

initiatives, with respect to minority health conditions and other populations with health disparities; (2) Plans, coordinates, reviews, and evaluates research and other activities on minority health and health disparities conducted or supported by the NIH Institutes and Centers (ICs), consistent with the NIMHD's authorizing statute; (3) In collaboration with the NIH Director and other IC Directors, and in consultation with the NIMHD advisory council, develops a comprehensive strategic plan and budget that identifies and establishes priorities, objectives, budgets, and policy statements for the conduct and support of all NIH minority health and health disparities research activities, and ensures that all amounts appropriated for such activities are expended in accordance with the strategic plan and budget; (4) In collaboration with the NIH Director and other IC Directors, and in consultation with the NIMHD advisory council, promotes coordination and collaboration among ICs conducting or supporting minority health or other health disparities research; (5) Provides leadership for a national and international program on minority health and health disparities research; (6) Represents the NIH minority health and health disparities research program at all relevant Executive Branch task forces, committees, and planning activities; (7) Develops and maintains a Health Disparities Information (HDI) database to facilitate the collection of data, translation of research, education, dissemination, and communication of information to various audiences, including the Public Health Service (PHS) and other Federal agencies, on minority health and health disparities research, advances, and other activities including those planned, conducted, or supported by the NIH; (8) Establishes projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; (9) Develops and revises, as necessary, the national definition for health disparity population in consultation with the Agency for Healthcare Research and Quality; (10) Provides leadership for the implementation of the Minority Health and Health Disparities Research and Education Act (Pub. L. 106–525) and the Patient Protection and Affordable Care

Act (Pub. L. 111–148) and other relevant public laws as they relate to the NIMHD mission and the NIH minority health and health disparities research and activities.

Delegations of authority statement: All delegations and redelegations of authority to officers and employees of NIH that were in effect immediately prior to the effective date of this reorganization and are consistent with this reorganization shall continue in effect, pending further redelegation.

Dated: August 4, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–22666 Filed 9–10–10; 8:45 am]

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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 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 the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques

or other forms of information technology.

Proposed Project: Ryan White HIV/AIDS Program Core Medical Services Waiver Application Requirements (OMB No. 0915–0307)—Extension

Title XXVI of the Public Health Service (PHS) Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, (Ryan White HIV/AIDS Program), requires that grantees expend 75 percent of Parts A, B, and C funds on core medical services, including antiretroviral drugs, for individuals with HIV/AIDS identified and eligible under the legislation. In order for grantees under Parts A, B, and C to be exempted from the 75 percent core medical services requirement, they must request and receive a waiver from HRSA, as required in the Act.

HRSA utilizes standards for granting waivers of the core medical services requirement for the Ryan White HIV/AIDS Program. These standards meet the intent of the Ryan White HIV/AIDS Program to increase access to core medical services, including antiretroviral drugs, for persons with HIV/AIDS and to ensure that grantees receiving waivers demonstrate the availability of such services for individuals with HIV/AIDS identified and eligible under Title XXVI of the PHS Act. The core medical services waiver uniform standard and waiver request process will apply to Ryan White HIV/AIDS Program Grant awards under Parts A, B, and C of Title XXVI of the PHS Act. Core medical services waivers will be effective for a 1-year period that is consistent with the grant award period.

Grantees must submit a waiver request with the annual grant application containing the certifications and documentation which will be utilized by HRSA in making determinations regarding waiver requests. Grantees must provide evidence that all of the core medical services listed in the statute, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available to all individuals with HIV/AIDS identified and eligible under Title XXVI of the PHS Act in the service area within 30 days.

The annual estimate of burden is as follows:

| Application | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|----------------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Waiver request | 10 | 1 | 10 | 6.5 | 60 |

| Application | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|-------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Total | 10 | 1 | 10 | 6.5 | 60 |

E-mail comments to 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: September 3, 2010.

