

3. Once GSA makes an announcement for temporary closure, there is potential for a high number of new offers before the effective date of the temporary closure. It is highly likely that nearly all of these offers will not generate business. What should GSA do with offers received in this window?

4. To help industry best plan, should GSA's reassessment be conducted annually, every two years, or every three years? What actions can GSA take to assist industry with planning? For example, is it better to know with certainty when a schedule or SIN will reopen even if that means the duration of closure is longer, or is it better for GSA to take a shorter term view of the question?

5. Currently, over 50 percent of schedule contracts will not meet the sales retention criteria. Is reducing this percentage to 30 percent an appropriately aggressive interim goal?

6. Are there other considerations on how to ensure minimum impact to industry with the implementation?

Dated: July 18, 2012.
Houston Taylor,
Assistant Commissioner, Office of Acquisition Management, Federal Acquisition Service, General Services Administration.
[FR Doc. 2012-17882 Filed 7-20-12; 8:45 am]
BILLING CODE 6820-89-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Written Comments on Draft Phase 3 Long-Term Care Facilities Strategy/Module for Inclusion in the National Action Plan To Prevent Healthcare-Associated Infections: Roadmap to Elimination

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Healthcare Quality.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0937-0166]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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 collection technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to sherette.funncoleman@hhs.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
100,000	citizen seeking sterilization	100,000	1	15/60	25,000

ACTION: Notice.

SUMMARY: The Office of Healthcare Quality is soliciting public comment on a new long-term care facilities strategy/module of the National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination. To further the HHS mission to protect the health and well-being of the nation, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections has developed a draft comprehensive strategy for preventing and reducing healthcare-associated infections in long-term care facilities. This Phase 3 Long-Term Care Facilities module builds upon and is to be included in the existing National Action Plan to Prevent Healthcare-Associated

gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: Title: HHS 42 CFR subpart B; Sterilization of Persons in Federally Assisted Family Planning Projects—OMB No. 0937-0166—Extension—OPHS, Office of Population Affairs—Office of Family Planning.

Abstract: This is a request for extension of a currently approved collection for the disclosure and record-keeping requirements codified at 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). The consent form solicits information to assure voluntary and informed consent to persons undergoing sterilization in programs of health services which are supported by federal financial assistance administered by the PHS. It provides additional procedural protection to the individual and the regulation requires that the consent form be a copy of the form that is appended to the PHS regulation. In 2003, the PHS sterilization consent form was revised to conform to OMB government-wide standards for the collection of race/ethnicity data and to incorporate the PRA burden statement as part of the consent form. There are no revisions to the form.

Infections: Roadmap to Elimination that focuses on reducing healthcare-associated infections (HAIs) in acute care hospitals, ambulatory surgical centers, and end stage renal disease facilities and presents strategies for increasing healthcare personnel influenza vaccination coverage (Phases 1 & 2).

DATES: Comments on the draft Phase 3 Long-Term Care Facilities module should be received no later than 5:00 p.m. Eastern daylight saving time on August 22, 2012.

ADDRESSES: The draft Phase 3 Long-Term Care Facilities module can be found at <http://www.hhs.gov/ash/initiatives/hai/actionplan/index.html#tier3>. Comments are preferred electronically and may be