

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

RSR component	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Grantee Report:					
Part A	52	1	52	2.04	106
Part B	51	1	51	2.52	129
Part C	351	1	351	0.32	122
Part D	115	1	115	0.33	38
Subtotal	569	.....	.....	.....	395
The response burden for service providers is estimated as:					
Service Provider Report	*2,025	1	*2,025	2.30	4,658
Subtotal	2,025	.....	.....	.....	4,658
Service Providers requiring revisions/updates to CLD collection systems	1,012	1	1,012	60	60,720
Subtotal	1,012	.....	1,012	.....	60,720
Client Report (client-level data):					
• Providers without electronic data systems	37	1	37	106.25	3,931
• Providers with electronic data systems	1,804	1	1,804	3.75	6,765
Subtotal	**1,841	.....	**1,841	.....	10,696
TOTAL	5,447	1	5,447	14.04	76,469

* All providers, including providers of administrative support services and direct client services.

** Providers of direct client services only.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: December 26, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-31472 Filed 1-2-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration (HRSA) is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Section 100.2 of the VICP's implementing regulation (42 CFR Part 100) states that the revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published periodically in a notice in the **Federal Register** and filed with the United States Court of Federal Claims (the Court). This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation and Health Research and Educational Trust (KFF/HRET) Employer Health Benefits survey or other authoritative source that may be more accurate or appropriate.

In 2013, MEPS-IC, available at www.meps.ahrq.gov, published the annual 2012 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was \$5,384. This figure is divided by 12 months to determine the cost per month of \$448.67. The \$448.67 shall be increased or decreased by the percentage change reported by the most recent KFF/HRET, available at www.kff.org. The percentage increase from 2012 to 2013, was published at 5 percent. By adding this percentage

increase, the calculated average monthly cost of a health insurance policy is \$471.10 for 2013.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$471.10 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the Court. Such notice was delivered to the Court on November 21, 2013.

Dated: December 26, 2013.

Mary K. Wakefield,
Administrator.

[FR Doc. 2013-31470 Filed 1-2-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request: Questionnaire Cognitive Interviewing and Pretesting (NCI)

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 Cancer Institute (NCI), 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.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

TO SUBMIT COMMENTS AND FOR FURTHER INFORMATION: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Gordon Willis, Division

of Cancer Control and Population Sciences, 9609 Medical Center Drive, Rm 3E358, Bethesda, MD 20892-9762 or call non-toll-free number 240-276-6788 or Email your request, including your address to: willis@mail.nih.gov. Formal requests for additional plans and instruments must be requested in writing.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: Questionnaire Cognitive Interviewing and Pretesting (NCI), 0925-0589, Expiration Date 4/30/2014, REVISION, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: For many surveys and self-report-based data collection efforts, it is advantageous to the government if development follows a pretesting sequence equivalent to that used at National Center for Health Statistics or the Census Bureau. For example, the Health Information National Trends

Survey (HINTS: OMB No. 0925-0538) has undergone multiple cycles of cognitive testing to refine both the questionnaire, and supporting materials such as advance letters and brochures. The types of activities covered by this Generic request include: (1) Survey material development and pretesting based on cognitive interviewing methodology and use of focus groups, (2) Research on the cognitive aspects of survey methodology, (3) Research on computer-user interface design for computer-assisted instruments, also known as Usability Testing, (4) Pilot Household interviews are pilot tests (either personal, telephone, or Web-based) conducted with respondents using professional field interviewers; and (5) Formative research that depends on the use of interviewing techniques to develop products such as research priorities, or expert consensus on best practices.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 3,600.

3-YEAR ESTIMATED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Time per response (in hours)	Burden hours
Physicians, Scientists and similar Respondents	1,200	1	75/60	1,500
Experts in their Field	600	1	75/60	750
Administrators/Managers	600	1	75/60	750
General Public	1,200	1	30/60	600

Dated: December 27, 2013.

Vivian Horovitch-Kelley,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2013-31477 Filed 1-2-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD); Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Child Health and Human Development Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. A

portion of this meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review and discussion of grant applications. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below in advance of the meeting.

Name of Committee: National Advisory Child Health and Human Development Council.

Date: January 23, 2014.

Open: January 23, 2014, 8:00 a.m. to 12:00 p.m.

Agenda: The agenda will include: (1) Update on program issues; (2) Report of the Director, NICHD; (3) Report of the Director, Vision of Scientific Research; and (4) Other business of the Council.

Closed: January 23, 2014, 1:00 p.m. to Adjournment.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, Center Drive, C-Wing, Conference Room 6, Bethesda, MD 20892.

Contact Person: Yvonne T. Maddox, Ph.D., Deputy Director, Eunice Kenney Shriver National Institute of Child Health and Human Development, NIH, 9000 Rockville Pike MSC 7510, Building 31, Room 2A03, Bethesda, MD 20892, (301) 496-1848.

Any interested person may file written comments with the committee by forwarding the statement to the contact person listed on this notice. The statement should include the name, address, telephone number, and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxis, hotel, and airport shuttles, will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

In order to facilitate public attendance at the open session of Council in the main meeting room, Conference Room 6, please