

(b) *Effective and Enforcement Period.* This safety zone will be effective and enforced from May 17, 2013, until November 30, 2013.

(c) *Regulations.*

(1) In accordance with the general regulations in § 165.23 of this part, entry into, transiting, or anchoring within this safety zone is prohibited unless authorized by the Captain of the Port, Lake Michigan or his designated on-scene representative.

(2) This safety zone is closed to all vessel traffic, except as may be permitted by the Captain of the Port, Lake Michigan or his designated on-scene representative. The Captain of the Port, Lake Michigan or his on-scene representative may make exceptions to the restrictions of this safety zone for vessels intending to transit the Illinois River via the Marseilles Lock Canal and its approach channel south of Marseilles Dam. Notice of this exception, or other exceptions, will be made via Broadcast Notice to Mariners.

(3) The “on-scene representative” of the Captain of the Port, Lake Michigan is any Coast Guard commissioned, warrant or petty officer who has been designated by the Captain of the Port, Lake Michigan to act on his behalf.

(4) Vessel operators desiring to enter or operate within the safety zone shall contact the Captain of the Port, Lake Michigan or his on-scene representative to obtain permission to do so. The Captain of the Port, Lake Michigan or his on-scene representative may be contacted via VHF Channel 16. Vessel operators given permission to enter or operate in the safety zone must comply with all directions given to them by the Captain of the Port, Lake Michigan, or his on-scene representative.

Dated: May 17, 2013.

M.W. Sibley,

Captain, U.S. Coast Guard, Captain of the Port, Lake Michigan.

[FR Doc. 2013-13520 Filed 6-6-13; 8:45 am]

BILLING CODE 9110-04-P

DEPARTMENT OF EDUCATION

34 CFR Chapter III

[CFDA Number: 84.133B-10]

Final Priority—National Institute on Disability and Rehabilitation Research—Rehabilitation Research and Training Centers

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Final priority.

SUMMARY: The Assistant Secretary for Special Education and Rehabilitative Services announces a priority for the Disability and Rehabilitation Research Projects and Centers Program administered by the National Institute on Disability and Rehabilitation Research (NIDRR).

Specifically, we announce a priority for a Rehabilitation Research and Training Center (RRTC) on Promoting Healthy Aging for Individuals with Long-Term Physical Disabilities. The Assistant Secretary may use this priority for competitions in fiscal year (FY) 2013 and later years. We take this action to focus research attention on areas of national need. We intend this priority to improve health and function outcomes for individuals aging with long-term physical disabilities.

DATES: *Effective Date:* This priority is effective July 8, 2013.

FOR FURTHER INFORMATION CONTACT:

Marlene Spencer, U.S. Department of Education, 400 Maryland Avenue SW., Room 5133, Potomac Center Plaza (PCP), Washington, DC 20202-2700. Telephone: (202) 245-7532 or by email: marlene.spencer@ed.gov.

If you use a telecommunications device for the deaf (TDD) or a text telephone (TTY), call the Federal Relay Service (FRS), toll free, at 1-800-877-8339.

SUPPLEMENTARY INFORMATION:

Purpose of Program: The purpose of the Disability and Rehabilitation Research Projects and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities, and to improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended (Rehabilitation Act).

Rehabilitation Research and Training Centers

The purpose of the RRTCs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through advanced research, training, technical assistance, and dissemination activities in general problem areas, as specified by NIDRR.

These activities are designed to benefit rehabilitation service providers, individuals with disabilities, and the family members or other authorized representatives of individuals with disabilities. Additional information on the RRTC program can be found at: www.ed.gov/rschstat/research/pubs/res-program.html#RRTC.

Program Authority: 29 U.S.C. 762(g) and 764(b)(2).

Applicable Program Regulations: 34 CFR part 350.

We published a notice of proposed priority in the **Federal Register** on March 6, 2013 (78 FR 14483). That notice contained background information and our reasons for proposing the particular priority.

There are differences between the proposed priority and this final priority as discussed under *Analysis of Comments and Changes*.

Public Comment: In response to our invitation in the notice of proposed priority, three parties submitted comments on the proposed priority.

