

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806, *OR*, Email: *OIRA\_submission@omb.eop.gov*.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** Reports Clearance Office at (410) 786-1326.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Prospective Evaluation of Evidence-Based Community Wellness and Prevention Programs; *Use:* Section 4202(b) of the Affordable Care Act (ACA) mandated that we conduct an evidence review and independent evaluation of wellness programs focusing on the following six intervention areas: chronic disease self-management, increasing physical

activity, reducing obesity, improving diet and nutrition, reducing falls, and mental health management. In response to the ACA mandate, we adopted a three-phase approach to evaluate the impact of wellness programs on Medicare beneficiary health, utilization, and costs to determine whether broader Medicare beneficiary participation in wellness programs could lower future growth in Medicare spending. Phase I consisted of a comprehensive literature review and environmental scan to identify a list of wellness programs for further evaluation. Phase II involved a retrospective evaluation of 10 wellness programs in the targeted intervention areas mentioned above. The purpose of the Phase II evaluation was to use Medicare claims data to assess the 10 wellness programs' impact on Medicare beneficiary outcomes including health service utilization and medical costs. The findings in Phase II were promising in that several wellness programs demonstrated the potential to save medical costs among participating beneficiaries.

Phase III of our evaluation, of which this work is the key component, aims to round out our understanding of how wellness programs affect Medicare beneficiaries and what cost saving opportunities exist for the Medicare program. This evaluation effort will (1) describe the overall distribution of readiness to engage with wellness programs in the Medicare population, (2) better adjust for selection biases of individual programs and interventions using beneficiary level survey data, (3) evaluate program impacts on health behaviors, self-reported health outcomes, and claims-based measures of utilization and costs, and (4) better describe program implementation, operations and cost in relation to the expected benefits. The results of these analyses will be used to inform wellness and prevention activities in the future.

To achieve the goals of this project, we will be conducting a nationally representative survey of Medicare beneficiaries to assess their readiness to participate in community-based wellness programs. National estimates of Medicare beneficiary demand for wellness services and benefits will be generated from this population-based readiness national survey. In addition, we will partner with evidence-based wellness programs for the purposes of enrolling an estimated 2,000 participants per program. Surveys of program participants will be conducted to assess program impacts on health and behavior.

The 60-day **Federal Register** notice was published on November 22, 2013

(78 FR 70059). No public comments received. During recent discussions with potential wellness programs, it was determined that the earlier response rate estimate was lower than what will be achieved. Thus, the response rate was increased, and therefore the total number of completed baseline surveys was also increased. The total estimated burden associated with completing the Participant survey has been increased. In addition, results from the cognitive testing with less than nine Medicare beneficiaries suggested that clarification for several items would also be beneficial. Questions have been added and deleted from the surveys. These clarifications have been made throughout the surveys in response to this feedback and documented in Part A, Attachment 5. *Form Number:* CMS-10509 (OCN: 0938-NEW); *Frequency:* Semi-annually; *Affected Public:* Individuals and households; *Number of Respondents:* 49,017; *Total Annual Responses:* 49,017; *Total Annual Hours:* 20,237. (For policy questions regarding this collection contact Benjamin Howell at 410-786-4942.)

Dated: April 15, 2014.

**Martique Jones,**

*Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2014-08897 Filed 4-17-14; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Practitioner Data Bank: Change in User Fees

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice

**SUMMARY:** The Health Resources and Services Administration, Department of Health and Human Services, is announcing a decrease in user fees charged to individuals and entities authorized to request information from the National Practitioner Data Bank (NPDB). The new fee will be \$3.00 for both continuous and one-time queries and \$5.00 for self-queries.

**SUPPLEMENTARY INFORMATION:** The current fee structure (\$3.25/continuous query enrollment, \$4.75/one-time query, and \$8.00/self-query) was last announced in the **Federal Register** on March 10, 2006 (71 FR 12367), and became effective on May 9, 2006. One-time queries, continuous query

enrollments, and self-queries are submitted and query responses are received through the NPDB's secure Web site. Fees are paid via electronic funds transfer, debit card, or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99–660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 921 of the Social Security Act, as amended (42 U.S.C. 1396r–2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a–7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Patient Protection and Affordable Care Act, Public Law 111–148; this consolidation became effective on May 6, 2013.

