

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Establishment of the Consumer Operated and Oriented Plan (CO-OP) Advisory Board

**AGENCY:** Department of Health and Human Services, Office of Consumer Information & Insurance Oversight.

**ACTION:** Federal Register Notice.

*Authority:* The Consumer Operated and Oriented Plan (CO-OP) Advisory Board is required under section 1322 of The Patient Protection and Affordable Care Act (PPACA) that calls for the establishment of the Consumer Operated and Oriented Plans (CO-OP) Program, which will foster the creation of qualified nonprofit health insurance issuers to offer qualified health plans in the individual and small group markets. The Advisory Board is governed by provisions of Public Law 92-463, as amended, (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees.

**SUMMARY:** The U.S. Department of Health and Human Services announces establishment of the Consumer Operated and Oriented Plan (CO-OP) Advisory Board, as directed by section 1322 of PPACA.

**FOR FURTHER INFORMATION CONTACT:** Roman Gurule, Office of Consumer Information & Insurance Oversight, Department of Health and Human Services; Telephone 202-260-6053; Fax 202-260-6108.

**SUPPLEMENTARY INFORMATION:** Public Law 111-148—Section 1322 of PPACA establishes the Advisory Board within the Department of Health and Human Services (HHS). To comply with the authorizing directive and guidelines under the Federal Advisory Committee Act (FACA), a charter has been filed with the Committee Management Secretariat in the General Services Administration (GSA), the appropriate committees in the Senate and U.S. House of Representatives, and the Library of Congress to establish the Advisory Board as a non-discretionary Federal advisory committee. The charter was filed on June 18, 2010.

### Objectives and Scope of Activities

The Consumer Operated and Oriented Plan (CO-OP) Advisory Board is the Department's statutory public advisory body to foster the creation of qualified nonprofit health insurance issuers. The Advisory Board will assist and advise the Secretary and Congress through the Department of Health and Human Services Office of Consumer Information and Insurance Oversight

(OCIO) on the Department's strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee shall advise the Secretary and Congress concerning the award of grants and loans related to the CO-OP Program.

### Membership and Designation

PPACA gave the Comptroller General of the United States responsibility for appointing the Advisory Board's 15 members from among individuals with qualifications described in section 1805(c)(2) of the Social Security Act. Any individual appointed under the board shall meet ethics and conflict of interest standards protecting against insurance industry involvement and interference. Any vacancy on the advisory board shall be filled in the same manner as the original appointment. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by subchapter I of chapter 57 of title 5, United States Code.

### Administrative Management and Support

HHS will provide funding and administrative support for the Advisory Board to the extent permitted by law within existing appropriations. Management and oversight for support services provided to the Advisory Board will be the responsibility of the Office of Consumer Information & Insurance Oversight, which is a staff division within HHS. Staff will be assigned to support the activities of the Advisory Board.

A copy of the Commission charter can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The website for the FACA database is <http://fido.gov/facadatabase/>.

Dated: June 17, 2010.

**Jay Angoff,**

*Director, Office of Consumer Information & Insurance Oversight.*

[FR Doc. 2010-15223 Filed 6-22-10; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Office of Planning, Research and Evaluation Advisory Committee on Head Start Research and Evaluation

**AGENCY:** Administration for Children and Families, Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces the re-establishment of the Advisory Committee on Head Start Research and Evaluation. The Secretary is required by section 649(g)(1) of Public Law 92-463 to convene an expert committee to review and make recommendations on the design of the study or studies that provide national analysis of the impact of Head Start programs. This committee will also advise on the progress of the study, and comment, if so desired, on the interim and final study reports of the organization(s) selected for carrying out the independent research.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Brooks, Office of Planning, Research and Evaluation, e-mail [jennifer.brooks@acf.hhs.gov](mailto:jennifer.brooks@acf.hhs.gov) or (202) 205-8212.

