I. Background

In the **Federal Register** of July 18, 2013 (78 FR 42963), we published a notice entitled ''Assessment of the Risk of Human Salmonellosis Associated With the Consumption of Tree Nuts; Request for Comments, Scientific Data and Information.'' The notice provided a 90-day comment period for comments, scientific data, and information relevant to conducting an assessment of the risk of human salmonellosis associated with the consumption of tree nuts.

We have received three requests for an extension of the comment period for the notice. Each request conveyed concern that the current 90-day comment period is not adequate to develop a response to the notice.

We have considered these requests and are extending the comment period for the notice for 60 days, until December 16, 2013. We believe that a 60-day extension allows adequate time for interested persons to submit comments, scientific data, and information without significantly delaying the risk assessment.

II. Comments

Interested persons may submit either electronic comments and scientific data and information to *http://www.regulations.gov* or written comments and scientific data and information to the Division of Dockets Management (see **ADDRESSES**). It is only necessary to send one set of comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday, and will be posted to the docket at *http://www.regulations.gov.*

Dated: September 27, 2013.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2013–24171 Filed 10–2–13; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

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

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Nurse Anesthetist Traineeship (NAT) Program Application

OMB No. 0915–xxxx—NEW.

Abstract: The Health Resources and Services Administration (HRSA) provides advanced education nursing training grants to educational institutions to increase the numbers of Nurse Anesthetists through the NAT Program. The NAT Program is governed by Title VIII, Section 811(a)(2) of the Public Health Service Act, (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111–148. The NAT application will use the SF–424 R &R Short Form which includes the Project Abstract, Program Narrative, NAT Attachments, and the NAT Tables. The application and proposed NAT Tables will request information on program participants such as the number of enrollees, number of enrollees/trainees supported, number of graduates, number of graduates supported, projected data on enrollees/trainees and graduates for the previous fiscal year, the types of programs they are enrolling into and/or from which enrollees/trainees are graduating, and the distribution of Nurse Anesthetists to practice in underserved, rural, or public health practice settings.

Need and Proposed Use of the Information: Funds appropriated for the NAT Program are distributed among eligible institutions based on a formula. NAT award amounts are based on enrollment and graduate data and two funding factors (Statutory Funding Preference and Special Consideration) reported on the NAT Tables. HRSA will use the data from the application, specifically the NAT Tables, to determine the award, ensure programmatic compliance, and provide information to the public and Congress.

Likely Respondents: Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the Secretary that submit an application and are accredited for the provision of nurse anesthesia educational program by designated accrediting organizations. Eligible applicants must be accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists. The school must be located in the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

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.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Grantee	NAT Application including attachments	100	1	4.02	402
Grantee	Table 1—NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported, and Projected Data.	100	1	3.40	340
Grantee	Table 2A—NAT: Graduate Data—Rural, Underserved, or Public Health (7/01/XX–6/30/XX).	100	1	2.78	278
Grantee	Table 2B—NAT: Graduates Supported by Traineeship Data—Rural, Underserved, or Public Health (7/01/XX–6/30/XX).	100	1	1.84	184
Total		100			1204

Dated: September 26, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–24269 Filed 10–2–13; 8:45 am]

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 within 60 days of this notice.

ADDRESSES: Submit your comments to *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* 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: Understanding and Monitoring Funding Streams in Ryan White Clinics.

OMB No. 0915–xxxx—New.

Abstract: The HRSA's HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program (RWHAP) authorized under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Established in 1990, the RWHAP is a federally funded program designed to provide HIV-related medical care and treatment as well as support service for individuals and families affected by the disease who are uninsured or underinsured. The Program consists of several ''Parts,'' corresponding to sections of the statute, through which funding is provided to states, cities, providers, and other organizations. Part A provides emergency relief for areas with substantial need for HIV/AIDS care and support services that are most severely affected by the HIV/AIDS epidemic, including eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). Part B provides grants to states and U.S. territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B grants include a base grant; the AIDS Drug Assistance Program (ADAP) award; ADAP Supplemental Drug Treatment Program funds; and supplemental grants to states with ''emerging communities,'' defined as jurisdictions reporting between 500 and 999 cumulative AIDS cases over the most recent 5 years. The Part C Early Intervention Services (EIS) component of the Ryan White HIV/AIDS Program funds comprehensive primary health care in outpatient settings for people living with HIV disease. Part D grantees provide outpatient or ambulatory family-centered primary medical care for women, infants, children, and youth with HIV/AIDS.

In 2010, the Patient Protection and Affordable Care Act (ACA) was enacted into law. The ACA is expansive and will likely impact the RWHAP. Some of the reforms have already been implemented (including the creation of Pre-Existing Insurance Plans) and the barring of insurance carriers from denying coverage to children with pre-existing conditions such as HIV/AIDS, cancelling coverage for adults with health conditions because of unintentional mistakes on the application, and imposing lifetime dollar caps on essential health benefits. Effective January 2014, states will have the option to expand Medicaid to individuals younger than 65 years of age with incomes up to 133 percent of the federal poverty level (FPL). On October 1, 2013, insurance marketplaces (exchanges) from which individuals can purchase health insurance will begin open enrollment, with coverage to begin as early as January 1, 2014. Individuals with incomes from up to 400 percent FPL may be eligible for tax credits to reduce premium costs. Individuals with lower incomes may also be eligible for reductions in cost-sharing.

The proposed study will provide HAB and policymakers with a better understanding of how the RWHAP currently provides primary outpatient health care and essential support services to both uninsured and underinsured clients. It will identify what types of core medical services and subservices, and support services are currently not covered or not fully covered by Medicaid, Medicare, and private insurance, which are needed to provide high quality HIV/AIDS care. The study also will provide information on how grantees monitor patient