

the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection**

**Activities: Proposed Collection: Public Comment Request**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this Information Collection Request must be received within 60 days of this notice.

**ADDRESSES:** Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance

Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference.

*Information Collection Request Title:* Data System for Organ Procurement and Transplantation Network

*OMB No.:* 0915-0157—Revision

*Abstract:* Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). This is a request for revisions to current OPTN data collection forms associated with donor organ procurement and an individual's clinical characteristics at the time of registration, transplant, and follow-up after the transplant. Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to indicate the disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used to develop transplant, donation,

and allocation policies, to determine whether institutional members are complying with policy, to determine member-specific performance, to ensure patient safety and to fulfill the requirements of the OPTN Final Rule. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and members of the public for evaluation, research, patient information, and other important purposes.

*Likely Respondents:* Transplant programs, organ procurement organizations, histocompatibility laboratories, medical and scientific organizations, and public 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; 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; train personnel to respond to a request for collection of information; search data sources; complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Section/activity	Number of respondents	Average number of responses per respondent	Total number of responses	Average burden per response (in hours)	Total burden hours
Deceased Donor Registration .....	58	158.2	9174	1.1	10091.4
Living Donor Registration .....	290	20.6	5984	1.8	10771.2
Living Donor Follow-up .....	290	60.7	17610	1.3	22893.0
Donor Histocompatibility .....	151	96.7	14598	0.2	2919.6
Recipient Histocompatibility .....	151	173.5	26199	0.4	10479.6
Heart Candidate Registration .....	131	30.5	3991	0.9	3591.9
Heart Recipient Registration .....	131	19.3	2525	1.4	3535.0
Heart Follow Up (6 Month) .....	131	17.0	2229	0.4	891.6
Heart Follow Up (1-5 Year) .....	131	73.9	9683	0.9	8714.7
Heart Follow Up (Post 5 Year) .....	131	115.2	15091	0.5	7545.5
Heart Post-Transplant Malignancy Form .....	131	11.0	1447	0.9	1302.3
Lung Candidate Registration .....	64	39.6	2534	0.9	2280.6
Lung Recipient Registration .....	64	30.0	1923	1.4	2692.2
Lung Follow Up (6 Month) .....	64	26.2	1677	0.5	838.5
Lung Follow Up (1-5 Year) .....	64	99.4	6364	1.1	7000.4
Lung Follow Up (Post 5 Year) .....	64	65.6	4201	0.6	2520.6
Lung Post-Transplant Malignancy Form .....	64	1.5	99	0.4	39.6
Heart/Lung Candidate Registration .....	63	0.7	46	1.1	50.6
Heart/Lung Recipient Registration .....	63	0.3	21	1.4	29.4
Heart/Lung Follow Up (6 Month) .....	63	0.3	20	0.8	16
Heart/Lung Follow Up (1-5 Year) .....	63	1.5	97	1.1	106.7
Heart/Lung Follow Up (Post 5 Year) .....	63	3.1	194	0.6	116.4

Section/activity	Number of respondents	Average number of responses per respondent	Total number of responses	Average burden per response (in hours)	Total burden hours
Heart/Lung Post-Transplant Malignancy Form .....	63	0.2	12	0.4	4.8
Liver Candidate Registration .....	135	89.2	12048	0.8	9638.4
Liver Recipient Registration .....	135	47.8	6457	1.3	8394.1
Liver Follow-up (6 Month–5 Year) .....	135	231.1	31194	1	31194.0
Liver Follow-up (Post 5 Year) .....	135	256.5	34622	0.5	17311.0
Liver Recipient Explant Pathology Form .....	135	12.3	1665	0.6	999.0
Liver Post-Transplant Malignancy .....	135	13.2	1786	0.8	1428.8
Intestine Candidate Registration .....	41	4.4	182	1.3	236.6
Intestine Recipient Registration .....	41	2.7	109	1.8	196.2
Intestine Follow Up (6 Month–5 Year) .....	41	13.3	547	1.5	820.5
Intestine Follow Up (Post 5 Year) .....	41	13.5	553	0.4	221.2
Intestine Post-Transplant Malignancy Form .....	41	0.6	25	1.0	25.0
Kidney Candidate Registration .....	233	162.6	37880	0.8	30304.0
Kidney Recipient Registration .....	233	72.5	16904	1.3	21975.2
Kidney Follow-Up (6 Month–5 Year) .....	233	379.5	88422	0.9	79579.8
Kidney Follow-up (Post 5 Year) .....	233	346.7	80770	0.5	40385.0
Kidney Post-Transplant Malignancy Form .....	233	18.1	4213	0.8	3370.4
Pancreas Candidate Registration .....	134	3.6	479	0.9	431.1
Pancreas Recipient Registration .....	134	1.9	259	1.1	284.9
Pancreas Follow-up (6 Month–5 Year) .....	134	10.4	1398	1.0	1398.0
Pancreas Follow-up (Post 5 Year) .....	134	13.5	1804	0.5	902.0
Pancreas Post-Transplant Malignancy Form .....	134	0.8	108	0.6	64.8
Kidney/Pancreas Candidate Registration .....	134	9.6	1280	0.9	1152.0
Kidney/Pancreas Recipient Registration .....	134	5.7	760	1.1	836.0
Kidney/Pancreas Follow-up (6 Month–5 Year) .....	134	33.6	4509	1.0	4509.0
Kidney/Pancreas Follow-up (Post 5 Year) .....	134	48.2	6465	0.6	3879.0
Kidney/Pancreas Post-Transplant Malignancy Form .....	134	1.6	211	0.4	84.4
VCA Candidate Registration .....	9	1.7	15	0.4	6.0
VCA Recipient Registration .....	9	1.7	15	1.3	19.5
VCA Recipient Follow Up .....	9	1.7	15	1.0	15.0
<b>Total</b> .....	<b>*453</b>		<b>460414</b>		<b>358092.5</b>

\* Total number of OPTN member institutions as of 6/6/2014. Number of respondents for transplant candidate or recipient forms based on number of organ specific programs associated with each form.

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: August 29, 2014.

**Jackie Painter,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Service Administration**

**Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

*Dates and Times:* September 10, 2014 (8:30 a.m.–5:30 p.m.) and September 11, 2014 (8:30 a.m.–4:00 p.m.).

*Place:* In-Person Meeting, Webinar, and Conference Call Format.

*Status:* The meeting will be open to the public.

*Purpose:* The members of the ACICBL will continue discussions to develop the legislatively mandated 14th Annual Report to the Secretary of Health and Human Services and Congress. The Committee members have chosen the working topic: *Rethinking Complex Care: Preparing the Health Care*

*Workforce to Foster Person-Centered Care.*

*Agenda:* The ACICBL agenda includes an opportunity for members to consult with experts in the area of complex care and to further discuss and develop a plan for developing the 14th Annual Report. The agenda will be available 2 days prior to the meeting on the HRSA Web site at <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/acicbl.html>. Agenda items are subject to change as priorities dictate.

The Committee has invited Anand K. Parekh, Deputy Assistant Secretary for Health, U.S. Department of Health & Human Services; Tara A. Cortes, Executive Director, The Hartford Institute for Geriatric Nursing and Professor, NYU College of Nursing; Kimberly Lochner, Centers For Medicare & Medicaid Services, Office of Information Products and Data Analysis; Mark Sciegaj, Associate Professor of Health Policy and Administration, College of Health and Human Development, Pennsylvania State University; and Michael J. Barry, President, Informed Medical Decisions Foundation, to provide expertise in the areas of person-centered care, chronic