**ADDRESSES:** Submit comments identified by Information Collection 9000–0113, Acquisition of Helium, by any of the following methods:

- Regulations.gov: *http://www.regulations.gov*.

Submit comments via the Federal eRulemaking portal by searching the OMB control number 9000–0113. Select the link ''Comment Now'' that corresponds with ''Information Collection 9000–0113, Acquisition of Helium'', Follow the instructions provided on the screen. Please include your name, company name (if any), and ''Information Collection 9000–0113, Acquisition of Helium'', on your attached document.

- Fax: 202–501–4067.
- Mail: General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 9000–0113, Acquisition of Helium.

*Instructions:* Please submit comments only and cite Information Collection 9000–0113, Acquisition of Helium, in all correspondence related to this collection. All comments received will be posted without change to *http://www.regulations.gov,* including any personal and/or business confidential information provided.

**FOR FURTHER INFORMATION CONTACT:** Mr. Curtis E. Glover, Sr., Procurement Analyst, Acquistion Policy Division, via telephone 202–501–1448 or via email *curtis.glover@gsa.gov*.

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

The Helium Act (Pub. L. 86–777) (50 U.S.C. 167a, *et seq.*) and the Department of the Interior's implementing regulations (30 CFR parts 601 and 602) require Federal agencies to procure all major helium requirements from the Bureau of Land Management, Department of the Interior.

FAR 8.5, Acquisition of Helium, and the clause 52.208–8 Required Sources for Helium and Helium Usage Data, requires that the Contractor provide to the Contracting Officer the following data within 10 days after the Contractor or subcontractor receives a delivery of helium from a Federal helium supplier; (i) The name of the supplier; (ii) The amount of helium purchased; (iii) The delivery date(s); and (iv) the location where the helium was used. Such information will facilitate enforcement of the requirements of the Helium Act and the contractual provisions requiring the use of Government helium by agency contractors.

The information is used in administration of certain Federal contracts to ensure contractor compliance with contract clauses. Without the information, the required use of Government helium cannot be monitored and enforced effectively.

The FAR requires that the contractor provide helium purchase information 10 days after delivery from a federal helium supplier, not for the contractor to forecast what they are going to purchase. In consultation with subject matter experts at the Department of the Interior, Bureau of Land Management, Helium Operations, the number of responses per year was verified as being within an acceptable range, as was the average time required to read and prepare information which was estimated at 1 hour per response. No changes to the FAR are necessary.

**B. Annual Reporting Burden**

*Respondents:* 26.

*Responses Per Respondent:* 1.

*Total Responses:* 26.

*Hours per Response:* 1.

*Total Burden Hours:* 26.

**C. Public Comments**

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the FAR, and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 9000–0113, Acquisition of Helium, in all correspondence.

Dated: March 28, 2014.

**Karlos Morgan,**

*Acting Director, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.*

[FR Doc. 2014–07419 Filed 4–1–14; 8:45 am]

**BILLING CODE 6820–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

**[Document Identifier HHS–OS–0990–New–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 June 2, 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 HHS–OS–Office of the National Coordinator for Health IT: Office of Consumer eHealth OS–0990–New for reference.

*Information Collection Request Title:* The Blue Button Connector.

*Abstract:* The Blue Button Connector is a Web site that helps consumers and patients find their own health information online from the entities that collect their information (ie hospitals, physicians, labs, immunization registries, state health information exchanges etc). The Connector also helps developers build tools that respond to the readiness of the market. It also will provide links to apps and tools for consumers that use structured electronic health data.

*Need and Proposed Use of the Information:* The site's value will only increase if more healthcare organizations have the ability to list themselves on the Connector as an organization that is providing health data back to patients, a patient's designee or caregivers. For this reason, it is important to enable the capability for organizations to sign up to be listed on the Connector and update their

profile pages on an ongoing basis as they improve their offerings and features to patients. We would like for this capability to exist for no more than 3 years.

*Likely Respondents:* Any entity providing health services to patients and or collecting health information on consumers which includes but is not limited to: hospitals, physicians, labs, immunization registries, and state health information exchanges. Respondents will also include application developers with the capability to consume health information in a structured format from a patient.

*Burden Statement:* Organizations that would like to be listed on the Connector will fill out a 3–5 minute survey of nine questions. The survey will ask health data holding organizations to provide basic information about their access capabilities, reach, contact information and links to where patients could go to get their health data. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

| Type of respondent | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|
| Providers | 2,000 | 1 | 3/60 | 100 |
| Hospitals | 500 | 1 | 3/60 | 25 |
| Labs | 10 | 1 | 3/60 | .5 |
| State Immunization Registries | 7 | 1 | 3/60 | .35 |
| Pharmacies | 10 | 1 | 3/60 | .5 |
| State HIEs | 15 | 1 | 3/60 | .75 |
| Total | | | | 127 |

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.

**Darius Taylor,**

*Deputy, Information Collection Clearance Officer.*

[FR Doc. 2014–07350 Filed 4–1–14; 8:45 am]

**BILLING CODE 4150–45–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60-Day–14–14RJ]**

### Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Community Assessment for Public Health Emergency Response (CASPER)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC requests a three-year approval for a new Generic Information Collection Request (ICR) for the Community Assessment for Public Health Emergency Response (CASPER). CASPER is an effective public health tool designed to quickly provide low-cost, household-based information about a community's needs and health status in a simple, easy-to-understand format for decision-makers. A CASPER can be conducted any time the public health needs of a community are not well known, including as part of disaster/emergency response to help inform decision making and distribution of resources, or in non-emergency settings to assess the public health needs of a community. In all situations, CASPER provides timely public health information that is essential when engaging in sound public health action.

In order for a CASPER to be initiated by CDC, a state, local, tribal, or territorial jurisdiction must first invite CDC to participate in a CASPER. Communities are identified by local, state, or regional emergency managers and health department officers. The process for conducting a CASPER includes planning and preparation, field work, analysis, and sharing results with stakeholders. Planning can take 24 hours to several months depending on the type of CASPER being conducted. Field work takes approximately five days. Due to emergency situations under which CASPERs are often requested by states (e.g., hurricane response, oil spill), it is important that CDC has the ability to gain urgent approval for data collection.

The CASPER uses a validated statistical methodology that includes a two-stage probability sampling technique to collect information from a representative sample of 210 households in the community. Within the community, 30 clusters (typically census tracts) are selected based on probability proportional to size and, within each cluster, seven households are randomly selected for interview.

Participation in a CASPER questionnaire is voluntary. Consenting participants are not provided incentives