

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: HRSA Telehealth Outcome Measures. OMB No. 0915–0311—Revision.

Abstract: In order to help carry out its mission, the Office for the Advancement of Telehealth (OAT) created a set of performance measures that grantees can use to evaluate the effectiveness of their services programs and monitor their progress through the use of performance reporting data.

Need and Proposed Use of the Information: As required by the Government Performance and Results Act of 1993 (GPRA), all federal agencies must develop strategic plans describing their overall goal and objectives. The Office of Rural Health Policy, Office for the Advancement of Telehealth (OAT), has worked with its grantees to develop performance measures to be used to

evaluate and monitor the progress of the grantees. Grantee goals are to: Improve access to needed services; reduce rural practitioner isolation; improve health system productivity and efficiency; and improve patient outcomes. In each of these categories, specific indicators were designed to be reported through a performance monitoring Web site.

Likely Respondents: Telehealth Network Grantees.

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

Form name	Number of respondents	Number of responses per respondent	Total responses	Average Burden per Response (in hours)	Total burden hours
Performance improvement measurement system (PIMS) ..	700	2	1400	7	9,800

Dated: November 18, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–28203 Filed 11–22–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
Prospective Grant of Exclusive License: Development of Chitosan/IL–12 Conjugate as Immunotherapeutic Products for Human Cancers

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR Part 404, that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of

an exclusive patent license to practice the inventions embodied in the following U.S. Patents and Patent Applications to Scion Cardio-vascular (“Scion”) located in Miami, FL, USA.

Intellectual Property

1. U.S. Provisional Patent Application No. 60/846,481; filed September 22, 2006 entitled “Methods and Compositions for the Treatment of Cancer” [HHS Ref. No. E–311–2006/0–US–01];

2. International Patent Application No. PCT/US2007/020540 filed September 21, 2007 entitled “Compositions And Methods For Chitosan Enhanced Immune Response” [HHS Ref. No. E–311–2006/1–PCT–01];

3. European Patent Application No. 07838692.7 filed September 21, 2007 entitled “Compositions And Methods For Chitosan Enhanced Immune Response” [HHS Ref. No. E–311–2006/1–EP–02]; and

4. U.S. Patent Application No. 12/442,483 filed March 23, 2009 entitled

“Compositions And Methods For Chitosan Enhanced Immune Response” [HHS Ref. No. E–311–2006/1–US–03].

The patent rights in these inventions have been assigned to the government of the United States of America.

The prospective exclusive license territory may be worldwide and the field of use will be limited to the use of Licensed Patent Rights for development of Chitosan/IL–12 conjugates as immunotherapeutic products for human cancers. Please note that the Field of Use is limited to the use of Chitosan with IL–12 only and does not include the use of the Chitosan with any other antigen. Additionally, the Field of Use may be limited to certain cancer indications.

DATES: Only written comments and/or applications for a license which are received by the NIH Office of Technology Transfer on or before December 26, 2013 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, and