

Services Secretary's Minority AIDS Initiative Fund (SMAIF), fiscal year (FY) 2012 and FY2013 and a gift from the M.A.C. AIDS Fund.

The first phase of this project will include focus group interviews with the target audience to test the messages (Aim 1). Approximately 128 individuals will be screened to assess focus group eligibility. Four focus groups will be conducted with up to eight participants in each for a total sample size of 32.

The second phase of this project involves the evaluation of the pilot study (Aim 2). This will encompass data collection with patients and providers. Patient participants for the pilot study will be recruited from 10 clinical sites, some of which will be Ryan White grantees. Up to 1,000 individuals will be

screened to determine eligibility for the pilot study to recruit a sample of 500 participants (50 from each clinical site). Participants will complete a baseline survey, 3-month survey, 6-month survey, and follow-up survey at 9 months. In addition, 10 patient participants from each clinical site will be selected to participate in an in-depth, qualitative telephone interview for a total of 100 interviews. Finally, up to three clinic staff from the 10 participating clinics will take part in in-depth, qualitative telephone interviews (N=30).

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.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Patient focus group screener	128	1	128	0.25	32
Patient Focus Group Interview	32	1	32	2.00	64
Patient Pilot Study Screener	1,000	1	1,000	0.25	250
Patient Pilot Study Surveys	500	4	2,000	0.75	1,500
Patient Pilot Study Qualitative Interviews	100	1	100	1.00	100
Clinic Staff Pilot Study Qualitative Interviews	30	1	30	0.75	22.5
Total	1,790	3,290	1,968.5

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Deadline: Comments on this information collection request must be received within 60 days of this notice.

Dated: May 3, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-11092 Filed 5-9-13; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Council on Graduate Medical Education; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: Council on Graduate Medical Education (COGME).

Date and Time: May 30, 2013, 10:00 a.m.–5:00 p.m. Eastern Time.

Place: Webinar format.

Status: The meeting will be open to the public.

Purpose: The Council on Graduate Medical Education provides advice and recommendations to the Secretary of the Department of Health and Human Services and to Congress on a range of issues including the supply and distribution of physicians in the United States, current and future physician shortages or excesses, issues relating to foreign medical school graduates, the nature and financing of medical education training, and the development of performance measures and longitudinal evaluation of medical education programs.

At this meeting, the Council will finalize work on its 21st Report and then begin discussions for its next report. The Council will also discuss recent developments in the physician workforce and in graduate medical education.

Agenda: The meeting on Thursday, May 30, 2013, will begin with opening comments from HRSA senior officials. Work on the Council's 21st report on the restructuring of graduate medical education will finish. The Council will also discuss current issues related to the physician workforce and graduate medical education with the objective of determining a topic for the next report. The Council will plan for its next meeting, which will be face-to-face, for late summer of 2013. An opportunity will be provided for public comment at the end of the meeting.

SUPPLEMENTARY INFORMATION: Information on accessing the webinar

will be available via the following Web site two days prior the meeting date: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/index.html>. The audio portion of the meeting will be computer-based; therefore, anyone wishing to make a public comment should use the Question & Answer Pod anytime during the meeting. The questions will be collected and as many addressed as possible during time provided at the end of the meeting. Anyone wishing further information on the webinar aspects of the meeting should contact Iwona Grodecki at 301-443-8379.

The agenda for this meeting will be made available to the public two days prior the meeting date at the above-mentioned web address.

FOR FURTHER INFORMATION CONTACT:

Anyone requesting information regarding the COGME should contact Mr. Shane Rogers, Designated Federal Official within the Bureau of Health Professions, Health Resources and Services Administration, in one of following three ways: (1) Send a request to the following address: Shane Rogers, Designated Federal Official, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-27, 5600 Fishers Lane, Rockville, Maryland 20857; (2)

call 301-443-5260; or (3) send an email to srogers@hrsa.gov.

Dated: May 3, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-11087 Filed 5-9-13; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

[Docket Number OIG-1301-N2]

Revised OIG's Provider Self-Disclosure Protocol

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This notice announces the issuance of the updated Provider Self-Disclosure Protocol (the SDP), originally published in the **Federal Register** on October 30, 1998 (63 FR 58399). In 1998, the Office of Inspector General published the SDP to establish a process for health care providers to voluntarily identify, disclose, and resolve instances of potential fraud involving the Federal health care programs (as defined in section 1128B(f) of the Social Security Act (the Act), 42 U.S.C. 1320a-7b(f)). The SDP provides guidance on how to investigate this conduct, quantify damages, and report the conduct to OIG to resolve the provider's liability under OIG's civil monetary penalty (CMP) authorities.

Since the original publication, we identified areas where additional guidance would be beneficial to the health care community and would improve the efficient resolution of SDP matters. To that end, we issued three Open Letters to Health Care Providers in 2006, 2008, and 2009. Since the last Open Letter, we continued to evaluate our SDP process. We also solicited comments about the SDP on June 18, 2012, and we received numerous helpful comments from the public. On the basis of our experience and the comments we received, we have decided to revise the SDP in its entirety at this time. This revised SDP supersedes and replaces the 1998 **Federal Register** Notice and the Open Letters.

OIG has posted the full revision of the SDP on its Web site: <http://oig.hhs.gov/compliance/self-disclosure-info/index.asp>.

FOR FURTHER INFORMATION CONTACT: Patrice S. Drew, Congressional and

Regulatory Affairs, Office of Inspector General, (202) 619-1368.

Daniel R. Levinson,
Inspector General.

[FR Doc. 2013-11050 Filed 5-9-13; 8:45 am]

BILLING CODE 4152-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD); Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Child Health and Human Development Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. A portion of this meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review and discussion of grant applications. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below in advance of the meeting.

Name of Committee: National Advisory Child Health and Human Development Council.

Date: June 6, 2013.

Open: June 6, 2013, 8:00 a.m. to 12:00 p.m.

Agenda: The agenda will include: 1) a report by the Director, NICHD; 2) Report of the Director, Division of Extramural Research; 3) Review of Council Operating Procedures; and 4) Other Business of the Council.

Closed: June 6, 2013, 1:00 p.m. to Adjournment.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, Center Drive, C-Wing, Conference Room 6, Bethesda, MD 20892.

Contact Person: Yvonne T. Maddox, Ph.D., Deputy Director, Eunice Kennedy Shriver National Institute of Child Health, and Human Development, NIH, 9000 Rockville Pike MSC 7510, Building 31, Room 2A03, Bethesda, MD 20892, (301) 496-1848.

Any interested person may file written comments with the committee by forwarding the statement to the contact person listed on this notice. The statement should include the name, address, telephone number, and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance

onto the NIH campus. All visitor vehicles, including taxis, hotel, and airport shuttles, will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's home page: <http://www.nichd.nih.gov/about/advisory/nachhd/Pages/index.aspx>, where an agenda and any additional information for the meeting will be posted when available.

In order to facilitate public attendance at the open session of Council, additional seating will be available in the meeting overflow rooms, Conference Rooms 7 and 8. Individuals will also be able to view the meeting via NIH Videocast. Please go to the following link for Videocast access instructions at: <http://www.nichd.nih.gov/about/advisory/nachhd/Pages/virtual-meeting.aspx>.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment program, National Institutes of Health, HHS).

Dated: May 3, 2013.

Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2013-11102 Filed 5-9-13; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel; SBIR Topic 304 "Development of Blood-based Methods for the Detection of Cancer Recurrence in Post-Therapy Breast Cancer Patients.

Date: June 4, 2013.

Time: 9:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate contract proposals.