

In addition to the new data elements noted above, other new variables will be added to the RSR to address provisions set forth in Section 4302 of the Affordable Care Act. The Affordable Care Act includes several provisions aimed at eliminating health disparities in America. Section 4302 (Understanding health disparities: Data Collection and Analysis) of the Affordable Care Act focuses on the standardization, collection, analysis, and reporting of health disparities data. Section 4302 requires the Secretary of HHS to establish data collection standards for race, ethnicity, and sex. The race/ethnicity data elements include reporting of Hispanic, Asian,

and Native Hawaiian/Pacific Islander subgroups. The categories for HHS data standards for race and ethnicity are based on the disaggregation of the OMB standard used in the American Community Survey (ACS) and the 2000 and 2010 Decennial Census. The subgroup categories can be rolled-up to the OMB standard. These new data elements will be used in data analysis intended to identify and understand health disparities.

*Likely Respondents:* Ryan White HIV/AIDS Program Part A, Part B, Part C, and Part D grantees and their contracted service providers.

*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
Grantee Report .....	595	1	595	7	4,165
Provider Report .....	1793	1	1793	17	30,481
Client Report .....	1312	1	1312	67	87,904
Total .....	3700	.....	3700	91	122,550

Dated: March 26, 2014.

**Jackie Painter,**

*Deputy Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Notice of Supplemental Funding Opportunity**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of Supplemental Funding Opportunity: Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions.

**SUMMARY:** Funded in part by the Secretary's Minority AIDS Initiative Fund (SMAIF), as set forth in the Consolidated Appropriations Act of 2014, Public Law 113-76, H.R. 3547-376, a supplemental funding opportunity will be available in June 2014, for certain existing Health Center Program grantees funded under Section 330 of the Public Health Service (PHS)

Act, as amended (42 U.S.C. 254b). This supplemental funding opportunity is one facet of a partnership between the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA, BPHC), which will encourage collaboration between Health Center Program grantees in geographic areas of high HIV/AIDS unmet need among racial/ethnic minorities and state health departments to increase and improve HIV service delivery within their primary care programs.

Under *Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions* (CDC-RFA-PS14-1410), CDC will fund approximately four state health departments through a competitive application process among nine state health departments (Alabama, California, Florida, Maryland, Massachusetts, Michigan, New York, South Carolina, and Texas) that have been identified as eligible to apply for funding. State health department awardees must collaborate with Health Center Program grantees identified in their applications to increase and improve HIV service delivery among racial/ethnic minorities. Health Center Program grantees identified in awarded

health department applications may subsequently apply for supplemental funding from HRSA for their participation in this collaboration.

HRSA will award 12-24 supplemental awards ranging in amount from \$250,000 to \$500,000 to existing Health Center Program grantees identified by state health departments as collaborative partners in their applications for grant funding under *Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions* (CDC-RFA-PS14-1410). This supplemental funding will support activities currently in scope of health center projects, including health center workforce development, infrastructure development, HIV service delivery across the HIV care continuum, and the development of sustainable partnerships with state health departments.

**FOR FURTHER INFORMATION CONTACT:**

Joanne Galindo or Jennifer Clarke, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Room 17C-05, Rockville, MD 20857; telephone 301-594-4300.

Dated: March 28, 2014.

Mary K. Wakefield,  
Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Request for Nominations: Advisory Committee on Training in Primary Care Medicine and Dentistry

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

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is requesting nominations to fill eight vacancies on the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD).

**DATES:** Nominations for ACTPCMD must be submitted by May 30, 2014.

**ADDRESSES:** All nominations should be submitted by email to Shane Rogers, Designated Federal Official, at [srogers@hrsa.gov](mailto:srogers@hrsa.gov), or mailed to: Shane Rogers, ACTPCMD, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Room 9A-27, Rockville, Maryland 20857, no later than May 30, 2014.

**FOR FURTHER INFORMATION CONTACT:** Shane Rogers, Designated Federal Official, ACTPCMD, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Room 9A-27, Rockville, Maryland 20857, [srogers@hrsa.gov](mailto:srogers@hrsa.gov), 301-443-5260.

