

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
Ambassador Portal—New Applicants	200	1	200	.16	32
Ambassador Portal—Updates to current Ambassador profiles	500	1	500	.16	80
Total	700	1	700	.16	112

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: March 6, 2014.

Jackie Painter,

Deputy Director, Division of Policy and Information Coordination.

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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: Special Study—Emerging issues related to Affordable Care Act (ACA) Implementation: The future of Ryan White Services: A Snapshot of Outpatient Ambulatory Medical Care OMB No. 0915-xxxx—NEW.

Abstract: The Health Resources and Services Administration, HIV/AIDS Bureau (HRSA/HAB) implements the Ryan White HIV/AIDS Program (RWHAP). This program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Starting January 1, 2014, the ACA began making health care coverage available to many HIV-positive individuals who did not previously have access to such coverage. This ACA expansion of health coverage will impact a significant portion of Ryan White HIV/AIDS Program's (RWHAP) traditional clients who will be moving into third party reimbursement care. The transition will require increased support and coordination to ensure clients do not experience gaps in coverage, or gaps in care. The purpose of this evaluation study is to assess the current status of Ryan White services during the early and later stages of ACA

implementation and to collect information on service provisions, quality of care, barriers, gaps, and challenges related to ACA implementation.

Need and Proposed Use of the Information: The ACA will offer new options for obtaining health care services for many individuals with HIV. Due to these changes, additional information concerning staffing, continuity and coordination of care, and utilization of RWHAP funds to provide essential services is necessary. Data from this evaluation study will be used to assess the current status of Ryan White services during the early (January 2014 to June 2014) and later (July 2014 to December 2014) stages of ACA implementation and how well the RWHAP is positioned to improve clinical outcomes, including viral suppression, retention to care, and linkage to care services.

Likely Respondents: HIV Providers and Administrators from RWHAP-funded facilities.

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
Early Implementation Site Visit Interview Guide	90	1	1	2	180

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Later Implementation Site Visit Interview Guide	90	1	1	1	90
List of Site HIV Outpatient Ambulatory Medical Care Activities/Services	30	1	1	30/60	15
Total					285

Dated: March 6, 2014.

Jackie Painter,

Deputy Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Organ Transplantation Request for Nominations for Voting Members

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill vacancies on the Advisory Committee on Organ Transplantation (ACOT). The ACOT was established by the Amended Final Rule of the Organ Procurement and Transplantation Network (OPTN) (42 CFR Part 121) and, in accordance with Public Law 92-463, was chartered on September 1, 2000.

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: All nominations should be submitted to the Executive Secretary, ACOT, Healthcare Systems Bureau, HRSA, Parklawn Building, Room 12C-06, 5600 Fishers Lane, Rockville, Maryland 20857. Federal Express, Airborne, UPS etc. mail delivery should be addressed to Executive Secretary, Advisory Committee on Organ Transplantation, Healthcare Systems Bureau, HRSA, at the above address, or via email to: PStroup@hrsa.gov and PTonge@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: Patricia A. Stroup, M.B.A., M.P.A., Executive Secretary, ACOT, at (301) 443-1127 or email pstroup@hrsa.gov.

SUPPLEMENTARY INFORMATION: As provided by 42 CFR 121.12, the Secretary established the ACOT. The ACOT is governed by the Federal

Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The ACOT advises the Secretary on all aspects of organ procurement, allocation, and transplantation, and on other such matters that the Secretary determines. One of its principal functions is to advise the Secretary on federal efforts to maximize the number of deceased donor organs made available for transplantation and to support the safety of living organ donation.

The ACOT consists of up to 25 members who are Special Government Employees, and 5 ex-officio, non-voting members. Members and the Chair shall be appointed by the Secretary from individuals knowledgeable in such fields as deceased and living organ donation, health care public policy, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, living organ donors, and family members of deceased and living organ donors. Members shall not serve while they are also serving on the OPTN Board of Directors. To the extent practicable, Committee members should represent minority, gender, and geographic diversity of transplant candidates, transplant recipients, organ donors, and family members served by the OPTN. The ex-officio, non-voting members shall include the Directors of the National Institutes of Health, the Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality; the Administrator of the Centers for Medicare and Medicaid Services; and the Commissioner of the Food and Drug Administration—or their designees.

Specifically, HRSA is requesting nominations for voting members of the ACOT representing: Health care public

policy; transplantation medicine and surgery, including pediatric and heart/lung transplantation; critical care medicine; nursing; epidemiology and applied statistics; immunology; law and bioethics; behavioral sciences; economics and econometrics; organ procurement organizations; transplant candidates/recipients; transplant/donor family members; and living donors. Nominees will be invited to serve up to a 4-year term beginning the date of appointment.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals with a view to ensuring that the ACOT includes the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership on the ACOT. Nominations shall state that the nominee is willing to serve as a member of the ACOT and appears to have no conflict of interest that would preclude the ACOT membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the ACOT to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee: (1) A letter of nomination stating the name, affiliation, and contact information for the nominee, the basis for the nomination (i.e., what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of ACOT), and the nominee's field(s) of expertise; (2) a biographical sketch of the nominee and a copy of his/her curriculum vitae; and (3) the name, address, daytime telephone number, and email address at which the nominator can be contacted.

HHS strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is