

Management (see **ADDRESSES**) between 9 a.m. and 4 p.m., Monday through Friday and will be posted to the docket at <http://www.regulations.gov>.

This notice is issued under section 351 of the Public Health Service Act (42 U.S.C. 262) and sections 201, 501, 502, 505, and 701 of the Federal Food, Drug, and Cosmetic Acts (21 U.S.C. 321, 351, 352, 355, and 371), and under the authority delegated to the Commissioner and redelegated to the Director and Deputy Director of the Center for Biologics Evaluation and Research (FDA Staff Manual Guide 1410.203).

Dated: January 9, 2015.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015-00442 Filed 1-13-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Determining Mental Health Professional Shortage Areas of Greatest Need

AGENCY: Health Resources and Services Administration (HRSA), Health and Human Services (HHS).

ACTION: updating of the scoring criteria for determining mental health professional shortage areas (HPSA) of greatest need.

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 HPSAs with the greatest shortages. This notice sets forth revised criteria for determining mental health HPSAs with the greatest shortage. This updates the previous criteria published on May 30, 2003.

DATES: Effective January 14, 2015.

FOR FURTHER INFORMATION CONTACT: Kae Brickerd, Ph.D., Chief, Shortage Designation Branch, Bureau of Health Workforce, Division of Policy and Shortage Designation, Health Resources and Services Administration, 11W14 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, 301 945-0828, kbrickerd@hrsa.gov.

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 CFR part 5. Section 333A(a)(1)(A) of the PHS Act and 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.

In the **Federal Register** notice on May 30, 2003, 68 FR 32531, the following criteria were identified for determining scores for mental health HPSAs: population to provider ratio, percentage of the population below 100 percent of poverty, travel time to the nearest alternative source of care, the ratio of children under age 18 to adults age 18-64, the ratio of adults over age 65 to adults age 18-64, and alcohol and substance abuse prevalence rates. Each factor is given points and the score is the sum of the points, up to 25. This notice modifies and provides clarification to the point scale for the population to provider ratio component of the formula, based on an assessment that the current point scale for the population to provider ratio does not adequately reflect the level of shortage. As a result of the modifications, the point values assigned for some population to provider ratios will see either a small increase or decrease, while others may remain unchanged. All other scoring criteria and point scales remain the same as published in the previous notice.

The point scale published in 2003 for the population to provider ratio is presented in the following table:

Psychiatrist ratio	Core mental health ratio	Score
>45,000:0 AND	>4,500:0	8
<20,000:1 and >15,000:1 AND	>4500:1 and <6000:1 ¹	7
<30,000:1 and >15,000:1 OR	>6000:1 and <9,000:1	6
<45,000:1 and > 20,000:1 AND	>4,500:1 and <6,000:1	5
>20,000:1 AND	>4,500:0 and <6,000:0	4
>30,000:1	>6,000:1	3
	2
	>9,000:1	1

¹ > = Greater Than; < = Less Than

To reflect the mental health services available in a community, entities applying for Mental Health HPSAs are encouraged to report on the number of both psychiatrists and core mental

health providers rendering services. The revised point scale is as follows:

For Geographic High Need and Population HPSAs, as defined in the

designation criteria set forth in 42 CFR part 5, Appendix C, Part 1, and A.4.

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Geographic High Need and Population		Core Mental Health Ratio						
		≥4.5K and <6K:1 ²	≥6K and <7.5K:1	≥7.5K and <9K:1	≥9K and <12K:1	≥12K and <15K:1	≥15K and <18K:1	≥ 18K:1
Psychiatrists Ratio	≥15K and <20K:1	1	2	3	4	5	6	7
	≥20K and <25K:1	2	3	4	5	6	7	7
	≥25K and <30K:1	3	4	5	6	7	7	7
	≥30K and <35K:1	4	5	6	7	7	7	7
	≥35K and <40K:1	5	6	7	7	7	7	7
	≥40K and <45K:1	6	7	7	7	7	7	7
	≥45K:1 or 0 psychiatrists as verified by HRSA	7	7	7	7	7	7	7