**SUPPLEMENTARY INFORMATION:** A copy of the current committee membership, charter, reports and other publications can be obtained by accessing the ACTPCMD Web site at: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/index.html>.

The ACTPCMD, authorized by section 749 (42 U.S.C. 2931) of the Public Health Service (PHS) Act, as amended by section 5103(d) and re-designated by section 5303 of the Affordable Care Act, provides advice and recommendations on policy and program development to the Secretary, and is responsible for submitting an annual report to the Secretary and Congress concerning the activities under Sections 747 and 748 of the Public Health Service Act (PHS Act), as amended. In addition, the ACTPCMD is responsible for developing, publishing, and implementing performance measures and longitudinal evaluations, as well as recommending appropriation levels for programs under

Part C of Title VII of the PHS Act, as amended.

The ACTPCMD consists of 17 members appointed by the Secretary. The Secretary appoints members from practicing health professionals engaged in training; leaders from health professions organizations; faculty from health professions educational institutions; and health professionals from public or private teaching hospitals and/or community-based settings.

HRSA is seeking nominees that can represent the following health professions disciplines: Family Medicine (allopathic and osteopathic), General Internal Medicine, General Pediatrics, General and Pediatric Dentistry, Dental Hygiene, Physician Assistants, and Advanced Practice Nursing.

Interested persons and organizations may nominate one or more qualified persons for membership. Self-nominations are accepted. Please furnish each nominee's curriculum vitae (CV) and a completed ACTPCMD Applicant Information Form, which can be found at: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/index.html>, or obtained by contacting Mr. Shane Rogers at [srogers@hrsa.gov](mailto:srogers@hrsa.gov) or 301-443-5260. Personal letters of interest from the nominees and organizational letters of support are optional.

If selected, a member must submit an Office of Government Ethics (OGE) 450 Confidential Financial Disclosure Form within thirty (30) days of entrance on duty. Members will receive a stipend for each official meeting day of the committee, as well as per diem and travel expenses as authorized by section 5 U.S.C. 5703 for persons employed intermittently in government service. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, cultural, religious, socioeconomic, or disability status. Selected candidates will be invited to serve a term of no less than 3 years.

Dated: March 26, 2014.

**Jackie Painter,**

*Deputy Director, Division of Policy and Information Coordination.*

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## DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2013-0083]

### The Critical Infrastructure Partnership Advisory Council

**AGENCY:** National Protection and Programs Directorate, DHS.

**ACTION:** Notice of renewal of Critical Infrastructure Partnership Advisory Council charter and quarterly membership update.

**SUMMARY:** The Department of Homeland Security (DHS) announced the establishment of the Critical Infrastructure Partnership Advisory Council (CIPAC) in a **Federal Register** Notice (71 FR 14930-14933) dated March 24, 2006, which identified the purpose of CIPAC, as well as its membership. This notice provides: (i) Notice of the renewal of the CIPAC charter; (ii) quarterly CIPAC membership updates; (iii) instructions on how the public can obtain the CIPAC membership roster and other information on the council; and (iv) information on recently completed CIPAC meetings.

**FOR FURTHER INFORMATION CONTACT:** Larry May, Designated Federal Officer, Critical Infrastructure Partnership Advisory Council, Sector Outreach and Programs Division, Office of Infrastructure Protection, National Protection and Programs Directorate, U.S. Department of Homeland Security, 245 Murray Lane, Mail Stop 0607, Arlington, VA 20598-0607; telephone: (703) 603-5070; email: [CIPAC@dhs.gov](mailto:CIPAC@dhs.gov).  
*Responsible DHS Official:* Larry May, Designated Federal Officer for the CIPAC.

#### SUPPLEMENTARY INFORMATION:

*Purpose and Activity:* The CIPAC facilitates interaction between government officials and representatives of the community of owners and/or operators for each of the critical infrastructure sectors defined by Presidential Policy Directive 21 and identified in *National Infrastructure Protection Plan 2013: Partnering for Critical Infrastructure Security and Resilience*. The scope of activities covered by the CIPAC includes: Planning; coordinating among government and critical infrastructure owner and operator security partners; implementing security program initiatives; conducting operational activities related to critical infrastructure protection security measures, incident response, recovery, and infrastructure resilience; reconstituting critical infrastructure