

Network policies; (2) administers the C.W. Bill Young Cell Transplantation Program to increase the number of unrelated blood stem cell transplants and improve the outcomes of blood stem cell transplants; (3) administers the National Cord Blood Inventory to increase the number of high quality cord blood units available for transplantation; (4) develops and maintains a national program of grants and contracts to organ procurement organizations and other entities to increase the number of organs made available for transplantation; (5) manages the national program for compliance with the Hill-Burton uncompensated care requirement and other assurances; (6) directs and administers a congressionally-directed grant program for the construction/renovation/equipping of health care and other facilities; (7) directs and administers the National Vaccine Injury Compensation Program; (8) manages and promotes the 340B Drug Pricing Program; (9) directs and administers the Poison Center Support, Enhancement, and Awareness Act; and (10) implements and administers the Countermeasures Injury Compensation Program under PREP Act authorities.

The Countermeasures Injury Compensation Program administers the Federal compensation program established by the Public Readiness and Emergency Preparedness Act ("PREP Act") enacted as Division C of the Defense Appropriations Act for fiscal year 2006, Public Law 109–148, which added new authorities under the Public Health Service (PHS) Act to alleviate concerns about liability related to the manufacture, testing, development, distribution, administration, and use of countermeasures against chemical, biological, radiological and nuclear agents of terrorism, epidemics, and pandemics. The program discharges all PREP Act authorities regarding compensation including: (1) Developing and disseminating requests for benefits information to inform individuals that the Countermeasures Injury Compensation Program exists so that people requesting benefits do not miss the 1-year filing deadline; (2) accepting letters of intent to file requests for benefits so that individuals preserve their rights to file by the 1-year deadline; (3) evaluating requests for benefits for compensation filed under the Countermeasures Injury Compensation Program through medical review and assessment of compensability for all complete claims; (4) processing requests for benefits made under the Countermeasures Injury

Compensation Program; (5) promulgating regulations to create and revise the Countermeasures Injury Compensation Program Vaccine Injury Tables; (6) developing and maintaining all automated information systems necessary for Program implementation; and (7) collecting, analyzing and disseminating Program information.

Division of Poison Control and Healthcare Facilities (RR9)

The Division of Poison Control and Healthcare Facilities administers the Poison Control Program, substantiates health facilities' compliance with the Hill-Burton uncompensated services assurance, and administers construction grants under section 1610(b) of the Public Health Service Act, under the Health Care and Other Facilities program, and under the Patient Protection and Affordable Care Act, Public Law 111–148. Specifically, the Division: (1) Administers the activities authorized by the Poison Center Support, Enhancement and Awareness Act of 2008, which includes: (a) Maintaining the national toll-free Poison Help hotline (800–222–1222), (b) implementing and expanding a national media campaign to educate the public and health care providers about poisoning prevention, and (c) awarding grants to poison control centers; (2) administers the process for awarding new construction and equipment grants, under section 1610(b), the Health Care and Other Facilities, and the Patient Protection and Affordable Care Act programs, including ensuring the delivery of comprehensive architectural and engineering services and ensuring compliance with historic preservation and other laws and regulations related to construction projects, maintaining a computerized database of key project information, and providing technical assistance in application preparation to potential grantees under Division grant programs; (3) monitors grant projects during construction to assure compliance with the terms of the award, including reviewing requests for changes in scope to grant projects and obtaining information needed to close out completed grant projects; (4) establishes, develops, monitors, and enforces the implementation of Hill-Burton regulations, policies, procedures, and guidelines for use by staff and health care facilities; (5) maintains a system for receipt, analysis and disposition of audit appeals by Hill-Burton obligated facilities and for receiving and responding to patient complaints; (6) manages the recovery or waiver of recovery of Federal grant funds process for Titles VI and XVI; (7)

manages the national Hill-Burton Hotline to ensure that consumers receive timely and accurate information on the program; and (8) provides architectural and engineering services to other Agencies such as the Administration for Children and Families and the Food and Drug Administration.

