

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities; Proposed Collection; Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information shall have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques or other forms of information technology.

Proposed Project: Data Collection Tool for Rural Health Community-Based Grant Programs: (New)

The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality care services for rural communities. In its authorizing language (Sec. 711 [42 U.S.C. 912]), Congress charged ORHP with “administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.” In 1991, the Health Service Outreach Grants were first appropriated under the authority of section 301 of the Public Health Service (PHS) Act. In 1996, the Health Centers Consolidation Act of 1996 added the section 330A Rural Health Outreach Grant Program to the PHS Act. In 2002, this was amended and authorized again in the PHS Act, section 330A, as the Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs. Five rural health grant programs are currently operating under this authority: (1) The Rural Health Care Services Outreach Grant Program (Outreach), (2) the Rural Health Network Development Program (Network Development), (3) the Small Health Care Provider Quality

Improvement Grant Program (Quality), (4) the Delta States Rural Development Network Grant Program (Delta), and (5) the Network Development Planning Grant Program (Network Planning). These grants are to provide expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities. In general, the grants may be used to expand access, coordinate, and improve the quality of essential health care services, and enhance the delivery of health care in rural areas.

For these programs, program performance measures were drafted to provide data useful to the programs and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act (GPRA) of 1993. These measures cover the principal topic areas of interest to ORHP, including: (a) Access to care, (b) the underinsured and uninsured, (c) workforce recruitment and retention, (d) sustainability, (e) health information technology, (f) network development, and (g) health-related clinical measures. Several measures will be used for all five programs. All measures will speak to the Office's progress toward meeting the goals set forth in its strategic plan.

The annual burden estimate for this proposed collection is as follows:

Grant program	Number of respondents	Frequency of responses	Total responses	Hours per response	Total hour burden
Rural Health Outreach Grant Program	121	1	121	1.25	151.25
Rural Health Network Development	33	1	33	13	429
Small Health Care Provider Quality Improvement Grant Program	15	1	15	1	15
Delta States Rural Development Network Grant Program	12	1	12	1.25	15
Network Development Planning Grant Program	10	1	10	4	40
Total	191		191		650.25

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: August 7, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7–15941 Filed 8–14–07; 8:45 am]

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Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Ryan White HIV/AIDS Treatment Modernization Act of 2006: Data Report Form: (OMB No. 0915-0253)—Revision

The Ryan White HIV/AIDS Program Annual Data Report (formerly called the CARE Act Data Report (CADR)) was initially created in 1999 by HRSA's HIV/AIDS Bureau. It has undergone revisions to incorporate the legislative changes that occurred in 2006. Grantees and their subcontracted service providers who are funded under Parts A, B, C, and D of the Ryan White HIV/

AIDS Treatment Modernization Act of 2006, or Ryan White HIV/AIDS Program (codified under Title XXVI of the Public Health Services Act) fill out the report. All Parts of the Ryan White HIV/AIDS Program specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities. Ryan White HIV/AIDS Program grantees are required to report aggregate data to HRSA annually. The Data Report form is filled out by grantees and their subcontracted service providers. The report has seven different sections containing demographic information about the service providers as well as the clients served, information about the type of

core and support services provided as well as the number of clients served, information about counseling and testing services, clinical information about the clients served, demographic tables for Parts C and D, and information about the Health Insurance Program.

The primary purposes of the Data Report are to: (1) Characterize the organizations where clients receive services; (2) provide information on the number and characteristics of clients who receive Ryan White HIV/AIDS Program services; and (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to the Congress, clients, advocacy groups, and the general public, information collected on the Data Report is critical for HRSA, State and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The response burden for grantees is estimated as:

Program under which grantee is funded	Number of grantee respondents	Responses per grantee	Hours to coordinate receipt of data reports	Total hour burden
Part A Only	56	1	40	2,240
Part B Only	59	1	40	2,360
Part C Only	361	1	20	7,220
Part D Only	90	1	20	1,800
Subtotal	566			13,620

The response burden for service providers is estimated as:

Program under which provider is funded	Number of respondents	Responses per provider	Hours per response	Total hour burden
Part A Only	792	1	26	20,592
Part B Only	653	1	26	16,978
Part C Only	108	1	44	4,752
Part D Only	75	1	42	3,150
Funded under more than one program	703	1	50	35,150
Subtotal	2,331			80,622
Total for Both Grantees & Providers	2,897			94,242

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 7, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: September 7, 2007, 9 a.m.–5 p.m., EST.

Place: Parklawn Building (and via audio conference call), Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

The ACCV will meet on Friday, September 7 from 9 a.m. to 5 p.m. (EST). The public can join the meeting via audio conference call by dialing 1-888-709-9420 on September 7 and providing the following information:

Leader's Name: Dr. Geoffrey Evans.

Password: ACCV.