Generally, we do not address technical and other minor changes or suggested changes the law does not authorize us to make under the applicable statutory authority. In addition, we do not address general comments that raised concerns not directly related to the proposed priority.

Analysis of Comments and Changes: An analysis of the comments and of any changes in the priority since publication of the notice of proposed priority follows.

Comment: Two commenters asked NIDRR to clarify the meaning of the phrase “individuals with long-term physical disabilities” so that applicants can submit proposals that are in line with NIDRR’s intent.

Discussion: The proposed priority did not define “individuals with long-term physical disabilities.” In the final priority we clarify that the phrase “individuals with long-term physical disabilities” refers to individuals who acquired a disability during the life course from birth to childhood to middle age and are now aging with their disability. Although NIDRR is providing this clarification, we are purposefully using broad terminology to allow applicants to choose the target population or populations that are most relevant to their research questions and purposes. We do not want to preclude promising research by providing an overly prescriptive definition of the target population. The peer review process will determine the merits of each proposal.

Changes: NIDRR has revised the opening paragraph of the priority to add

a sentence to clarify that the phrase “individuals with long-term physical disabilities” refers to those individuals who acquired a disability during the life course from birth to childhood to middle age and are now aging with their disability.

Comment: Two commenters noted that the priority requires the RRTC to provide training to rehabilitation providers and other disability service providers (paragraph (c)(ii)) in order to facilitate more effective delivery of services. These commenters suggested that, by limiting the recipients of the required training to service providers, NIDRR may be limiting the knowledge that is available to consumers and reinforcing the knowledge barrier between service providers and consumers. These commenters suggested that NIDRR modify paragraph (c)(ii) to require the RRTC to provide training to consumers and service providers.

Discussion: We based the requirements in paragraph (c)(ii) directly on the Federal regulations that govern the RRTC program. The regulations in 34 CFR 350.22(b)(1) and (2) require that training be provided to rehabilitation personnel to enable them to more effectively provide services and to rehabilitation research personnel to improve their capacity to conduct research. Nothing in these regulations or in the priority precludes applicants from proposing to provide training to individuals with disabilities. However, we do not have sufficient authority to require all applicants to do so.

At the same time, the regulations in 34 CFR 350.22(c) require the RRTC to serve as an informational and technical assistance resource for both providers and individuals with disabilities and their representatives through such means as conferences, workshops, public education programs, in-service training programs, and similar activities. In light of these requirements relating to provision of technical assistance, which are summarized in paragraph (c)(i) of the priority, we do not believe the priority limits the amount of information that would be available to consumers.

Changes: None.

Comment: One commenter requested that NIDRR require the RRTC to conduct mechanistic studies of experimental animals that complement studies of humans with spinal cord injury (SCI) and require other studies of psychosocial, behavioral, and health effects of SCI on SCI caregivers.

Discussion: Nothing in the priority precludes applicants from proposing the types of studies that are suggested by

the commenter or from choosing to specify their target population as individuals with SCI. However, NIDRR does not wish to further specify the research requirements or target populations in the way suggested by the commenter and thereby limit the number and breadth of applications submitted under this priority. The peer review process will determine the merits of each proposal.

Changes: None.

Comment: Referring to the definitions that were provided in the notice, two commenters noted that the research stages, as defined, apply only to research on interventions. They noted that the focus on interventions does not allow applicants to describe the maturity of, or the stages involved in, other kinds of research, such as observational research or research toward the development of diagnostic or outcome assessment tools. These commenters suggested that NIDRR acknowledge that non-intervention research can be conducted in stages and develop and publish “stages of research” that are not focused on interventions. The commenters stated that, if NIDRR does not develop these additional stages of research, applicants who propose research that does not fit in the current stages should be exempt from identifying a research stage. The commenters expressed concern that research that is not focused on interventions may not be assessed properly by peer reviewers or may be seen by peer reviewers as less worthy of funding.

Discussion: NIDRR’s statutory mandate and mission compels us to support research that produces interventions (e.g., practices, programs, policies) with positive effects (improved outcomes in community living and participation, employment, health and function) on the lives of individuals with disabilities. In this context, we have provided these research stages as basic guidelines to help researchers think about, plan, and describe how their research is aligned with our broad goal of improving outcomes for individuals with disabilities.