Only Reporting Psychiatrists (Geographic High Need and Population)	
Ratio	Score
≥20K and <25K:1	1
≥25K and <30K:1	2
≥30K and <35K:1	3
≥35K and <40K:1	4
≥40K and <45K:1	5
≥45K and <50K:1	6
≥50K:1	7

Only Reporting Core Mental Health Providers (Geographic High Need and Population)	
Ratio	Score
≥6K and <7.5K:1	1
≥7.5K and <9K:1	2
≥9K and <12K:1	3
≥12K and <15K:1	4
≥ 5K and <18K:1	5
≥18K and <24K:1	6
≥24K:1	7

No Psychiatrists or Core Mental Health Providers as verified by HRSA (Geographic High Need and Population)	
Ratio	Score
≥1.5K and <3K:0	1
≥3K and <4.5K:0	2
≥4.5K and <6K:0	3
≥6K and <7.5K:0	4
≥7.5K and <9K:0	5
≥9K and <12K:0	6
≥12K and <15K:0	7

² ≥=Greater Than or Equal to; K=thousand

For Geographic (Non-High Need) HPSAs.

Geographic (Non-High Need)		Core Mental Health Ratio						
		≥ 6K and <7.5K:1	≥ 7.5K and <9K:1	≥ 9K and <12K:1	≥ 12K and <15K:1	≥ 15K and <18K:1	≥ 18K and <24K:1	≥ 24K:1
Psychiatrists Ratio	≥ 20K and <25K:1	1	2	3	4	5	6	7
	≥ 25K and <30K:1	2	3	4	5	6	7	7
	≥ 30K and <35K:1	3	4	5	6	7	7	7
	≥ 35K and <40K:1	4	5	6	7	7	7	7
	≥ 40K and <45K:1	5	6	7	7	7	7	7
	≥ 45K and <50K:1	6	7	7	7	7	7	7
	≥ 50K:1 or 0 psychiatrists as verified by HRSA	7	7	7	7	7	7	7

Only Reporting Psychiatrists (Geographic Non-High Need)	
Ratio	Score
≥ 30K and <35:1	1
≥ 35K and <40K:1	2
≥ 40K and <45K:1	3
≥ 45K and <50K:1	4
≥ 50K and <55K:1	5
≥ 55K and <60K:1	6
≥ 60K:1	7

Only Reporting Core Mental Health Providers (Geographic Non-High Need)	
Ratio	Score
≥ 9K and <12K:1	1
≥ 12K and <15:1	2
≥ 15K and <18:1	3
≥ 18K and <24K:1	4
≥ 24K and <30K:1	5
≥ 30K and <36K:1	6
≥ 36K:1	7

No Psychiatrists or Core Mental Health Providers as verified by HRSA (Geographic Non-High Need)	
Ratio	Score
≥ 3K and <4.5K:0	1
≥ 4.5K and <6K:0	2
≥ 6K and <7.5K:0	3
≥ 7.5K and <9K:0	4
≥ 9K and <12K:0	5
≥ 12K and <15K:0	6
≥ 15K and <18K:0	7

Dated: January 6, 2015.

Mary K. Wakefield,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-day Comment Request Progress Reports for Center for Global Health's Low and Mid-Income Countries (LMICs) Global Health Collaborations (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection

listed below. This proposed information collection was previously published in the **Federal Register** on July 28, 2014, Vol. 79, P. 43755 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Cancer Institute (NCI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

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: NIH Desk Officer.

omb.eop.gov or by fax to 202-395-6974, Attention: NIH Desk Officer.

DATES: *Comment 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.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, or request more information on the proposed project, contact: Paul C. Pearlman, Ph.D., Center for Global Health, National Cancer Institute, 9609 Medical Center Dr., RM 3W550, Rockville, MD 20850 or call non-toll-free number 240-276-5354 or Email your request, including your address to: paul.pearlman@nih.gov. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: Progress Reports for Center for Global Health's Low and Mid-Income Countries (LMICs) Global