extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Quarterly Medicaid and CHIP Budget and Expenditure Reporting for the Medical Assistance Program, Administration and CHIP; *Use:* At the request of OMB, this action would consolidate form CMS–21 and –21B (OMB control number: 0938–0731), –37 (OMB control number: 0938–0101), and –64 (OMB control number: 0938–0067) into one new information collection request. This action also revises CMS–37 and –67 while CMS–21 and –21B remain unchanged.

Form CMS–21 and –21B provide CMS with the information necessary to issue quarterly grant awards, monitor current year expenditure levels, determine the allowability of state claims for reimbursement, develop Children's Health Insurance Program (CHIP) financial management information, provide for state reporting of waiver expenditures, and ensure that the federally established allotment is not exceeded. They are also necessary in the redistribution and reallocation of unspent funds over the federally mandated timeframes.

Form CMS–37 due dates are November 15, February 15, May 15 and August 15 of each fiscal year. While all submissions represent equally important components of the grant award cycle, the May and November submissions are particularly significant for budget formulation. The November submission introduces a new fiscal year to the budget cycle and serves as the basis for the formulation of the Medicaid portion of the President's Budget, which is presented to Congress in January. The February and August submissions are used primarily for budget execution in providing interim updates to our Office of Financial Management, the Department of Health and Human Services, the Office of Management and Budget and Congress depending on the scheduling of the national budget review process in a given fiscal year. The submissions provide us with base information necessary to track current year obligations and expenditures in relation to the current year appropriation and to notify senior managers of any impending surpluses or deficits.

Form CMS–64 is used to issue quarterly grant awards, monitor current year expenditure levels, determine the allowability of state claims for reimbursement, develop Medicaid financial management information provide for state reporting of waiver expenditures, ensure that the federally-established limit is not exceeded for HCBS waivers, and to allow for the implementation of the Assignment of Rights and Part A and Part B Premium (i.e., accounting for overdue Part A and Part B Premiums under state buy-in agreements)—Billing Offsets.

Form Number: CMS–10529 (OMB control number 0938-New); *Frequency:* Quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 672; *Total Annual Hours:* 17,920. (For policy questions regarding this collection contact Abraham John at 410–786–4519).

Dated: August 5, 2014.

Martique Jones,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2014–18808 Filed 8–7–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than October 7, 2014.

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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Bureau of Primary Health Care (BPHC) Uniform Data System (UDS).

OMB No. 0915–0193—Revision.

Abstract: The Uniform Data System (UDS) is the Bureau of Primary Health Care's (BPHC's) annual reporting system for HRSA-supported health centers. The UDS includes reporting requirements for Health Center Program look-alikes and grantees of the following programs: the Community Health Center program, the Migrant Health Center program, the Health Care for the Homeless program, and the Public Housing Primary Care program.

Need and Proposed Use of the Information: HRSA collects UDS data which are used to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national health-related data, including the National Health Interview Survey and National Health and Nutrition Examination Survey, to review differences between the health center patient populations and the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. To meet these objectives, BPHC requires a core set of data collected annually. The UDS data collection for 2015 will be revised in two ways. A new line will be added to identify patients that are dually eligible for Medicare and Medicaid, and the existing diabetes clinical measure will be streamlined to align with the Healthy People 2020 national benchmark. Specifically, health centers will no longer report three categories, Hemoglobin A1c (Hba1c) less than 8

percent; Hba1c greater than or equal to 8 percent and less than or equal to 9 percent; and Hba1c greater than 9 percent. Health centers will report one category, Hba1c greater than 9 percent.

Likely Respondents: The respondents will be HRSA BPHC Health Center Program grantees and look-alikes.

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.

Total Estimated Annualized Burden Hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Universal Report	1,302	1	1302	82	106,764
Grant Report	499	1	499	18	8,982
Total	1,801	.....	.....	.....	115,746

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: August 1, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18736 Filed 8–7–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Discretionary Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, codified at 5 U.S.C. App.), notice is hereby given of the following meeting:

Name: Discretionary Advisory Committee on Heritable Disorders in Newborns and Children

Dates and Times: September 11, 2014, 9:30 a.m. to 4:30 p.m.

September 12, 2014, 9:00 a.m. to 3:00 p.m.

Place: Webinar and In-Person, National Institute of Health, Natcher Conference Center (Building 45), 9000 Rockville Pike, Bethesda, MD 20892.

Status: The meeting will be open to the public with attendance limited to space availability. Participants also have the option of viewing the meeting via webinar. Whether attending in-person or via webinar, all participants must register for the meeting at *https://www.blsmeetings.net/ACHDNCSeptember2014/.* The registration deadline is Thursday, August 28, 2014, 11:59 p.m. Eastern Time. If there are technical problems gaining access to the Web site, please contact Anthony Rodell, Director of Client Relations, at *arodell@SeamonCorporation.com.*

Purpose: The Discretionary Advisory Committee on Heritable Disorders in Newborns and Children (Committee), as authorized by Public Health Service Act (PHS), 42 U.S.C. 217a: Advisory councils or committees, was established to advise the Secretary of the Department of Health and Human Services about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, the Committee's recommendations regarding additional conditions/inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel and constitute part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg–13, non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (i.e., policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

Agenda: The meeting will include: (1) Presentations from the Newborn Screening Translational Research Network and the Region 4 Genetics Collaborative on long-term follow up activities as they relate to newborn screening; (2) an update on the Mucopolysaccharidosis 1 (MPS–1) condition review; (3) presentations and discussion on national activities addressing timeliness of newborn screening; (4) a presentation on the Region 4 Stork (R4S) database that facilitates the clinical validation of cutoff target ranges for metabolic disorders by tandem mass spectrometry; (5) a presentation of the National Committee on Vital and Health Statistics' recommendations regarding the adoption of electronic standards for public health information exchanges; (6) a presentation on the Clinical Laboratory Improvement Amendments (CLIA) Program and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule—Patients' Access to Test Reports; and (7) updates from the Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training subcommittees. Tentatively, the Committee is expected to review and/or vote on recommendations to the Secretary regarding educational activities that emphasize succinylacetone as the best marker for Tyrosinemia Type I screening, a condition on the Recommended Uniform Screening Panel (RUSP). This tentative vote does not involve any proposed addition of a condition to the RUSP.

Agenda items are subject to change as necessary or appropriate. The agenda, webinar information, Committee Roster,