

these entities may require additional outreach and assistance. The Attestation process will strengthen the robustness of the data in the NPDB, improving the accuracy of query responses for entities with access to NPDB reports.

**Likely Respondents:** Hospitals medical malpractice payers, health plans, health care entities, and their representatives.

**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 attesting 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 Information Collection Request 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
Health Care Entity Attestation .....	3,000	1	3,000	1	3,000
Medical Malpractice Payer Attestation .....	750	1	750	1	750
Health Plan Attestation .....	1,500	1	1,500	1	1,500
Hospital Attestation .....	7,500	1	7,500	1	7,500
Total .....	<sup>2</sup> 12,750	.....	12,750	.....	12,750

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.

**Jason E. Bennett,**

*Director, Division of Executive Secretariat.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Advisory Council on Migrant Health Request for Nominations for Voting Members**

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

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is

<sup>2</sup> There are approximately 6,800 hospitals, 575 medical malpractice payers, 1,400 health plans, and 2,200 health centers registered with the NPDB. However, the reporting entities may include multiple sites that are registered independently in the system, thereby increasing the total number of respondents. Therefore, we estimate there will be 7,500 respondents for hospitals, 750 respondents for medical malpractice payers, 1,500 respondents for health plans, and 3,000 respondents for health centers for 12,750 total respondents.

requesting nominations to fill vacancies on the National Advisory Council on Migrant Health (NACMH). The NACMH is authorized under 42 U.S.C. 218, section 217 of the Public Health Service (PHS) Act, as amended and governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2).

**DATES:** The agency will receive nominations on a continuous basis.

**ADDRESSES:** All nominations should be addressed to the Designated Federal Official, NACMH, Strategic Initiatives and Planning Division, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, 16N38B, 5600 Fishers Lane, Rockville, Maryland 20857 or via email to: Esther Paul at [epaul@hrsa.gov](mailto:epaul@hrsa.gov) and/or Priscilla Charles at [PCharles@hrsa.gov](mailto:PCharles@hrsa.gov).

**FOR FURTHER INFORMATION CONTACT:** Esther Paul, MBBS, MA, MPH, Designated Federal Official, NACMH, phone number: (301) 594-4496 or via email at [epaul@hrsa.gov](mailto:epaul@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** As authorized under section 217 of the Public Health Service Act, as amended, 42 U.S.C. 218, the Secretary established the NACMH. The NACMH is governed by the Federal Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The NACMH, consults with and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the HRSA Administrator concerning the organization, operation, selection, and funding of migrant health centers and other entities under grants and contracts under section 330 of the PHS Act.

The NACMH Charter requires that the Council consist of 15 members, each serving a 4-year term. Twelve Council members are required to be governing board members of migrant health centers and other entities assisted under section 254(b) of the PHS Act. Of these 12, at least 9 must be patient board members. The remaining three must be individuals qualified by training and experience in the medical sciences or in the administration of health programs. New members filling a vacancy that occurred prior to expiration of a term may serve only for the remainder of such term. Members may serve after the expiration of their terms until their successors have taken office, but no longer than 120 days.

**Compensation:** Members who are not full-time Federal employees shall be paid at the rate of \$200 per day including travel time plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Specifically, HRSA is requesting nominations for:

- **Board Member/Patient (1 vacancy):** A nominee *must be a member* or member-elect of a governing board of an organization receiving funding or look-alike designation under section 330(g) of the PHS Act. A board member nominee *must also be a patient* of the entity that he/she represents. Additionally, a board member nominee *must be familiar* with the delivery of primary health care to migratory and seasonal agricultural workers (MSAWs) and their families.
- **Administrator/Provider Representative (1 vacancy)** A nominee *must be qualified* by training and experience in the medical

sciences or in the administration of health programs for MSAs and their families.

A complete nomination package should include the following information for each nominee:

(1) A NACMH Nomination form; (2) three letters of reference; and (3) a statement of prior service on the NACMH; and (4) a biographical sketch of the nominee or a copy of his/her curriculum vitae. The nomination package must also state that the nominee is willing to serve as a member of the NACMH and appears to have no conflict of interest that would preclude membership. An ethics review is conducted for each selected nominee. Please contact Esther Paul at [epaul@hrsa.gov](mailto:epaul@hrsa.gov) and/or Priscilla Charles at [PCharles@hrsa.gov](mailto:PCharles@hrsa.gov) to obtain a nomination form.

HHS strives to ensure that the membership of HHS federal advisory committees is balanced in terms of points of view represented, consistent with the committee's authorizing statute and charter. Appointment to the NACMH shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. The Department encourages nominations of qualified candidates from all groups and locations.

**Jason E. Bennett,**

*Director, Division of the Executive Secretariat.*

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**BILLING CODE 4165-15-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 no later than August 9, 2016.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto: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](mailto: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:* Develop a Strategic Communication Plan for the Bureau of Primary Health Care (BPHC).

*OMB No.* 0915-xxxx—New.

*Abstract:* Health centers (which include those entities funded under Public Health Service Act section 330 and those designated as Health Center Program Look-Alikes) deliver comprehensive, high quality, cost-effective primary health care services to patients regardless of their ability to pay. Health centers have become an essential primary care provider for America's most vulnerable populations. Health centers advance the health care home model of coordinated, comprehensive, and patient-centered primary health care providing a wide range of medical, dental, behavioral, and social services. Nearly 1,400 health centers operate more than 9,800 service delivery sites that provide care in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Health Center Program is administered by BPHC. BPHC provides accurate, timely, and valuable information to internal and external stakeholders in order to support its mission to improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

BPHC will engage with key external stakeholder populations to collect data that will inform the creation of a data-driven strategic communication plan that serves BPHC's stakeholders and facilitates clear, timely, and well-coordinated communication. This comprehensive strategic plan will identify communication priorities for BPHC, leading to a more efficient and effective communication operations with a focus on establishing BPHC's capacity for leading external affairs activities.

*Need and Proposed Use of the Information:* Data collected from Health Center Program stakeholders are critical to the development of a communication plan and will be used to identify audiences and their preferences for communication; develop effective key messages regarding the Health Center Program grant and non-grant processes; increase health centers' and the public's understanding of the program requirements; develop BPHC communication goals, strategies, and tactics; and develop meaningful metrics for communication process improvement. This systematic exploration will inform the development of cost-efficient and effective business processes that will centralize and streamline external communication within BPHC.

*Likely Respondents:* Health Center Program grantees and Look-Alikes, entities with national cooperative agreements, and state and regional primary care associations.

*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 Information Collection Request are summarized in the table below.

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