42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r–2(e), and 42 U.S.C. 1320a–7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR Part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations, as well as allowable costs pursuant to Public Law 113–76. Section 60.19(b) states: “The amount of each fee will be determined based on the following criteria: (1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement, (2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment), (3) Agency management and supervisory costs, (4) Costs of enforcement, research, and establishment of regulations and guidance, (5) Use of electronic data processing equipment to collect and maintain information—the actual cost of the service, including computer search time, runs and printouts, and (6) Any other direct or indirect costs related to the provision of services.”

The Department will continue to review the user fees periodically as required by Office of Management and Budget Circular Number A–25, and will revise fees as necessary. Any future changes in user fees and their effective dates will be announced in the **Federal Register**. This change will be effective October 1, 2014.

**FOR FURTHER INFORMATION CONTACT:**  
Director, Division of Practitioner Data

Banks, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, 5600 Fishers Lane, Room 8–103, Rockville, Maryland 20857; telephone number: (301) 443–2300.

Dated: April 10, 2014.

**Mary Wakefield,**  
*Administrator.*

[FR Doc. 2014–08830 Filed 4–17–14; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Prospective Grant of Exclusive Trademark/Service Mark License for Best Bones Forever! Campaign Marks

**AGENCY:** Office on Women's Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** Pursuant to 42 U.S.C. 300u, notice is given that the Office on Women's Health (OWH) is soliciting proposals from entities and organizations for the opportunity to exclusively license the trademarks and service marks which are critical to communicating the messages of the *Best Bones Forever!* public health awareness campaign.

**DATES:** Representatives of eligible organizations should submit expressions of interest no later than 6:00 p.m. e.s.t. on June 17, 2014.

**ADDRESSES:** Expressions of interest may be directed electronically to [ann.abercrombie@hhs.gov](mailto:ann.abercrombie@hhs.gov) or mailed to the Office on Women's Health, Office of the Assistant Secretary for Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 719E, Washington, DC 20201. Attention Ann Abercrombie.

**FOR FURTHER INFORMATION CONTACT:** Questions may be directed to Ann Abercrombie, program manager for [womenshealth.gov](http://womenshealth.gov) and [girlshealth.gov](http://girlshealth.gov), Office on Women's Health, 200 Independence Avenue SW., Room 719E, Washington, DC 20201. Email: [Ann.Abercrombie@hhs.gov](mailto:Ann.Abercrombie@hhs.gov).

**SUPPLEMENTARY INFORMATION:** OWH launched the *Best Bones Forever!* campaign in 2009 with the goal of improving bone health among adolescent girls by encouraging them to increase their calcium and vitamin D consumption and physical activity. After four successful years, OWH has made the strategic decision to bring their involvement in the *Best Bones*

*Forever!* campaign to a close. OWH is looking for one organization to continue the campaign by promoting campaign messages nationally through an exclusive license to the campaign marks. Below are preferred qualifications for the exclusive licensee:

- National reach;
- established presence as a leader in bone health in communities around the United States;
- mission related to improving bone health among the public;
- previous involvement in the *Best Bones Forever!* Campaign;
- access to subject matter experts in osteoporosis and bone health; and
- experience leading public awareness campaigns.

Expressions of interest should outline eligibility in response to the qualifications bulleted above and be no more than two pages in length.

The OWH will grant one organization an exclusive U.S. license to use the marks below, as registered, in consideration for that organization's continuation of the *Best Bones Forever!* public health awareness campaign. No sublicensing will be permitted.

### Registered Marks

BEST BONES FOREVER!, USPTO Reg. No. 3,911,698;  
Exskullmation Point Design (Logo), USPTO Reg. No. 3,923,702; and  
BEST BONES FOREVER! (Composite Logo Mark), USPTO Reg. No. 3,948,360.

Dated: April 10, 2014.

**Nancy C. Lee,**  
*Deputy Assistant Secretary for Health—Women's Health, Director, Office on Women's Health.*

[FR Doc. 2014–08831 Filed 4–17–14; 8:45 am]

**BILLING CODE 4150–42–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Proposed; 60-Day Comment Request; Evaluations of the Clinical Courses Developed by the National Institutes of Health Centers of Excellence in Pain Education

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.