

further reduce the information collection burden on small business concerns with fewer than 25 employees. The FCC may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid Office of Management and Budget (OMB) control number.

**DATES:** Written PRA comments should be submitted on or before December 22, 2014. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

**ADDRESSES:** Submit your PRA comments to Benish Shah, Federal Communications Commission, via the Internet at [Benish.Shah@fcc.gov](mailto:Benish.Shah@fcc.gov). To submit your PRA comments by email send them to: [PRA@fcc.gov](mailto:PRA@fcc.gov).

**FOR FURTHER INFORMATION CONTACT:** Benish Shah, Office of Managing Director, (202) 418-7866.

**SUPPLEMENTARY INFORMATION:**

*OMB Control Number:* 3060-0813.  
*Title:* Section 20.18, Enhanced 911 Emergency Calling Services.

*Form Number:* Not applicable.

*Type of Review:* Revision of a currently approved collection.

*Respondents:* Business or other-for-profit and State, local and tribal governments.

*Number of Respondents and Responses:* 999 Respondents; 2,580 Responses.

*Estimated Time per Response:* 0.5-1 hours.

*Frequency of Response:* One-time third party disclosure requirements.

*Obligation to Respond:* Mandatory. Statutory authority for this information collection is contained in 47 U.S.C. Sections 151, 152, 154(i), 154(j), 154(o), 251(e), 303(b), 303(g), 303(r), 316, and 403.

*Total Annual Burden:* 2,473 hours.

*Total Annual Cost:* N/A.

*Privacy Act Impact Assessment:* N/A.

*Nature and Extent of Confidentiality:* There is no need for confidentiality.

*Needs and Uses:* The information collection entailed in a Public Safety Answering Point (PSAP) request is necessary to initiate E911 service, and serves as notice to the CMRS provider. The notification requirement on PSAPs will be used by the carriers to verify that wireless E911 calls are referred to PSAPs who have the technical capability to use the data to the caller's benefit. If the carrier challenges the

validity of the request, the request will be deemed valid if the PSAP making the request provides the following information:

*A. Cost Recovery.* The PSAP must demonstrate that a mechanism is in place by which the PSAP will recover its costs of the facilities and equipment necessary to receive and utilize the E911 data elements;

*B. Necessary Equipment.* The PSAP must provide evidence that it has ordered the equipment necessary to receive and utilize the E911 data elements; and

*C. Necessary Facilities.* The PSAP must demonstrate that it has made a timely request to the appropriate local exchange carrier for the necessary trunking and other facilities to enable E911 data to be transmitted to the PSAP.

In the alternative, the PSAP may demonstrate that a funding mechanism is in place, that it is E911 capable using a Non-Call Associated Signaling technology, and that it has made a timely request to the appropriate LEC for the necessary ALI database upgrade.

Federal Communications Commission.

**Marlene H. Dortch,**

*Secretary.*

[FR Doc. 2014-24937 Filed 10-20-14; 8:45 am]

**BILLING CODE 6712-01-P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology

#### Announcement of Requirements and Registration for "Market R&D Pilot Challenge"

**Authority:** 15 U.S.C. 3719.

**AGENCY:** Office of the National Coordinator for Health Information Technology, HHS.

*Award Approving Official:* Dr. Karen DeSalvo, National Coordinator for Health Information Technology.

**ACTION:** Notice.

**SUMMARY:** Developers and innovators have many great ideas and products that could improve the U.S. health care system and make life better for patients and care providers. However, effecting actual change is extremely difficult due to the high barriers to entry in the health IT space. Once an innovative new product has been developed, it needs to be tested in real-life care settings. But providers can be hesitant to host this testing for a myriad of reasons—they may have had bad experiences in the past, be anxious about deploying new

tools that may disrupt their workflows, or be wary of encountering more problems than the solution solves.

Without this testing, it cannot be determined how well the product actually works, making it difficult for the developers to identify the changes that need to be made to the product to make it more effective. Furthermore, without evidence of the uses a product can provide it is that much harder to acquire the venture funding that can fuel further advancement and lead to successful entry in the marketplace.

The Market R&D Pilot Challenge is intended to help bridge this gap by bringing together health care organizations ("Hosts") and innovative companies ("Innovators") through pilot funding awards and facilitated matchmaking. The Challenge seeks to award pilot proposals in three different domains: Clinical environments (e.g., hospitals, ambulatory care, surgical centers), public health and community environments (community-based personnel such as public health departments, community health workers, mobile medical trucks, school- and jail-based clinics), and consumer health (e.g., self-insured employers, pharmacies, laboratories). Hosts and Innovators will submit joint pilot proposals, with the winners, as determined by an expert panel, proceeding to implement their pilots.

