

FOIA REVIEW OF DATA ELEMENTS IN GSA LEASE DOCUMENTS—Continued

Data field	Exempt status	Public comments
(51) Security Information or Requirements Deemed Sensitive.	Exempt—5 U.S.C. 552(b)(7).	

Dated: January 8, 2014.  
**John D. Thomas,**  
 Director, Center for Lease Policy, Public Building Services.  
 [FR Doc. 2014-00684 Filed 1-15-14; 8:45 am]  
**BILLING CODE 6820-23-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier 21226-60D]

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

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate below or any other aspect of the ICR.  
**DATES:** Comments on the ICR must be received on or before March 17, 2014.  
**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier 21226-60D for reference.

Information Collection Request Title: ASPE Generic Clearance for the Collection of Qualitative Research and Assessment.

**Abstract:** The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting a generic clearance from the OMB for purposes of conducting qualitative research. ASPE conducts qualitative research to gain a better understanding of emerging health policy issues, develop future intramural and extramural research projects, and to ensure HHS leadership, agencies and offices have recent data and information to inform program and policy decision-making.

**Need and Proposed Use of the Information:** ASPE's mission is to advise the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as

strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives for HHS related programs.

The goal of developing these activities is to identify emerging policy issues and research gaps to ensure the successful implementation of HHS programs.

**Likely Respondents:** Policy experts, national, state and local health representatives, healthcare providers, and representatives of other health organizations.

**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	Average burden per response (in hours)	Total burden hours
Interviews, focus groups, questionnaires and other qualitative methods .....	747	1	1	747

OS 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.

**Keith A. Tucker,**  
 Information Collection Clearance Officer.  
 [FR Doc. 2014-00705 Filed 1-15-14; 8:45 am]  
**BILLING CODE 4150-05-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Notice of Establishment of the National Advisory Committee on Children and Disasters and Call for Nominees**

**AGENCY:** Department of Health and Human Services, Office of the Secretary.  
**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) Office of the

Secretary announces establishment of the National Advisory Committee on Children and Disasters (NACCD). The Advisory Committee will provide advice and consultation to the HHS Secretary on pediatric medical disaster planning, preparedness, response, and recovery with respect to the medical and public health needs of children in relation to disasters. The Office of the Assistant Secretary for Preparedness and Response (ASPR) shall provide management and administrative oversight to support the activities of the Advisory Committee. The Office of the Secretary is accepting application submissions from qualified individuals who wish to be considered for membership on the NACCD. Up to six new voting members with expertise in pediatric medical disaster planning, preparedness, response, or recovery will be selected for the Committee in the following categories: Non-federal health care professionals and representatives from state, local, territorial, or tribal agencies. Please visit the NACCD Web site at [www.phe.gov/naccd](http://www.phe.gov/naccd) for all application submission information and instructions. Application submissions will be accepted for 30 calendar days from the date this posting is published in the **Federal Register**.

**FOR FURTHER INFORMATION CONTACT:** CAPT Charlotte Spires, DVM, MPH, DACVPM, Executive Director and Designated Federal Official, National Advisory Committee on Children and Disasters, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Thomas P. O'Neill Federal Building, Room number 14F18, 200 C St. SW., Washington, DC 20024; Office: 202-260-0627, Email address: [charlotte.spires@hhs.gov](mailto:charlotte.spires@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (43 U.S.C. 300hh-10a), as added by section 103 of the Pandemic and All Hazards Preparedness Reauthorization Act of 2013 (Pub. L. 113-5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the National Advisory Committee on Children and Disasters (NACCD). The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. The Office of the Assistant Secretary for Preparedness and Response provides management

and administrative oversight to support the activities of the NACCD.

**Description of Duties:** The NACCD: (1) Provides advice and consultation with respect to the activities addressing at-risk individuals carried out pursuant to section 2814 of the PHS Act as applicable and appropriate (42 U.S.C. 300hh-16); (2) evaluates and provides input with respect to the medical and public health needs of children as they relate to preparation for, response to, and recovery from all-hazards emergencies; (3) provides advice and consultation with respect to state emergency preparedness and response activities and children, including related drills and exercises pursuant to the preparedness goals under the National Health Security Strategy authorized under section 2802(b) of the PHS Act (42 U.S.C. 300hh-1); and (4) provides advice and recommendations to the HHS Secretary with respect to children and the medical and public health grants and cooperative agreements implementing the Public Health Emergency Preparedness and Hospital Preparedness Programs and other activities, as applicable to preparedness and response activities authorized under Titles III and XXVIII of the PHS Act (42 U.S.C. 241 et seq.).

**Structure:** The Advisory Committee consists of not more than 15 voting members, including the Chairperson. Members will be appointed by the HHS Secretary, in consultation with such other Secretaries as may be appropriate, from among the nation's preeminent scientific, public health, and medical experts in areas consistent with the purpose and functions of the NACCD. Individuals necessary to perform the duties of the NACCD may include:

- The Assistant Secretary for Preparedness and Response;
- The Director of the Biomedical Advanced Research and Development Authority;
- The Director of the Centers for Disease Control and Prevention;
- The Commissioner of Food and Drugs;
- The Director of the National Institutes of Health;
- The Assistant Secretary for the Administration for Children and Families;
- The Administrator of the Federal Emergency Management Agency;
- At least two non-federal health care professionals with expertise in pediatric medical disaster planning, preparedness, response, or recovery;
- At least two representatives from state, local, territorial, or tribal agencies with expertise in pediatric disaster

planning, preparedness, response, or recovery; and

- Representatives from such federal agencies (such as the Department of Education and the Department of Homeland Security) as determined necessary to fulfill the duties of the Advisory Committee.

A member of the Advisory Committee will serve for a term of four years, except that the Secretary may adjust the terms of the initial Advisory Committee appointees in order to provide for a staggered term of appointment of all members. Members who are not full-time or permanent part-time federal employees shall be appointed by the Secretary as Special Government Employees (5 U.S.C. 3109).

Dated: January 10, 2014.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.*

[FR Doc. 2014-00791 Filed 1-15-14; 8:45 am]

**BILLING CODE 4150-37-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 30-Day Submission Period for Requests for ONC-Approved Accreditor (ONC-AA) Status

**AGENCY:** Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This notice announces the 30-day period for submission of requests for ONC-Approved Accreditor (ONC-AA) status.

**Authority:** 42 U.S.C. 300jj-11.

**DATES:** The 30-day submission period begins January 16, 2014 and will end on February 18, 2014.

**FOR FURTHER INFORMATION CONTACT:** Judy Murphy, Deputy National Coordinator for Programs and Policy, Office of the National Coordinator for Health Information Technology, 202-690-7151.

**SUPPLEMENTARY INFORMATION:** On June 6, 2011, ONC approved the American National Standards Institute (ANSI) as the ONC-AA. In accordance with 45 CFR § 170.503(f)(2), an ONC-AA's status will expire not later than 3 years from the date its status was granted by the National Coordinator. To ensure the continuity of the accreditation process and the ongoing responsibilities of the ONC-AA under the ONC HIT Certification Program, we are seeking requests for ONC-AA status for the 3-year term that would follow the term of