Section RR–30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: June 14, 2012.

Mary K. Wakefield,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; The National Diabetes Education Program Survey of the Public

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the reinstatement without change for the information collection listed below. The proposed reinstatement without change for the information collection was previously published in the **Federal Register** on January 25, 2012, pages 3783–3784 and allowed 60 days for public comment. The National Institutes of Health received no comments. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, the collection of information that has been extended, revised, or implemented unless it displays a currently valid OMB control number.

Proposed Collection: Title: The National Diabetes Education Program Survey of the Public. *Type of Information Collection Request:* Reinstatement without change for the approved information collection

(#0925–0552). *Need and Use of Information Collection:* The National Diabetes Education Program (NDEP) is a partnership of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) and more than 200 public and private organizations.

The longterm goal of the NDEP is to reduce the burden of diabetes and pre-diabetes in the United States, and its territories, by facilitating the adoption of proven strategies to prevent or delay the onset of diabetes and its complications. The NDEP objectives are to: (1) Increase awareness and knowledge of the seriousness of diabetes, its risk factors, and effective strategies for preventing type 2 diabetes and complications associated with diabetes; (2) increase the number of people who live well with diabetes and effectively manage their disease to prevent or delay complications and improve quality of life; (3) decrease the number of Americans with undiagnosed diabetes; (4) Among people at risk for type 2 diabetes, increase the number who make and sustain effective lifestyle changes to prevent diabetes; (5) facilitate efforts to improve diabetes-related health care and education, as well as systems for delivering care; (6) reduce health

disparities in populations disproportionately burdened by diabetes; and (7) facilitate the incorporation of evidence-based research findings into health care practices.

Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include: (1) Promoting and implementing culturally and linguistically-appropriate diabetes awareness and education campaigns for a wide variety of audiences; (2) identifying, disseminating, and supporting the adoption of evidence-based, culturally and linguistically-appropriate tools and resources that support behavior change, improved quality of life, and better diabetes outcomes; (3) expanding NDEP reach and visibility through collaborations with public, private, and nontraditional partners, and use of national, state, and local media, traditional and social media, and other relevant channels; and (4) conducting and supporting the evaluation of NDEP resources, promotions, and other activities to improve future NDEP initiatives.

The NDEP evaluation will document the extent to which the NDEP program has been implemented, and how

successful it has been in meeting program objectives. The evaluation relies heavily on data gathered from existing national surveys such as National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), and the Behavioral Risk Factor Surveillance System (BRFSS), among others for this information. This generic clearance request is for the collection of additional primary data from NDEP target audiences on key impact measures that are necessary to effectively evaluate the program. Approval is requested for a survey of audiences targeted by the National Diabetes Education Program including people at risk for diabetes and people with diabetes and their families and the public.

Frequency of Response: One occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 3759; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* .153; and *Estimated Total Annual Burden Hours Requested:* 575. There are no Capital Costs, Operating or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time per response	Total hour burden
Screening interview with ineligible persons	1,659	1	.03	50
Eligible respondents	2,100	1	.25	525
Totals	3,759	575

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Evaluate the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202–395–6974, Attention, Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Joanne Gallivan, M.S., R.D., Director, National Diabetes Education Program, NIDDK, NIH, Building 31, Room 9A06, 31 Center Drive, Bethesda, MD 20892, or call non-toll-free number (301) 494–6110 or Email your request, including your address to: Joanne_Gallivan@nih.gov.

Comments Due Date: Comments regarding this information collection are

best assured of having their full effect if received within 30 days of the date of this publication.

Dated: April 20, 2012.

Camille Hoover,
Executive Officer, NIDDK.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Laboratory Animal Welfare: Clarification of Position Statements on Implementation of the Eighth Edition of the Guide for the Care and Use of Laboratory Animals

AGENCY: National Institutes of Health, HHS.