

deductible for plan years (*i.e.*, policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

Agenda: The meeting will include: (1) Overview of the Committee's authorizing legislation, (2) nomination process for prospective new committee members, (3) discussion of the newborn screening informed consent amendment in the Newborn Screening Saves Lives Reauthorization Act of 2014, (4) update from the Pilot Study Workgroup, (5) presentation on the Assistant Secretary for Planning and Evaluation funded project on the Affordable Care Act's coverage mandate for conditions on the RUSP and the overall costs of screening for state newborn screening programs, (6) presentation by the Newborn Screening Translational Research Network Long-term Follow-up Project, (7) update on the condition review of Adrenoleukodystrophy, and (8) discussion of projects for the Committee's workgroups and subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training. Tentatively, the Committee is expected to receive comments from states and discuss potential implications of the new legislation, and perhaps to vote on providing such information and/or associated recommendations to the Secretary for consideration regarding the newborn screening informed consent amendment in the Newborn Screening Saves Lives Reauthorization Act of 2014. This tentative vote does not involve any proposed addition of a condition to the RUSP.

Agenda items are subject to change as necessary or appropriate. The agenda, webinar information, Committee Roster, Charter, presentations, and other meeting materials will be located on the Advisory Committee's Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Public Comments: Members of the public may present oral comments and/or submit written comments. Comments are part of the official Committee record. The public comment period is tentatively scheduled for May 11, 2015. Advance registration is required to present oral comments and/or submit written comments. Registration information will be on the Committee Web site at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>. The registration deadline is Monday, April 27, 2015, 11:59 p.m. Eastern Time. Written comments must be received by the deadline in order to be included in the May meeting briefing book. Written

comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (*i.e.*, parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted. For additional information or questions on public comments, please contact Lisa Vasquez, Maternal and Child Health Bureau, HRSA; email: lvasquez@hrsa.gov.

Contact Person: Anyone interested in obtaining other relevant information should contact Debi Sarkar, Maternal and Child Health Bureau, HRSA, Room 18W68, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; email: dsarkar@hrsa.gov.

More information on the Advisory Committee is available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders>.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-08484 Filed 4-13-15; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than June 15, 2015.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10C-03, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Maternal, Infant, and Early Childhood Home Visiting (Home Visiting) Program, Competitive Funding Opportunity Announcement OMB No. 0915-0351—Extension

Abstract: The Home Visiting Program, administered by HRSA in close partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. All fifty (50) states, the District of Columbia, five U.S. territories, and eligible nonprofit organizations are eligible for Home Visiting Competitive Funding.

Need and Proposed Use of the Information: The purpose of this announcement is to solicit applications for the fiscal year 2016 (FY16) Home Visiting Competitive Grant program. The Competitive Grants provide funds to eligible entities that are states and certain territories that continue to make significant progress toward implementing a high-quality home visiting program as part of a comprehensive, high-quality early childhood system and are ready and able to take effective programs to scale to address unmet need. Grantees will use the funds to provide ongoing support to high-quality evidence-based home visiting programs and for the incremental expansion of evidence-based home visiting programs funded to achieve greater enrollment and retention of families eligible for home visiting. Additionally, this funding opportunity will continue the program's emphasis on rigorous research by grounding the proposed work in relevant empirical literature and by including requirements to evaluate work proposed under this grant.

Likely Respondents: Applicants to the FY16 Home Visiting Competitive Funding Opportunity Announcement.

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 Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Summary progress on the following activities	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden hours
Introduction	47	1	47	10	470
Needs Assessment	47	1	47	14	658
Methodology	47	1	47	15	705
Work plan	47	1	47	15	705
Resolution of Challenges	47	1	47	14	658
Evaluation and Technical Support Capacity	47	1	47	48	2256
Organizational Information	47	1	47	10	470
Additional Attachments	47	1	47	13	611
Total	376	8	376	139	6533

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.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-08485 Filed 4-13-15; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Injury Prevention Program; Announcement; New and Competing Continuation Cooperative Agreement

Funding Announcement Number: HHS-2015-IHS-IPP-0001

Catalog of Federal Domestic Assistance Number: 93.284

Key Dates

Application Deadline Date: June 15, 2015

Review Date: July 6-10, 2015

Earliest Anticipated Start Date: September 1, 2015

Signed Tribal Resolutions Due Date: July 6, 2015

Proof of Non-Profit Status Due Date: June 15, 2015

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive cooperative agreement (CA) applications for the Injury Prevention Program (IPP) for American Indians and Alaska Natives (AI/AN). The program is authorized under 25 U.S.C. 13, Snyder Act, and 42 U.S.C., Section 301(a), Public Health Service Act, as amended. This program is described in the Catalog of Federal Domestic Assistance under 93.284.

Background

Injuries are the single leading cause of death for AI/AN between the ages of 1 and 44 years. (Trends in Indian Health 2002-2003 Edition, IHS, Division of Program Statistics). Depending on the type of injury, AI/AN experience injury mortality rates that are 2.5 to 8.7 times higher than the U.S. all races rates. This funding opportunity was developed by the IHS Injury Prevention Program to address the disparity in injury rates by encouraging tribes to implement injury prevention programs and projects based on evidence-based, effective strategies.

Injury prevention evidence-based, effective strategies are prevention methods that have been scientifically proven to prevent injuries. Injury prevention programs and projects are most effective when based on these model practices. Though not repeatedly scientifically proven to be effective, the use of promising and innovative injury prevention strategies is also recommended. For more information on evidence-based injury prevention resources see: [http://](http://www.healthy.ohio.gov/vipp/evidence/ebresource.aspx)

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Comprehensive injury prevention programs use a public health approach to employ strategies that address education, policy development with enforcement, and environmental modifications. Programs use various combinations of effective strategies to ensure they are effective and sustainable. A single focus with only education is not an effective strategy.

The IHS IPP priorities are prevention of (1) motor vehicle crash related injuries; and (2) unintentional fall injuries. For AI/AN, motor vehicle-related injuries and deaths are the leading cause of disability, years of potential life lost, and medical and societal costs. Unintentional elder fall-related injuries are a leading cause of hospitalizations in AI/AN communities. Among older adults, falls are the leading cause of both fatal and nonfatal injuries (<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>).

Purpose

The purpose of this IHS funding opportunity is to promote the capability of Tribes, Indian organizations and urban Indian organizations to build and maintain sustainable, effective injury prevention programs. Tribal ownership and management of injury prevention programs and projects:

(a) increase the understanding of the injury problem by Tribes/Indian organizations/urban Indian organizations;