

Annually, lists of designated HPSAs are made available to all PCOs, state medical and dental societies and others, with a request to review and update the data on which the designations are based. Emphasis is placed on updating those designations that are more than 3 years old or where significant changes relevant to the designation criteria have occurred.

Recommendations for possible additions, continuations, revisions, or withdrawals from a HPSA list are reviewed by BHW, and the review findings are provided by letter to the agency or individual requesting action or providing data, with copies to other interested organizations and individuals. These letters constitute the official notice of designation as a HPSA, rejection of recommendations for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list. Designations (or revisions of designations) are effective as of the date on the notification letter from BHW. Proposed withdrawals become effective only after interested parties in the area affected have been afforded the opportunity to submit additional information to BHW in support of its continued or revised designation. If no new data are submitted, or if BHW review confirms the proposed withdrawal, the withdrawal becomes effective upon publication of the lists of designated HPSAs in the **Federal Register**. In addition, lists of HPSAs are updated daily on the HRSA Web site at <http://www.hrsa.gov/shortage/>, so that interested parties can access the most accurate and timely information.

#### Publication and Format of Lists

Due to the large volume of designations, a printed version of the list is no longer distributed. This notice serves to inform the public of the availability of the complete listings of designated HPSA on the HRSA Web site. The three lists (primary medical care, mental health, and dental) of designated HPSAs are available at a link on the HRSA Web site at <http://www.hrsa.gov/shortage/> and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of May 29, 2015. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on June 25, 2014 (**Federal Register**/Vol. 79, No. 122/Wednesday, June 25, 2014/ Notices 36075). The lists also include automatic facility HPSAs, designated as a result of the Health Care Safety Net Amendments of 2002 (Pub. L. 107-251),

not subject to update requirements. Each list of designated HPSAs (primary medical care, mental health, and dental) is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, or if the county is part of a larger designated service area, or if a population group residing in the county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. Counties that have a whole county geographic HPSA are indicated by the "Entire county HPSA" notation following the county name. Further details on the snapshot of HPSAs listed can be found on the HRSA Web site at <http://www.hrsa.gov/shortage/>.

In addition to the specific listings included in this notice, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603(d), are automatically designated as population groups with primary medical care and dental health professional shortages. The Health Care Safety Net Amendments of 2002 also made the following entities eligible for automatic facility HPSA designations: All federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. These entities include: FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Exclusion from this list does not exclude them from HPSA designation; any facilities eligible for automatic designation will be included in the database as they are identified.

#### Future Updates of Lists of Designated HPSAs

The lists of HPSAs on the HRSA Web site consist of all those that were designated as of May 29, 2015. It should be noted that HPSAs are currently updated on an ongoing basis based on the identification of new areas, population groups, facilities, and sites that meet the eligibility criteria or that no longer meet eligibility criteria and/or are being replaced by another type of designation. As such, additional HPSAs may have been designated by letter since that date. The appropriate agencies and individuals have been or will be notified of these actions by letter. These newly designated HPSAs will be included in the next publication

of the HPSA list and are currently included in the daily updates posted on the HRSA Web site at <http://www.hrsa.gov/shortage/find.html>.

Any designated HPSA listed on the HRSA Web site is subject to withdrawal from designation if new information received and confirmed by HRSA indicates that the relevant data for the area involved have significantly changed since its designation. The effective date of such a withdrawal will be the next publication of a notice regarding this list in the **Federal Register**.

All requests for new designations, updates, or withdrawals should be based on the relevant criteria in regulations published at 42 CFR part 5.

#### Electronic Access Address

The complete list of HPSAs designated as of May 29, 2015, are available on the HRSA Web site at <http://www.hrsa.gov/shortage/>. Frequently updated information on HPSAs is also available at <http://datawarehouse.hrsa.gov>.

Dated: June 25, 2015.

**James Macrae,**  
Acting Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

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

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than July 31, 2015.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to [OIRA\\_](mailto:OIRA_)

submission@omb.eop.gov or by fax to 202-395-5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Radiation Exposure Screening and Education Program

*OMB No.:* 0915-xxxx—NEW.

*Abstract:* The Radiation Exposure Screening and Education Program (RESEP) is authorized by Section 417C of the Public Health Service Act, Part C of Title IV, Public Law 106-245 (42 U.S.C. 285(a)-9). The purpose of RESEP is to assist individuals who live (or lived) in areas where U.S. nuclear weapons testing occurred and who are diagnosed with cancer and other radiogenic diseases caused by exposure to nuclear fallout or nuclear materials such as uranium. RESEP funds support eligible health care organizations in implementing cancer screening programs; developing education programs; disseminating information on

radiogenic diseases and the importance of early detection; screening eligible individuals for cancer and other radiogenic diseases; providing appropriate referrals for medical treatment; and facilitating documentation of Radiation Exposure Compensation Act (RECA) claims.

*Need and Proposed Use of the Information:* For this program, performance measures were drafted to provide data useful to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act (GPRA) of 1993 (Pub. L. 103-62). These measures cover the principal topic areas of interest to the Federal Office of Rural Health Policy, including: (a) Demographics for RESEP medical user patient population; (b) medical screening activities for cancers and other radiogenic diseases; (c) exposure and presentation types for eligible radiogenic malignant and non-malignant diseases; (d) referrals for appropriate medical treatment; (e) eligibility counseling and referral assistance for the RECA and Energy Employees Occupational Illness

Compensation Act programs; and (f) program outreach and education activities. These measures will speak to the Office's progress toward meeting the goals set. A 60-day **Federal Register** Notice was published in 80 FR 9268 (February 20, 2015). There were no comments.

*Likely Respondents:* RESEP award recipients.

*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
Radiation Exposure Screening and Education Program Performance Measures .....	42	1	42	24	1,008
Total .....	42	1	42	24	1,008

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Statement of Organization, Functions and Delegations of Authority**

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 80 FR 3610 dated January 23, 2015).

This notice reflects organizational changes in the Health Resources and

Services Administration (HRSA). Specifically, this notice: (1) Transfers the border health function from the Federal Office of Rural Health Policy, Office of the Associate Administrator (RH) to the Office of Planning, Analysis and Evaluation, Office of External Engagement (RA57); and (2) updates the functional statement for the Federal Office of Rural Health Policy, Office of the Associate Administrator (RH) and the Office of Planning, Analysis and Evaluation, Office of External Engagement (RA57).

**Chapter RH—Federal Office of Rural Health Policy**

*Section RH-20, Functions*

This notice reflects organizational changes within the Federal Office of Rural Health Policy. Specifically: (1) Transfers the border health function from the Federal Office of Rural Health Policy (FORHP), Office of the Associate Administrator (RH) to the Office of

Planning, Analysis and Evaluation (OPAE), Office of External Engagement (RA57); and (2) updates the functional statement for the FOHRP, Office of the Associate Administrator (RH).

**Office of the Associate Administrator (RH)**

The Federal Office of Rural Health Policy (FORHP) is responsible for the overall leadership and management of the office. FORHP serves as a focal point within the Department of Health and Human Services (HHS) for rural health-related issues and as a principal source of advice to the Secretary for coordinating efforts to strengthen and improve the delivery of health services to populations in the nation's rural areas. FORHP provides leadership within HHS and with stakeholders in providing information and counsel related to access to, and financing and quality of, health care to rural populations. Specifically, the Office of