaret Glos, Management Analyst, National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration, 5600 Fishers Lane, Room 9–57, Rockville, Maryland 20852, by phone: (301) 443–3579; fax: (301) 443–6380; or email: [mglos@hrsa.gov](mailto:mglos@hrsa.gov).

Dated: September 5, 2013.

**Mary K. Wakefield,**

*Administrator.*

[FR Doc. 2013–22105 Filed 9–10–13; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Notice of Service Delivery Area Designation for the Wilton Rancheria

**AGENCY:** Indian Health Service.

**ACTION:** Notice.

**SUMMARY:** This Notice advises the public that the Indian Health Service (IHS) proposes the geographic boundaries of the Service Delivery Area (SDA) for the newly restored Wilton Rancheria. The Wilton Rancheria SDA is to be comprised of Sacramento County in the State of California. The county listed is designated administratively as the SDA, to function as a Contract Health Service Delivery Area (CHSDA), for the purpose of operating a Contract Health Service (CHS) program pursuant to the Indian Self-Determination and Education Assistant Act (ISDEAA), Public Law 93–638.

**DATES:** This notice is effective 30 days after date of publication in the **Federal Register** (FR).

**ADDRESSES:** Comments may be mailed to Ms. Betty Gould, Regulations Officer,