

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

RSR component	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Grantee Report:					
Part A .....	52	1	52	2.04	106
Part B .....	51	1	51	2.52	129
Part C .....	351	1	351	0.32	122
Part D .....	115	1	115	0.33	38
Subtotal .....	569				395

The response burden for service providers is estimated as:

Service Provider Report .....	* 2,025	1	* 2,025	2.30	4,658
Subtotal .....	2,025				4,658
Service Providers requiring revisions/updates to CLD collection systems .....	1,012	1	1,012	60	60,720
Subtotal .....	1,012		1,012		60,720
Client Report (client-level data):					
• Providers without electronic data systems .....	37	1	37	106.25	3,931
• Providers with electronic data systems .....	1,804	1	1,804	3.75	6,765
Subtotal .....	** 1,841		** 1,841		10,696
TOTAL .....	5,447	1	5,447	14.04	76,469

\* All providers, including providers of administrative support services and direct client services.  
 \*\* Providers of direct client services only.

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: December 26, 2013.

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy**

The Health Resources and Services Administration (HRSA) is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Section 100.2 of the VICP's implementing regulation (42 CFR Part 100) states that the revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published periodically in a notice in the **Federal Register** and filed with the United States Court of Federal Claims (the Court). This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation and Health Research and Educational Trust (KFF/HRET) Employer Health Benefits survey or other authoritative source that may be more accurate or appropriate.

In 2013, MEPS-IC, available at [www.meps.ahrq.gov](http://www.meps.ahrq.gov), published the annual 2012 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was \$5,384. This figure is divided by 12 months to determine the cost per month of \$448.67. The \$448.67 shall be increased or decreased by the percentage change reported by the most recent KFF/HRET, available at [www.kff.org](http://www.kff.org). The percentage increase from 2012 to 2013, was published at 5 percent. By adding this percentage

increase, the calculated average monthly cost of a health insurance policy is \$471.10 for 2013.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$471.10 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the Court. Such notice was delivered to the Court on November 21, 2013.

Dated: December 26, 2013.

**Mary K. Wakefield,**  
 Administrator.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; 60-Day Comment Request: Questionnaire Cognitive Interviewing and Pretesting (NCI)**

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of