project period and one retrospective data collection during the first year of the three-year project period. The retrospective data collection will provide information about clients' baseline characteristics prior to participation in the model program which is needed to compare outcomes before and after program implementation. Minor formatting revisions are requested to the previously approved data collection forms. Lastly, CDC newly requests approval to conduct key informant interviews with program clinic and pharmacy staff in order to evaluate the program processes and to collect time and cost data which will be used to estimate the cost of the model program. The key informant interviews and time and cost data are additional data collections from the original OMB approval.

Pharmacy, laboratory and medical data will be collected through abstraction of all participant clients' pharmacy and medical records. Pharmacy, laboratory and medical data are needed to monitor retention in care, adherence to therapy, viral load suppression and other health outcomes. Program specific data, such as the number of MTM elements completed per project site and time spent on program activities, will be collected by program. Qualitative data will be gathered from program staff through in-person or telephone interviews.

The data collection will allow CDC to conduct continuous program performance monitoring which includes identification of barriers to program implementation, solutions to those barriers, and documentation of client health outcomes. Performance monitoring will allow the model program to be adjusted, as needed, in order to develop a final implementation model that is self-sustaining and which can be used to establish similar collaborations in a variety of clinical settings. Collection of cost data will allow for the cost of the program to be estimated.

There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Clinic Data Manager	Project clinic characteristics form	10	3	30/60	15
Pharmacist	Project pharmacy characteristics form	10	3	30/60	15
Clinic Data Manager	Patient Demographic Information form	10	100	5/60	83
Clinic Data Manager	Initial patient information form	10	100	1	1,000
Clinic Data Manager	Quarterly patient information form	10	400	30/60	2,000
Pharmacist	Pharmacy record abstraction form	10	400	30/60	2,000
Key informants	Interviewer data collection worksheet	60	2	30/60	60
Clinic staff	Clinic cost form	20	2	10	400
Pharmacy staff	Pharmacy cost form	20	2	10	400
Total					5,973

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–01698 Filed 1–29–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Notice of Charter Amendment

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), has amended their charter to reflect the change in the filing date. The amended filing date is January 13, 2015.

For information, contact Dr. Larry Pickering, Designated Federal Officer, Advisory Committee on Immunization Practices, HHS, CDC, 1600 Clifton Road NE., Mailstop E05, Atlanta, Georgia 30333, telephone (404) 639–8562 or fax (404) 639–8626.

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.

Elaine L. Baker,

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

[FR Doc. 2015–01767 Filed 1–29–15; 8:45 am]

BILLING CODE 4163–18–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)

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:

Time and Date: 11:00 a.m.–12:30 p.m. EST, February 26, 2015.

Place: This meeting will be held by teleconference.

Status: This meeting is open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment, which is tentatively scheduled from 12:15 to 12:30 p.m. To participate in the teleconference, please dial (866) 763–0273 Passcode: 6158968.

Purpose: The Subcommittee will provide advice to the CDC Director through the ACD on strategic and other health disparities and