NIDRR does not plan to develop and publish “stages of research” that are not focused on interventions. We recognize that research directed toward the development of a new disability outcomes measure, for example, may be in an advanced or mature stage of development. Applicants are free to describe the maturity, or staging of, their proposed research using any framework that they deem appropriate. However, NIDRR believes that all disability and rehabilitation research can and should

be categorized under the stages we described so that it is clear how the research that we sponsor is aligned with the practical intent of our authorizing legislation and our mission.

NIDRR views no single research stage as more important than another. By providing a framework for applicants to describe how their research is currently needed at a particular stage and to describe the foundation laid for it at earlier stages of research, we aim to help propel research from exploratory stages to scale-up stages in which benefits can be experienced by large numbers of individuals with disabilities. NIDRR is actively developing peer reviewer orientation strategies to ensure that peer reviewers understand that NIDRR values high-quality at every stage of research.

Changes: None.

Comment: None.

Discussion: NIDRR thinks that it is important to include individuals with disabilities among the stakeholder groups who are involved in the research activities conducted under paragraph (a).

Changes: In paragraph (d) of the priority we clarified that “key stakeholder groups” include individuals with long-term disabilities.

Final Priority

Background: This final priority is in concert with NIDRR’s Long-Range Plan for Fiscal Years 2013–2017 (Plan). The Plan, which was published in the **Federal Register** on April 4, 2013 (78 FR 20299), can be accessed on the Internet at the following site: www.ed.gov/about/offices/list/osers/nidrr/policy.html.

Through the implementation of the Plan, NIDRR seeks to improve the health and functioning, employment, and community living and participation of individuals with disabilities through comprehensive programs of research, engineering, training, technical assistance, and knowledge translation and dissemination. The Plan reflects NIDRR’s commitment to quality, relevance, and balance in its programs to ensure appropriate attention to all aspects of well-being of individuals with disabilities and to all types and degrees of disability, including low-incidence and severe disability.

This priority reflects a major area or domain of NIDRR’s research agenda (health and function), combined with a specific broad disability population (long-term physical disability).

Definitions:

The research that is proposed under this priority must be focused on one or more stages of research. If the RRTC is to conduct research that can be categorized under more than one

research stage, or research that progresses from one stage to another, those research stages must be clearly specified. For purposes of this priority, the stages of research, which we published on May 7, 2013 (78 FR 26513), are:

(i) *Exploration and Discovery* means the stage of research that generates hypotheses or theories by conducting new and refined analyses of data, producing observational findings, and creating other sources of research-based information. This research stage may include identifying or describing the barriers to and facilitators of improved outcomes of individuals with disabilities, as well as identifying or describing existing practices, programs, or policies that are associated with important aspects of the lives of individuals with disabilities. Results achieved under this stage of research may inform the development of interventions or lead to evaluations of interventions or policies. The results of the exploration and discovery stage of research may also be used to inform decisions or priorities.

(ii) *Intervention Development* means the stage of research that focuses on generating and testing interventions that have the potential to improve outcomes for individuals with disabilities. Intervention development involves determining the active components of possible interventions, developing measures that would be required to illustrate outcomes, specifying target populations, conducting field tests, and assessing the feasibility of conducting a well-designed intervention study. Results from this stage of research may be used to inform the design of a study to test the efficacy of an intervention.

(iii) *Intervention Efficacy* means the stage of research during which a project evaluates and tests whether an intervention is feasible, practical, and has the potential to yield positive outcomes for individuals with disabilities. Efficacy research may assess the strength of the relationships between an intervention and outcomes, and may identify factors or individual characteristics that affect the relationship between the intervention and outcomes. Efficacy research can inform decisions about whether there is sufficient evidence to support “scaling-up” an intervention to other sites and contexts. This stage of research can include assessing the training needed for wide-scale implementation of the intervention, and approaches to evaluation of the intervention in real world applications.

