

**Information Collection Request Title:
HRSA Environmental Information and
Documentation (EID) (OMB No. 0915–
0324)—Revision**

Abstract: HRSA is requesting an extension of the approval for the Environmental Information and Documentation (EID) checklist, which consists of information that the agency is required to obtain to comply with the National Environmental Policy Act of 1969 (NEPA). NEPA establishes the federal government's national policy for protection of the environment. HRSA has developed the EID for applicants of

funding that would potentially impact the environment and to ensure that their decision-making processes are consistent with NEPA. Applicants must provide information and assurance of compliance with NEPA on the EID checklist. The estimated annual burden is as follows:

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.

The annual estimate of burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
NEPA EID Checklist	1,847	1	1,847	.75	1,385.25
Total	1,847	1	1,847	.75	1,385.25

ADDRESSES: Submit your comments to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202–395–5806. Please direct all correspondence to the “attention of the desk officer for HRSA.”

Deadline: Comments on this ICR should be received within 30 days of this notice.

Dated: December 28, 2012.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–00029 Filed 1–4–13; 8:45 am]

BILLING CODE 4165–15–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Health Resources and Services
Administration**

**Secretary's Advisory Committee on
Heritable Disorders in Newborns and
Children; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463, codified at 5 U.S.C. App. 2), notice is hereby given of the following meeting:

Name: Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC).

Dates and Times: January 31, 2013, 9:30 a.m. to 5:00 p.m., February 1, 2013, 9:30 a.m. to 1:15 p.m.

Place: Virtual via Webinar.

Status: The meeting is open to the public. For more information on registration and webinar details, please visit the SACHDNC Web site: <http://www.hrsa.gov/>

advisorycommittees/mchbadvisory/heritabledisorders.

Purpose: The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC), as authorized by Public Law 106–310, which added section 1111 of the Public Health Service Act, codified at 42 U.S.C. 300b–10, was established by Congress to advise the Secretary of the Department of Health and Human Services regarding the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. The SACHDNC's recommendations regarding additional conditions/inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel (RUSP) that constitutes part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg–13, non-grandfathered health plans are required to cover screenings included in the comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (i.e., policy years) beginning on or after the date that is one year from the Secretary's adoption of the condition for screening. The SACHDNC also provides advice and recommendations concerning grants and projects authorized under section 1109 of the Public Health Service Act (42 U.S.C. 300b–8).

Agenda: The meeting will include: (1) Updates on state implementation of newborn screening for Critical Congenital Heart Disease (CCHD) and Severe Combined Immunodeficiency Disorder (SCID); (2) update on the Pompe Condition Nomination; (3) update on application of the SACHDNC Condition Review Matrix; (4) updates on priority projects from the Advisory Committee's subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training; (5)

a presentation on the Duchenne Muscular Dystrophy Newborn Screening Symposium; (6) a final workgroup report on carrier screening; and (7) a presentation on the National Institutes of Health's Genomic Sequencing and Newborn Screening Disorders Initiative.

Tentatively, the SACHDNC is expected to vote on: (1) A finalized report regarding genetic carrier screening (i.e., testing to identify individuals who may be at increased risk of carrying one or more gene mutations that could result in having children affected with an inherited genetic disorder); and (2) application of the Condition Review Decision Matrix.

Proposed agenda items are subject to change as priorities dictate. The agenda, webinar information, Committee Roster, Charter, presentations, and meeting materials are located on the Advisory Committee's Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Public Comments: Members of the public can submit written comments and/or register to present oral comments during the public comment period of the meeting. All comments, whether oral or written, are part of the official Committee record and will be available for public inspection and copying. Advanced registration is required to present oral comments or submit written comments. Individuals who wish to make public comments are required to email Lisa Vasquez (lvasquez@hrsa.gov) by Thursday, January 17, 2013. The public comment period is scheduled for the morning of January 31, 2013.

