

Board of Governors of the Federal Reserve System, August 17, 2012.

Michael J. Lewandowski,

Assistant Secretary of the Board.

[FR Doc. 2012-20627 Filed 8-21-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Standards Committee Advisory Meeting; Notice of Meeting

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

ACTION: Notice of meeting.

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Standards Committee.

General Function of the Committee: To provide recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee.

Date and Time: The meeting will be held on September 19, 2012, from 9:00a.m. to 3:00 p.m. Eastern Time.

Location: Washington Marriott, 1221 22nd Street NW., Washington, DC 20037. For up-to-date information, go to the ONC Web site, <http://healthit.hhs.gov>.

Contact Person: MacKenzie Robertson, Office of the National Coordinator, HHS, 355 E Street SW., Washington, DC 20201, 202-205-8089, Fax: 202-260-1276, email: mackenzie.robertson@hhs.gov. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear reports from its workgroups and updates from ONC and other Federal agencies. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the

advisory committee meeting, and the background material will be posted on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

Procedure: ONC is committed to the orderly conduct of its advisory committee meetings. Interested persons may present data, information, or views, orally or in writing, on issues pending before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact MacKenzie Robertson at least seven (7) days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App. 2).

Dated: August 15, 2012.

MacKenzie Robertson,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2012-20582 Filed 8-21-12; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Policy Committee Advisory Meeting; Notice of Meeting

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

ACTION: Notice of meeting.

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Policy Committee.

General Function of the Committee:

To provide recommendations to the National Coordinator on a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed.

Date and Time: The meeting will be held on September 6, 2012, from 10:00 a.m. to 3:00 p.m./Eastern Time.

Location: Washington Marriott, 1221 22nd Street NW., Washington, DC 20037. For up-to-date information, go to the ONC Web site, <http://healthit.hhs.gov>.

Contact Person: MacKenzie Robertson, Office of the National Coordinator, HHS, 355 E Street SW., Washington, DC 20201, 202-205-8089, Fax: 202-260-1276, email: mackenzie.robertson@hhs.gov. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear reports from its workgroups and updates from ONC and other Federal agencies. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

Procedure: ONC is committed to the orderly conduct of its advisory committee meetings. Interested persons may present data, information, or views, orally or in writing, on issues pending before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

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Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App. 2).

Dated: August 15, 2012.

MacKenzie Robertson,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2012-20584 Filed 8-21-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Information (RFI): Guidance on Data Streamlining and Reducing Undue Reporting Burden for HHS-Funded HIV Prevention, Treatment, and Care Services Grantees

AGENCY: Office of the Secretary,
Department of Health and Human
Services.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) seeks assistance from key stakeholders to identify and address grant-related data flow challenges and offer specific solutions for streamlining data collection and reducing undue burden among HHS grantees funded to provide HIV prevention, treatment, and care services.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5:00 p.m. EST on September 21, 2012.

ADDRESSES: Electronic responses are strongly preferred and may be addressed to HIVOpenData@hhs.gov. Written responses should be addressed to: U.S. Department of Health and Human Services, Room 443-H, 200 Independence Ave. SW., Washington, DC 20201. Attention: HIV Data Streamlining.

FOR FURTHER INFORMATION CONTACT:

Andrew D. Forsyth Ph.D. or Vera Yakovchenko, MPH, Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), (202) 205-6606.

SUPPLEMENTARY INFORMATION: In July 2010, the White House released the National HIV/AIDS Strategy for the United States (NHAS) that outlined four key goals: (1) Reduce the number of people who become infected with HIV, (2) increase access to care and optimize health outcomes for people living with HIV, (3) reduce HIV-related health disparities, and (4) achieve a more coordinated national response to the HIV epidemic in the United States.¹ Central to the latter goal were two related directives. The first was to develop improved mechanisms to monitor, evaluate, and report on progress toward achieving national goals. The second was to simplify grant administration activities by standardizing data collection and reducing undue grantee reporting requirements for federal HIV programs.

To respond to these directives, on April 11, 2012, the Secretary of Health and Human Services issued a memo directing Operating Divisions and Staff Divisions to achieve three critical goals: (1) Finalize a set of common, core HIV/AIDS indicators in a manner consistent with the Institute of Medicine's recommendations; (2) develop operational plans to deploy core indicators, streamline data collection, and reduce reporting burden by at least 20-25 percent for HHS HIV/AIDS service grantees; and, (3) deploy operational plans within 15 months of reaching consensus on common indicators and their specification. This RFI is intended to elicit stakeholder input on strategies to streamline data collection and reduce undue reporting burden.

The call for improved data streamlining and grants administration simplification described in the NHAS is consistent with other federal initiatives. In December 2009, the White House released its Open Government Directive,² which seeks to improve access to government data in a manner that enhances transparency, fosters participation through the public's contribution of ideas and expertise to decision-making, and enhances collaboration through new partnerships within the federal government and between public and private institutions. Notwithstanding existing clearance requirements or legitimate reasons to protect information, the Directive highlighted the need for the following: (1) Timely and accessible online publication of government information,

(2) improved quality of government information, (3) Creation of a culture of open government, and (4) establishment of a policy framework for Open Government. The release of the Directive was followed shortly thereafter by the HHS Open Government Plan,³ which seeks to build upon the White House's emphasis on transparency, collaboration, and collaboration to ensure that the government works better for all Americans.

An important contribution of the HHS Open Government Plan is its reference to new technological developments that make it possible to streamline the collection, sharing, and processing of programmatic and fiscal data in a manner that facilitates greater transparency, participation, and collaboration, even in such critical and sensitive areas as the HHS investment in HIV prevention, treatment, and care services. At present, HHS Operating Divisions (OpDivs) that fund these services use a mixture of non-interoperable information processing systems to collect programmatic, fiscal, and other data from grantees. Moreover, these systems often utilize different indicators to monitor the progress of HIV/AIDS programs that vary in their specifications (e.g., numerators, denominators, time frames) and other key parameters. As a result, many required HIV/AIDS data elements are inconsistent, impede evaluation and monitoring across all relevant HHS-funded services, and add undue burden to HIV services grantees charged with reporting obligations often from multiple HHS OpDivs.

This request for information seeks public comment on potential strategies to streamline data collection and reduce undue reporting burden for HIV prevention, treatment, and care services grantees,⁴ while preserving the capacity to monitor the provision of high quality services. Domains of interest include but are not limited to the following:

1. Describe to the extent possible the administrative burden that HHS HIV prevention, treatment, and care services grantees experience. Please detail the number of data systems, indicators, elements, numbers of reports, or other quantifiable requirements needed to fulfill *current* federal HIV reporting obligations.

2. Estimate the time, resources, and personnel costs required on a monthly basis to meet federal HIV grants administration requirements and fulfill

¹ <http://www.whitehouse.gov/administration/eop/nap/nhas>.

² <http://www.whitehouse.gov/open/documents/open-government-directive>.

³ <http://www.hhs.gov/open/plan/opengovernmentplan/transparency/dashboard.html>.

⁴ Excluded are surveillance and research grants.