(iv) *Scale-Up Evaluation* means the stage of research during which a project

analyzes whether an intervention is effective in producing improved outcomes for individuals with disabilities when implemented in a real-world setting. During this stage of research, a project tests the outcomes of an evidence-based intervention in different settings. The project examines the challenges to successful replication of the intervention, and the circumstances and activities that contribute to successful adoption of the intervention in real-world settings. This stage of research may also include well-designed studies of an intervention that has been widely adopted in practice, but that lacks a sufficient evidence-base to demonstrate its effectiveness.

Priority—RRTC on Promoting Healthy Aging for Individuals with Long-Term Physical Disabilities.

The Assistant Secretary for Special Education and Rehabilitative Services establishes a priority for an RRTC on Promoting Healthy Aging for Individuals with Long-Term Physical Disabilities. The term “individuals with long-term physical disabilities” refers to individuals who acquired a disability during the life course from birth to childhood to middle age and are now aging with their disability. The RRTC must contribute to the development of new knowledge and accelerate the development, modification, and evaluation of evidence-based interventions and strategies that can be applied in clinical and community-based settings to promote healthy aging, including reducing secondary conditions, of individuals with long-term physical disabilities.

To contribute to this outcome the RRTC must—

(a) Conduct research activities in one or more of the following priority areas, focusing on individuals aging with long-term physical disabilities as a group or on individuals in specific disability or demographic subpopulations of individuals with long-term physical disabilities:

(i) Individual and environmental factors associated with improved access to rehabilitation and health care resulting in improved health and function outcomes for individuals aging with long-term physical disabilities.

(ii) Interventions that contribute to improved health and function outcomes for individuals aging with long-term physical disabilities. Interventions include any strategy, practice, program, policy, or tool that, when implemented as intended, contributes to improvements in outcomes for the specified population.

(iii) Effects of government practices, policies, and programs on health care

access and on health and function outcomes for individuals aging with long-term physical disabilities.

(iv) Technology to improve health and function outcomes for individuals aging with long-term physical disabilities;

(b) Focus its research on one or more specific stages of research. If the RRTC is to conduct research that can be categorized under more than one of the research stages, or research that progresses from one stage to another, those stages must be clearly specified. These stages and their definitions are provided at the beginning of the *Final Priority* section in this notice;

(c) Serve as a national resource center related to health and function for individuals aging with long-term physical disabilities, their families, and other stakeholders by:

(i) Providing information and technical assistance to service providers, individuals aging with long-term physical disabilities and their representatives, and other key stakeholders;

(ii) Providing training, including graduate, pre-service, and in-service training, to rehabilitation providers and other disability service providers, to facilitate more effective delivery of services to individuals aging with long-term physical disabilities. This training may be provided through conferences, workshops, public education programs, in-service training programs, and similar activities;

(iii) Disseminating research-based information and materials related to health and function for individuals aging with long-term physical disabilities; and

(d) Involve key stakeholder groups, including individuals with long-term disabilities, in the activities conducted under paragraph (a) in order to maximize the relevance and usability of the new knowledge generated by the RRTC.

Types of Priorities:

When inviting applications for a competition using one or more priorities, we designate the type of each priority as absolute, competitive preference, or invitational through a notice in the **Federal Register**. The effect of each type of priority follows:

Absolute priority: Under an absolute priority, we consider only applications that meet the priority (34 CFR 75.105(c)(3)).

Competitive preference priority: Under a competitive preference priority, we give competitive preference to an application by (1) awarding additional points, depending on the extent to which the application meets the priority (34 CFR 75.105(c)(2)(i)); or (2) selecting

an application that meets the priority over an application of comparable merit that does not meet the priority (34 CFR 75.105(c)(2)(ii)).

Invitational priority: Under an invitational priority, we are particularly interested in applications that meet the priority. However, we do not give an application that meets the priority a preference over other applications (34 CFR 75.105(c)(1)).

This notice does not preclude us from proposing additional priorities, requirements, definitions, or selection criteria, subject to meeting applicable rulemaking requirements.

Note: This notice does *not* solicit applications. In any year in which we choose to use this priority, we invite applications through a notice in the **Federal Register**.

