

disabilities or special needs. If you require special accommodations due to a disability, please contact Lee L. Zwanziger at least 7 days in advance of the meeting.

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Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 18, 2011.

**Jill Hartzler Warner,**  
*Acting Associate Commissioner for Special Medical Programs.*

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## 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) publishes 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 and draft instruments, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of Agency functions; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information; (c) the ways to enhance quality, utility, and clarity of the information to be collected; and (d) the ways to minimize the burden of the collection of information on respondents, through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: ADAP Data Report—[NEW]

HRSA's AIDS Drug Assistance Program (ADAP) is funded through The Ryan White HIV/AIDS Program, Part B, Title XXVI of the Public Health Service Act, which provides grants to states and territories. ADAP provides medications for the treatment of HIV/AIDS. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access, adherence, and monitoring of drug treatments.

Each of the 50 states, the District of Columbia, Puerto Rico, and several territories receive ADAP grants. As part of the funding requirements, ADAP grantees currently submit quarterly reports concerning aggregate information on patients served, pharmaceuticals prescribed, pricing, as

well as other sources of support to provide AIDS medication treatment, eligibility requirements, cost data, and coordination with Medicaid; however, aggregate data cannot be analyzed with the detail that is required to assess quality of care or to sufficiently account for the use of Ryan White HIV/AIDS Program Funds.

To address this limitation, HRSA's HIV/AIDS Bureau (HAB) is developing a client-level data system for ADAP grantees called the ADAP Data Report (ADR). The ADR consists of a grantee report and a client-level data file that will be submitted once every six months. Data collected through the ADR: Will enable HAB to answer specific questions about the utility of ADAP; will more precisely address program needs; and will monitor program performance.

Discussions were held with nine volunteer grantee agencies representing a variety of ADAP models, as a basis for the burden estimates for the ADR that are included. These burden estimates are presented in two tables. The first table represents the estimated burden for the first year, including the estimated time to adjust existing or develop new data collection systems to collect the elements that HAB is requesting. In the first year, grantees will be required to report the grantee and client reports twice. Therefore, the total number of grantees (57) is multiplied by the total number of times that each grantee must submit the specified report (2) to arrive at the total responses in a one year period (114). This total is multiplied by the number of hours to complete each report for each six month submission to calculate the total burden hours.

TABLE 1—ESTIMATE OF BURDEN FOR THE FIRST YEAR

| Instrument                   | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|------------------------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Grantee Report .....         | 57                    | 2                        | 114             | 12.50              | 1,425.00           |
| Client Report .....          | 57                    | 2                        | 114             | 34.19              | 3,897.66           |
| Data Collection System ..... | 57                    | 1                        | 57              | 826.00             | 47,082.00          |
| Total .....                  | .....                 | .....                    | .....           | .....              | 52,404.66          |

The second table represents the estimated burden for subsequent years. Given that data collection system updates only impact the first six month reporting period, it is not included in the subsequent years' total burden. The

grantee report burden remains unchanged, as the submission is consistent with current reporting requirements. The client report burden will decrease slightly in subsequent years as grantees become more

proficient with reporting client level data, based on feedback they receive, as well as technical assistance resources that HRSA will provide.

TABLE 2—ESTIMATE OF BURDEN FOR SUBSEQUENT YEARS

| Instrument           | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|----------------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Grantee Report ..... | 57                    | 2                        | 114             | 12.50              | 1,425.00           |
| Client Report .....  | 57                    | 2                        | 114             | 24.00              | 2,736.00           |
| Total .....          |                       |                          |                 |                    | 4,161.00           |

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the 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: July 15, 2011.

**Reva Harris,**

*Acting 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 for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

#### Proposed Project: Supplemental Information Request for the Submission of the Updated State Plan for the Home Visiting Program (OMB No. 0915–0336)—[Extension]

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), historic and transformative legislation designed to enhance disease prevention, strengthen the health care workforce, and make quality, affordable health care available to all Americans. Through a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, ([http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h3590enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf), pages 216–225), the Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is designed: (1) To strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

To achieve the legislative requirements of the MIECHV program, the following application steps were required for release of grant funding:

The first step was submission of an application for funding: The HRSA Funding Opportunity Announcement (FOA), HRSA–10–275, was issued on June 10, 2010, and state applications

were due to HRSA on July 9, 2010. These applications were to include plans for completing the required statewide needs assessment to identify at-risk communities, submission of which was also a condition for receiving FY 2011 Title V Block Grant allotments (the completed needs assessments were due in September 2010) and initial State plans for developing the program in order to meet the criteria identified in the legislation (Section 511(b)(3)(B)). The second step was submission of a statewide needs assessment. On September 20, 2010, all 50 states, the District of Columbia, and five U.S. territories submitted needs assessments, which were approved by HRSA, and all 56 grantees have therefore received FY 2011 Title V Block Grant funds. The third step, as a condition of receiving the remaining grant funding, was submission of an Updated State Plan for a State Home Visiting Program.

The information requested for the Updated State Plan is intended to help states in achieving the MIECHV Program requirements by viewing their proposed State Home Visiting Program as a service strategy aimed at developing a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety and development, and strong parent-child relationships in the targeted community(ies) at risk. Ultimately, the information provided will help states develop a comprehensive plan that addresses community risk factors, builds on strengths identified in the targeted community(ies), and responds to the specific characteristics and needs of families in each of these communities.

The annual estimate of burden is as follows:

| Instrument   | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|--|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Section 1: Identification of the State's Targeted At-Risk Community(ies) ..... | 56                    | 1                        | 56              | 30                 | 1,680              |
| Section 2: State Home Visiting Program Goals and Objectives .....              | 56                    | 1                        | 56              | 30                 | 1,680              |