

comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, email paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: HIV Clinician Workforce Study (OMB No. 0915-NEW)

HRSA's HIV/AIDS Bureau (HAB) is planning to conduct a 24-month HIV clinician workforce study to provide HRSA and other state and federal agencies with national and state-level estimates of the number of primary care clinicians currently providing medical care to people living with HIV or AIDS

in the United States, as well as projections of the magnitude of the expected shortage or surplus of HIV related primary care clinicians through 2015. The study will focus on the supply and demand of health professionals who independently manage patients with HIV/AIDS. *The study will have two main components:*

- a. Design and implementation of a forecasting model to estimate and project the supply of and demand for HIV clinicians at the national and regional levels; and
- b. Implementation of two surveys to collect the information needed to develop HIV-specific input parameters for the forecasting model, as well as to help address other research questions of the study.

HRSA is requesting OMB approval to conduct a HIV clinician survey and a HIV practice survey. The HIV clinician survey will focus on the individual provider of care and will include questions related to:

- a. The clinician's age, gender, medical profession, and medical specialty;
- b. The number of hours spent in direct patient care;
- c. The size and characteristics of HIV patient load;
- d. The primary practice characteristics and patient management strategies; and
- e. The plans to increase or decrease number of hours spent in direct patient care, as well as plans for retirement.

The HIV practice survey will also focus on the practice site and will include questions related to type and size of clinic, clinic specialty and affiliation, number and acuity of patients, number and composition of staff, type of staffing model and patient management strategies, meaningful use

of electronic medical record systems, as well as appointment scheduling practices and policies. HRSA plans to administer the clinician survey using both web and paper modes, with computer-assisted telephone interviewing follow-up. HRSA plans to administer the practice survey using paper mode, with computer-assisted telephone interviewing follow-up.

HRSA will use claims data, supplemented with a list of members of HIV medical societies, and attendees at the 2010 HIV clinical conference, to identify the frame of clinicians (physicians, nurse practitioners, and physician assistants) in all 50 states and the District of Columbia who provide a significant amount of medical care to patients with HIV or AIDS. By using a national probability sampling strategy, the results of the clinician survey can be used to generate national and regional estimates of HIV clinician supply.

HRSA will use quantitative and qualitative methods to document and quantify the extent of the HIV clinician workforce surplus or shortage, predict the future requirements for and supply of HIV clinicians, and identify best practice models and strategies for expanding the capacity of HIV practices and providers to meet the growing demand for care.

The ultimate goal of the study will be to develop proposed action steps that HRSA and other federal and state agencies can use to enhance the capacity of the HIV clinician workforce to achieve the targets set forth in the 2010 White House Office of HIV/AIDS Policy's National HIV/AIDS Strategy and Implementation Plan.

The annual estimate of burden of the two surveys is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
HIV Clinician Survey	3,500	1	3,500	0.33	1,155
HIV Practice Survey	350	1	350	0.50	175
Total	3,850	3,850	1,330

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to (202) 395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: December 30, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012-224 Filed 1-9-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Criteria for Determining Priorities Among Correctional Facility Health Professional Shortage Areas

AGENCY: Health Resources and Services Administration, HHS.

ACTION: General notice.

SUMMARY: In accordance with the requirements of section 333A(b)(1) of the Public Health Service (PHS) Act, as amended by the Health Care Safety Net Amendments of 2002, 42 U.S.C. 254f–1(b)(1), the Secretary of HHS shall establish the criteria which she will use to make determinations under section 333A(a)(1)(A) of the health professional shortage areas (HPSAs) with the greatest shortages. This notice sets forth revised criteria for determining correctional facility HPSA scores.

DATES: Effective January 10, 2012.

FOR FURTHER INFORMATION CONTACT:

CAPT Phil Budashewitz, Director, Office of Policy and Program Development, Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, 5600 Fishers Lane, Parklawn Building, Room 8A–55, Rockville, Maryland 20857, ((301) 594–4130).

SUPPLEMENTARY INFORMATION: Section 332 of the PHS Act, 42 U.S.C. 254e, provides that the Secretary shall designate HPSAs based on criteria established by regulation. HPSAs are defined in Section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. The required regulations setting forth the criteria for designating HPSAs are codified at 42 C.F.R. Part 5.