The Challenge's primary goals are to:

- Encourage early collaboration between entrepreneurs, medical and public health personnel, patients, and the research community to link innovation in health IT to innovation in care delivery;
- De-risk early stage health IT and digital health products for future clinical testing and investment;
- Encourage uptake of and ensure the market is aware of ONC standards and functions within certified electronic health record technologies; and
- Explore evidence collection methods and relevant metrics for early stage health IT products that may better match agile software development.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111-358).

**DATES:**

*Applicants:*

- Challenge launch: October 20, 2014.
- Matchmaking events: Early December, 2014 to mid-January, 2015.
- Submissions due: March 2, 2015.
- Winners announced: April 30, 2015.

*Winners:*

- Pilot preparation and setup: May-July, 2015.

- Pilots begin: August, 2015.
- Pilots complete: January, 2015.

**FOR FURTHER INFORMATION CONTACT:**

Adam Wong, [adam.wong@hhs.gov](mailto:adam.wong@hhs.gov) (preferred), 202-720-2866.

**SUPPLEMENTARY INFORMATION:****Subject of Challenge Competition**

The Market R&D Pilot Challenge will have up to six winners, preferably spread across each of the three Host domains: Clinical environments, public health and community environments, and consumer health.

The Challenge is a multi-step process that builds on ONC's previous prize challenges.

**1. Learn About the Challenge**

The challenge Web site will be the primary source for finding all information about the challenge, and will be updated regularly with the newest information. ONC will hold an informational Webinar to provide details about the program and answer questions; the Webinar will be recorded and made available for those who miss it.

**2. Find a Match**

The organizers will facilitate matchmaking to help Innovators and Hosts connect to discuss potential pilots through in-person and virtual events. Potential applicants are *not* required to participate in this process in order to submit a proposal. Interested Innovators and Hosts will submit an application form to be considered to participate in the facilitated matchmaking sessions. Hosts make the final selection about which Innovators they will meet with in person; Innovators will be officially notified of these meetings prior to the sessions. We encourage Innovators to reach out independently to health care service organizations and stakeholders for potential partnerships.

**3. Submit Joint Proposal**

A Host and an Innovator will apply as a pair by submitting a joint pilot proposal. Applications without a Host or Innovator co-applicant will not be accepted. A panel of expert judges will review proposals and select up to 6 winning proposals to each receive a \$50,000 award. Winners will be announced on a Webinar where they'll present their pilot proposals.

In addition to a description and budget of the pilot, the joint proposal will require general information about the Host and Innovator; description and demo video of the Innovator's technology; and letters of intent from the Host and Innovator.

**4. Winners: Prepare and Implement Pilot Project**

Pilot planning and implementation support services will be provided over a series of Webinars. The selected winners will then implement and run their pilot projects over a period of 6–9 months.

**5. Issue Deliverable and Promote Results**

Upon completion of the pilot, the winners will be required to issue a deliverable that contributes to the public knowledge base, such as a white paper or open data set, or to open technology, such as an API or open source tool. Winners will also have the opportunity to present their pilot projects at a major health event or conference.

Applicants are strongly encouraged to address the following ONC priority areas:

- Standards/Data Formats
- Interoperability & Exchange
- Care Coordination/Transitions of Care
- Patient/PHR Portals
- Medication Management
- Blue Button
- Patient Generated Health Data
- Underserved Communities

**Eligibility Rules for Participating in the Competition**

**Host Eligibility:** The Host must be a health care organization operating in a clinical environment, (e.g., hospital, ambulatory care, surgical center), public health and community environment (community-based personnel such as public health department, community health worker, mobile medical truck, school- and jail-based clinic), or consumer health (e.g., self-insured employer, pharmacy, laboratory) and must meet the following eligibility criteria:

- Ability to allocate time and resources to plan and implement the pilot project
- Allocate one business-minded internal lead to shepherd project from the initial application through the pilot's implementation

**Innovator Eligibility:** The Innovator, an early-stage health care technology company, must have a readily available tech-based product focused on improving health care that can be tested in the Host setting and meet the following criteria:

- Demonstration of financial stability, managerial capacity, and scalability
- Maximum number of 50 employees
- Less than \$10,000,000 in venture capital funding raised

**To Be Eligible To Win a Prize Under This Challenge, an Individual or Entity**

(1) Shall have registered to participate in the competition under the rules promulgated by the Office of the National Coordinator for Health Information Technology.

(2) Shall have complied with all the requirements under this section.

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States.