Written comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (i.e., parent, researcher, clinician, public health, etc.), and the topic/subject matter of comment. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have

similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted.

Contact Person: Anyone interested in obtaining other relevant information should contact Patrick Stephens, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A-19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; telephone: 301-443-1080; email: pstephens@hrsa.gov.

More information on the Advisory Committee is available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Dated: December 28, 2012.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-00028 Filed 1-4-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration (HRSA) is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Section 100.2 of the VICP's implementing regulation (42 CFR Part 100) states that the revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published periodically in a notice in the **Federal Register** and filed with the United States Court of Federal Claims (the Court). This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation and Health Research and Educational Trust (KFF/HRET) Employer Health Benefits survey or other authoritative source that may be more accurate or appropriate.

In 2012, MEPS-IC, available at www.meps.ahrq.gov, published the annual 2011 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The annual figure published was \$5,222. This figure is divided by 12 months to determine

the cost per month of \$435.17. The \$435.17 shall be increased or decreased by the percentage change reported by the most recent KFF/HRET, available at www.kff.org. The percentage increase was published at 3 percent. By adding this percentage increase, the calculated average monthly cost of a health insurance policy for a 12 month period is \$448.23.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$448.23 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the Court. Such notice was delivered to the Court on November 30, 2012.

Dated: December 26, 2012.

Mary K. Wakefield,

Administrator.

[FR Doc. 2013-00027 Filed 1-4-13; 8:45 am]

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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 77 FR 65694-65698 dated October 30, 2012).

This notice reflects organizational changes to the Health Resources and Services Administration. This notice updates the functional statements for the Office of Management (RB4) and Office of Information Technology (RB5). Specifically, this notice: (1) Transfers the records management function from the Office of Management (RB4) to the Office of Information Technology (RB5); (2) updates the functional statement for the Office of Management (RB4) and the Office of the Director and Chief Information Officer, Office of Information Technology; and (3) establishes the Division of Information Technology (IT) Security and Records Management (RBR) within the Office of Information Technology (RB5).

Chapter RB4—Office of Management

Section RB4-20, Functions

(1) Delete the functional statement for the Office of Management (RB4) and replace in its entirety.

Office of Management (RB4)

Provides HRSA-wide leadership, program direction, and coordination of all phases of administrative management. Specifically, the Office of Management: (1) Provides management expertise, staff advice, and support to the Administrator in program and policy formulation and execution; (2) provides administrative management services including human resources, property management, space planning, safety, physical security, and general administrative services; (3) conducts HRSA-wide workforce analysis studies and surveys; (4) plans, directs, and coordinates HRSA's activities in the areas of human resources management, including labor relations, personnel security, and performance; (5) coordinates the development of administrative policies and regulations; (6) oversees the development of annual operating objectives and coordinates HRSA work planning and appraisals; (7) directs and coordinates HRSA's organizations, functions, and delegations of authority programs; (8) administers the Agency's Executive Secretariat and committee management functions; (9) provides staff support to the Agency Chief Travel Official; (10) provides staff support to the Deputy Ethics Counselor; and (11) directs, coordinates, and conducts workforce development activities for HRSA.

Chapter RB5—Office of Information Technology

Section RB5-10, Organization

Delete in its entirety and replace with the following:

The Office of Information Technology (RB5) is headed by the Director and Chief Information Officer within the Office of Operations, Health Resources and Services Administration, who reports directly to the Chief Operating Officer. The Office of Information Technology includes the following components:

- (1) Office of the Director and Chief Information Officer (RB5);
- (2) Division of Capital Planning, Architecture and Project Management (RB52);
- (3) Division of Data and Information Services (RB55);
- (4) Division of Enterprise Solutions and Applications Management (RB56);
- (5) Division of IT Management Support Services (RB57);
- (6) Division of IT Operational Support Services (RB58);
- (7) Division of Web Support and Collaboration Services (RB59); and
- (8) Division of IT Security and Records Management (RBR).