Section 333A(a)(1)(A) of the PHS Act requires that the Secretary give priority in the assignment of National Health Service Corps personnel to entities serving HPSAs with the greatest health professional shortage. Section 333A(b) of the PHS Act requires that the Secretary establish criteria specifying the manner in which she determines HPSAs of greatest shortage and publish the criteria, and any revisions to the criteria, in the **Federal Register**. The criteria established by the Secretary create a method for scoring HPSAs based on relative shortage.

Correctional Facility HPSA Scores

Correctional facility HPSA scores are currently extrapolated from the degree-of-shortage (DOS) groups determined in the primary care, mental health, and dental HPSA designation process. See 42 CFR part 5, Appendices A, B and C. The determination of DOS groups for these facilities is based primarily on internee/inpatient-to-provider ratios, which is similar to the population-to-provider ratio used for other types of HPSAs. This notice revises the criteria for scoring primary care, mental health

and dental correctional facility HPSAs. The Secretary will utilize a combination of the correctional facility's DOS group and an indicator of the supply of providers in the geographic area where the facility is located, as measured by the designation of a geographic HPSA and its relative geographic HPSA score.

The table below defines the points correctional facilities will receive based on their DOS group:

Degree-of-Shortage Group 1	12 points.
Degree-of-Shortage Group 2	6 points.
Degree-of-Shortage Group 3	3 points.

The table below defines the points correctional facilities will receive based on their location in a geographic HPSA and the geographic HPSA's score:

Geographic HPSA score between 20–25 (20–26 in the case of dental or mental health HPSAs).	12 points.
Geographic HPSA score between 14–19.	9 points.
Geographic HPSA score between 8–13.	6 points.
Geographic HPSA score between 1–7.	3 points.
Not located in a geographic HPSA.	0 points.

Points for the DOS and the geographic HPSA score will be equally weighted. The maximum HPSA score for a correctional facility is 24.

Paperwork Reduction Act

The criteria used to make determinations under section 333A(a)(1)(A) of the HPSAs with the greatest shortages described in this announcement will not involve data collection activities that fall under the purview of the Paperwork Reduction Act of 1995. If the methods for determining HPSAs with the greatest shortages fall under the purview of the Paperwork Reduction Act, HRSA will seek OMB clearance for proposed data collection activities.

Dated: January 4, 2012.

Mary K. Wakefield,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Committee on Rural Health and Human Services; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of February 2012.

The National Advisory Committee on Rural Health will convene its seventieth meeting in the time and place specified below:

Name: National Advisory Committee on Rural Health and Human Services.

Dates and Time:

February 15, 2012, 2 p.m.–5 p.m.
February 16, 2012, 8:45 a.m.–4 p.m.
February 17, 2012, 8:45 a.m.–11:15 a.m.

Place: The Fairfax at Embassy Row, 2100 Massachusetts Avenue NW., Washington, DC 20008.

Phone: (202) 293–2100.

The meeting will be open to the public.

Purpose: The National Advisory Committee on Rural Health and Human Services provides counsel and recommendations to the Secretary with respect to the delivery, research, development, and administration of health and human services in rural areas.

Agenda: Wednesday afternoon, February 15, at 2 p.m., the meeting will be called to order by the Chairperson of the Committee: The Honorable Ronnie Musgrove. This will be followed by presentations on provisions from the Affordable Care Act (ACA). The Committee will be examining potential long-term impacts on the rural health care infrastructure. The day will conclude with a period of public comment at approximately 4:30 p.m.

Thursday morning, February 16, at 9 a.m., the Committee will continue to hear panel presentations on ACA-related provisions and will then break into subcommittees on each of those topics for further discussion. The day will conclude with a period of public comment at approximately 4:30 p.m.

Friday morning, February 17, at 9 a.m., the Committee will summarize key findings from the meeting and develop a work plan for the next quarter and the June meeting.

FOR FURTHER INFORMATION CONTACT:

Steve Hirsch, MSLS, Executive Secretary, National Advisory Committee on Rural Health and Human Services,