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of the Office of the National Coordinator for Health IT.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Entrants must agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

Entrants must also agree to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

**Submission Requirements**

In order for an Innovator's application to be eligible to win this Challenge, it must meet the following requirements:

1. *No HHS or ONC logo*—The product must not use HHS' or ONC's logos or

official seals and must not claim endorsement.

2. *Functionality/Accuracy*—A product may be disqualified if it fails to function as expressed in the description provided by the user, or if it provides inaccurate or incomplete information.

3. *Security*—Submissions must be free of malware. Contestant agrees that ONC may conduct testing on the product to determine whether malware or other security threats may be present. ONC may disqualify the product if, in ONC's judgment, the app may damage government or others' equipment or operating environment.

#### Registration Process for Participants

To register for this Challenge, participants can access <http://www.challenge.gov> and search for "Market R&D Pilot Challenge."

#### Prize

- Up to six Host/Innovator teams will each win \$50,000 prizes (50% to be disbursed following award, 50% to be disbursed upon completion of pilot)
- *Total*: up to \$300,000 in prizes

#### Payment of the Prize

Prize will be paid by contractor.

#### Basis Upon Which Winner Will Be Selected

The review panel will make selections based upon the following criteria:

- Pilot proposal and design
- Pilot budget and scale
- Potential for health impact
- Relevance to ONC priorities
- Potential of Innovator's product
- Team experience and strength of match
- Proposed public deliverable

#### Additional Information

*General Conditions*: ONC reserves the right to cancel, suspend, and/or modify the Contest, or any part of it, for any reason, at ONC's sole discretion.

*Intellectual Property*: Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement. By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty-free, worldwide license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

Dated: October 9, 2014.

**Dr. Karen DeSalvo,**

*National Coordinator for Health Information Technology.*

[FR Doc. 2014-24918 Filed 10-20-14; 8:45 am]

**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention—Health Disparities Subcommittee (HDS); Meetings

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned subcommittee:

#### Times and Dates

1:30 p.m.–5:00 p.m. EST, November 12, 2014.

9:00 a.m.–3:00 p.m. EST, November 13, 2014.

*Place*: CDC, Building 19, Distance Learning Auditorium, 1600 Clifton Road NE., Atlanta, Georgia 30333.

*Status*: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people. The public is welcome to participate during the public comment period, tentatively scheduled from 2:45 p.m. to 3:00 p.m. on November 13, 2014. This meeting is also available by teleconference. Please dial (866) 763-0273 and enter code 6158968.

*Purpose*: The Subcommittee will provide advice to the CDC Director through the ACD on strategic and other health disparities and health equity issues and provide guidance on opportunities for CDC.

*Matters for Discussion*: The Health Disparities Subcommittee members will discuss progress-to-date in accomplishing the health equity recommendations approved by the CDC ACD; updates on health disparities training for the public health workforce, and collaborations with the State, Tribal, Local, and Territorial Subcommittee to the ACD.

The agenda is subject to change as priorities dictate.

#### Web Links

*Windows Media Connection*

<http://wm.onlinevideosevice.com/CDC1>.

*Flash Connection*

<http://www.onlinevideosevice.com/clients/CDC/?mount=CDC3>.

If you are unable to connect using the link, copy and paste the link into your web browser.

*Number for Technical Support*: (404) 639-3737.

*Contact Person for More Information*: Leandris Liburd, Ph.D., M.P.H., M.A., Designated Federal Officer, Health

Disparities Subcommittee, ACD, CDC, 1600 Clifton Road NE., M/S K-77, Atlanta, Georgia 30333, Telephone (770) 488-8343, Email: [LEL1@cdc.gov](mailto:LEL1@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2014-24936 Filed 10-20-14; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Environmental Health Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee*: Environmental Health Sciences Review Committee.

*Date*: November 12–13, 2014.

*Time*: 8:00 a.m. to 6:00 p.m.

*Agenda*: To review and evaluate grant applications.

*Place*: National Institute of Environmental Health Sciences, Building 101, Rodbell Auditorium, 111 T.W. Alexander Drive, Research Triangle Park, NC 27709.

*Contact Person*: Linda K Bass, Ph.D., Scientific Review Administrator, Scientific Review Branch, Division of Extramural Research and Training, Nat'l Institute of Environmental Health Sciences, P.O. Box 12233, MD EC-30, Research Triangle Park, NC 27709, (919) 541-1307.

(Catalogue of Federal Domestic Assistance Program Nos. 93.115, Biometry and Risk Estimation—Health Risks from Environmental Exposures; 93.142, NIEHS Hazardous Waste Worker Health and Safety Training; 93.143, NIEHS Superfund Hazardous Substances—Basic Research and Education; 93.894, Resources and Manpower Development in the Environmental Health