### SUPPLEMENTARY INFORMATION:

#### I. Background

The Secretary is required by section 649(g)(1) of Public Law 92-463 to convene an expert advisory committee to review and make recommendations on the design of the study or studies that provide national analysis of the impact of Head Start programs. An Advisory Committee for Head Start Research and Evaluation was first chartered on March 23, 1999 for two years. It was rechartered in November 2001, again in November 2003, and finally on November 4, 2005. The charter expired on November 6, 2007. This notice pertains to the re-establishment of an Advisory Committee for Head Start Research and Evaluation.

The Advisory Committee for Head Start Research and Evaluation will provide feedback on the published final report for the Head Start Impact Study, offering interpretations of the findings, discussing implications for practice and policy, and providing recommendations on follow-up research, including additional analysis of the Head Start Impact Study. The Committee will also be asked to provide recommendations to the Secretary regarding how to improve Head Start and other early childhood

programs by enhancing the use of research-informed practices in early childhood. Finally, the Committee will be asked to provide recommendations on the overall Head Start research agenda, including—but not limited to—how the Head Start Impact Study fits within this agenda. The Committee will provide advice regarding future research efforts to inform HHS about how to guide the development and implementation of best practices in Head Start and other early childhood programs around the country.

The Department will give close attention to equitable geographic distribution and to minority and gender representation in making appointments to the Committee, so long as the effectiveness of the Committee is not diminished.

## II. Copies of the Charter

To obtain a copy of the Committee's Charter, submit a written request to the above contact.

**Carmen R. Nazario,**

*Assistant Secretary for Children and Families.*

[FR Doc. 2010-15177 Filed 6-22-10; 8:45 am]

**BILLING CODE 4184-22-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-10-0696]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance

Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

### Proposed Project

HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations (PEMS)—Revision—(OMB No. 0920-0696 exp. 8/31/2010)—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

This is a revision of a data collection that is being incrementally implemented. The currently approved collection under the HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations (PEMS, 0920-0696) was approved on August 22, 2007, for three years (until August 31, 2010). This revision includes a request to change the title to "National HIV Prevention Program Monitoring and Evaluation (NHME) Data". The purpose of this request is to collect standardized HIV prevention program monitoring and evaluation data from health department and community-based organization (CBO) grantees. Standardized data on agencies, program plans, HIV testing, health education/risk reduction, health communication/public information, and partner services has begun during the three years of the previous approval. Analysis and reporting of these data to stakeholders, including HHS and Congress, has also begun and the intent is to continue both data collection and reporting on an on-going basis.

Per HIV prevention cooperative agreements, CDC requires non-

identifying, client-level, standardized evaluation data from health department and CBO grantees to: (1) More accurately determine the extent to which HIV prevention efforts have been carried out, what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet these data needs; and (3) be accountable to stakeholders by informing them of efforts made and use of funds in HIV prevention nationwide.

Although CDC received evaluation data from grantees prior to the PEMS, the data received previously were insufficient for evaluation and accountability. Furthermore, there was not standardization of required evaluation data from both health departments and CBOs. Changes to the evaluation and reporting process were necessary to ensure CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed the PEMS (now NHME) variables through consultation with representatives from health departments, CBOs, and national partners (e.g., The National Alliance of State and Territorial AIDS Directors, Urban Coalition of HIV/AIDS Prevention Services, and National Minority AIDS Council).

Respondents will collect, enter, and report general agency information, program model and budget data, and client demographics and behavioral risk characteristics. (Data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry.) Agencies will submit data quarterly. There are no costs to respondents. The total estimated annual burden hours are 298,660.

### ESTIMATE OF ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health jurisdictions .....	65	4	138
Health jurisdictions (CTR-scan) .....	30	4	616
Health jurisdictions (CTR non-scan) .....	35	4	439
Health jurisdictions (Training) .....	65	4	10
Community-Based Organizations .....	300	4	84
Community-Based Organizations (CTR) .....	100	4	30
Community-Based Organizations (Training) .....	300	4	10