Executive Orders 12866 and 13563

Regulatory Impact Analysis

Under Executive Order 12866, the Secretary must determine whether this regulatory action is “significant” and, therefore, subject to the requirements of the Executive order and subject to review by the Office of Management and Budget (OMB). Section 3(f) of Executive Order 12866 defines a “significant regulatory action” as an action likely to result in a rule that may—

(1) Have an annual effect on the economy of \$100 million or more, or adversely affect a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities in a material way (also referred to as an “economically significant” rule);

(2) Create serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impacts of entitlement grants, user fees, or loan programs or the rights and obligations of recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles stated in the Executive order.

This final regulatory action is not a significant regulatory action subject to review by OMB under section 3(f) of Executive Order 12866.

We have also reviewed this final regulatory action under Executive Order 13563, which supplements and explicitly reaffirms the principles, structures, and definitions governing regulatory review established in Executive Order 12866. To the extent permitted by law, Executive Order 13563 requires that an agency—

(1) Propose or adopt regulations only upon a reasoned determination that

their benefits justify their costs (recognizing that some benefits and costs are difficult to quantify);

(2) Tailor its regulations to impose the least burden on society, consistent with obtaining regulatory objectives and taking into account—among other things and to the extent practicable—the costs of cumulative regulations;

(3) In choosing among alternative regulatory approaches, select those approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity);

(4) To the extent feasible, specify performance objectives, rather than the behavior or manner of compliance a regulated entity must adopt; and

(5) Identify and assess available alternatives to direct regulation, including economic incentives—such as user fees or marketable permits—to encourage the desired behavior, or provide information that enables the public to make choices.

Executive Order 13563 also requires an agency “to use the best available techniques to quantify anticipated present and future benefits and costs as accurately as possible.” The Office of Information and Regulatory Affairs of OMB has emphasized that these techniques may include “identifying changing future compliance costs that might result from technological innovation or anticipated behavioral changes.”

We are issuing this final priority only on a reasoned determination that its benefits justify its costs. In choosing among alternative regulatory approaches, we selected those approaches that maximize net benefits. Based on the analysis that follows, the Department believes that this regulatory action is consistent with the principles in Executive Order 13563.

We also have determined that this regulatory action does not unduly interfere with State, local, and tribal governments in the exercise of their governmental functions.

In accordance with both Executive orders, the Department has assessed the potential costs and benefits, both quantitative and qualitative, of this regulatory action. The potential costs are those resulting from statutory requirements and those we have determined as necessary for administering the Department’s programs and activities.

The benefits of the Disability and Rehabilitation Research Projects and Centers Program have been well established over the years, as projects similar to the one envisioned by the

final priority have been completed successfully. The new RRTC will generate, and promote the use of, new knowledge that will improve the options for individuals with disabilities to perform regular activities of their choice in the community.

Accessible Format: Individuals with disabilities can obtain this document in an accessible format (e.g., braille, large print, audiotape, or compact disc) on request to the program contact person listed under **FOR FURTHER INFORMATION CONTACT**.

Electronic Access to This Document: The official version of this document is the document published in the **Federal Register**. Free Internet access to the official edition of the **Federal Register** and the Code of Federal Regulations is available via the Federal Digital System at: www.gpo.gov/fdsys. At this site you can view this document, as well as all other documents of this Department published in the **Federal Register**, in text or Adobe Portable Document Format (PDF). To use PDF you must have Adobe Acrobat Reader, which is available free at the site.

You may also access documents of the Department published in the **Federal Register** by using the article search feature at: www.federalregister.gov. Specifically, through the advanced search feature at this site, you can limit your search to documents published by the Department.

Dated: June 4, 2013.

Michael K. Yudin,

Delegated the authority to perform the functions and the duties of the Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 2013–13602 Filed 6–6–13; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Parts 160 and 164

RIN 0945–AA03

Technical Corrections to the HIPAA Privacy, Security, and Enforcement Rules

AGENCY: Office for Civil Rights, Department of Health and Human Services.

ACTION: Final rule.

SUMMARY: These technical corrections address certain inadvertent errors and omissions in the HIPAA Privacy, Security, and Enforcement Rules that are located at 45 CFR parts 160 and 164.