Sahira Rafiullah,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010–22662 Filed 9–10–10; 8:45 am]

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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 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: Organ Procurement and Transplantation Network and Scientific Registry of Transplant Recipients Data System (OMB No. 0915–0157)—Extension

Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). The OPTN, among other responsibilities, operates and maintains a national waiting list of individuals requiring organ transplants, maintains a computerized system for matching donor organs with transplant candidates on the waiting list, and operates a 24-hour system to facilitate matching organs with individuals included in the list.

Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to indicate the

disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used to develop transplant, donation and allocation policies, to determine if institutional members are complying with policy, to determine member-specific performance, to ensure patient safety when no alternative sources of data exist and to fulfill the requirements of the OPTN Final Rule. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and others for evaluation, research, patient information, and other important purposes.

No revisions of the 29 data collection forms are proposed at this time; however, the OPTN is currently undergoing a review of the forms and expects to submit proposed revisions within the next year.

The annual estimate of burden is as follows:

| Form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|--|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Deceased Donor Registration | 58 | 216 | 12,528 | 0.7500 | 9,396.0000 |
| Death referral data | 58 | 12 | 696 | 10.0000 | 6,960.0000 |
| Death Notification Referral—Eligible | 58 | 161 | 9338 | 0.2000 | 1,867.6000 |
| Death Notification Referral—Imminent | 58 | 168 | 9744 | 0.5000 | 4,872.0000 |
| Living Donor Registration | 308 | 39 | 12,012 | 0.6500 | 7,807.8000 |
| Living Donor Follow-up | 308 | 50 | 15,400 | 0.5000 | 7,700.0000 |
| Donor Histocompatibility | 156 | 131 | 20,436 | 0.1000 | 2,043.6000 |
| Recipient Histocompatibility | 156 | 196 | 30,576 | 0.2000 | 6,115.2000 |
| Heart Candidate Registration | 127 | 35 | 4,445 | 0.5000 | 2,222.5000 |
| Lung Candidate Registration | 68 | 42 | 2,856 | 0.5000 | 1,428.0000 |
| Heart/Lung Candidate Registration | 51 | 2 | 102 | 0.5000 | 51.0000 |
| Thoracic Registration | 127 | 36 | 4,572 | 0.7500 | 3,429.0000 |
| Thoracic Follow-up | 127 | 320 | 40,640 | 0.6500 | 26,416.0000 |
| Kidney Candidate Registration | 241 | 183 | 44,103 | 0.5000 | 22,051.5000 |
| Kidney Registration | 241 | 83 | 20,003 | 0.7500 | 15,002.2500 |
| Kidney Follow-up* | 241 | 742 | 178,822 | 0.5500 | 98,352.1000 |
| Liver Candidate Registration | 129 | 109 | 14,061 | 0.5000 | 7,030.5000 |
| Liver Registration | 129 | 58 | 7,482 | 0.6500 | 4,863.3000 |
| Liver Follow-up | 129 | 519 | 66,951 | 0.5000 | 33,475.5000 |
| Kidney/Pancreas Candidate Registration | 143 | 14 | 2,002 | 0.5000 | 1,001.0000 |
| Kidney/Pancreas Registration | 143 | 7 | 1,001 | 0.9000 | 900.9000 |
| Kidney/Pancreas Follow-up | 143 | 85 | 12,155 | 0.8500 | 10,331.7500 |
| Pancreas Candidate Registration | 143 | 7 | 1,001 | 0.5000 | 500.5000 |
| Pancreas Registration | 143 | 3 | 429 | 0.7500 | 321.7500 |
| Pancreas Follow-up | 143 | 20 | 2,860 | 0.6500 | 1,859.0000 |
| Intestine Candidate Registration | 44 | 7 | 308 | 0.5000 | 154.0000 |
| Intestine Registration | 44 | 5 | 220 | 0.9000 | 198.0000 |
| Intestine Follow-up | 44 | 28 | 1,232 | 0.8500 | 1,047.2000 |