

*Need and Proposed Use of the Information:* The proposed study will provide HRSA HIV/AIDS Bureau (HAB) and policymakers with a better understanding of how the RWHAP currently provides primary and preventative care to PLWH. The first online survey will be targeted to clinic directors from a sample of about 160 Ryan White-funded clinics and will collect data on care models used; primary care services, including preventive services; and coordination of care. Data collected from this survey will provide a general overview of the various HIV care models used as well as insight to possible facilitators and barriers to providing primary and preventative care services. More in-depth data collection will be conducted with a smaller number of 30 clinics representing clinic type (publicly funded community health organization, other community-based organization, health department, and hospital or university-based) and size. There will be three data collection instruments used: (1) An online survey completed by three clinicians at each of the clinics

(clinician survey); (2) a data extraction of select primary and preventative care services; and (3) a telephone interview with the medical director. The clinician survey will provide a more in-depth look at the clinic protocols and strategies and how they are being used and implemented by the clinicians. The data extraction will provide quantitative information on the provision of select primary and preventative care services within a certain time period. With these data, the study team can assess the accuracy of information provided in the online surveys on the provision of care as well as the frequency at which primary and preventative care screenings are provided. Lastly, the interviews with the medical director will allow the study team to follow-up on the results of the clinician survey and data extraction and collect qualitative data and more in-depth details on the provision of primary and preventative care services from a clinic wide perspective, specifically any facilitators and barriers.

These data will provide HAB the background to make informed policies

and changes to the Ryan White Program in this new era when the well-being of PLWH demands a more complex and long-term HIV care model.

*Likely Respondents:* Clinics funded by the Ryan White HIV/AIDS Program.

*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	Total responses	Average burden per response	Total burden hours
Clinic Director .....	130	1	130	1	130
Clinician .....	30	1	30	1	30
Data Extraction .....	30	1	30	3	90
Medical Director .....	30	1	30	1	30
<b>Total .....</b>	<b>220</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>280</b>

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.

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 80 FR 37639-37640 dated July 1, 2015).

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (RV). Specifically, this notice: (1) Establishes the Office of HIV/AIDS Training and Capacity Development (RVT); (2) transfers the Division of HIV/AIDS Training and Capacity Development (RV7) function to the newly established Office of HIV/

AIDS Training and Capacity Development (RVT); (3) abolishes the Division of HIV/AIDS Training and Capacity Development (RV7); (4) establishes the Division of Domestic Programs (RVT1), and; (5) establishes the Division of Global Programs (RVT2).

#### Chapter RV—HIV/AIDS Bureau

##### Section RV-10, Organization

Delete the organization for the HIV/AIDS Bureau (RV) in its entirety and replace with the following:

The HIV/AIDS Bureau (RV) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The HIV/AIDS Bureau includes the following components:

- (1) Office of the Associate Administrator (RV);
- (2) Office of Operations and Management (RV2);
- (3) Division of Policy and Data (RVA);
- (4) Division of Metropolitan HIV/AIDS Programs (RV5);

(5) Division of State HIV/AIDS Programs (RVD);

(6) Division of Community HIV/AIDS Programs (RV6);

(7) Office of HIV/AIDS Training and Capacity Development (RVT);

(a) Division of Domestic Programs (RVT1); and

(b) Division of Global Programs (RVT2).

#### *Section RV-20, Functions*

Delete the functions for the Division of HIV/AIDS Training and Capacity Development and, replace in its entirety.

Office of HIV/AIDS Training and Capacity Development (RVT)

The Office of HIV/AIDS Training and Capacity Development provides national leadership and manages the implementation of Part F under Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87 (the Ryan White HIV/AIDS Program), including the Special Projects of National Significance and the AIDS Education and Training Centers Programs. The Special Projects of National Significance Program develops innovative models of HIV care and the AIDS Education and Training Centers Program increases the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage people with HIV disease and to help prevent high-risk behaviors that lead to HIV transmission. The Office also implements the training and systems strengthening functions of the Global HIV/AIDS Program as part of the President's Emergency Plan for AIDS Relief (PEPFAR). This includes strengthening health systems for delivery of prevention, care and treatment services for people living with HIV/AIDS in PEPFAR funded countries and providing management and oversight of international programs aimed at improving quality and innovation in health professions education and training. The Office will translate lessons learned from both the Global HIV/AIDS Programs and Special Projects of National Significance projects to the Part A, B, C, D, and F grantee community. In collaboration with the Division of Policy and Data, the division assesses effectiveness of technical assistance efforts/initiatives, identifies new technical assistance needs and priority areas, and participates in the bureau-wide technical assistance workgroup.

#### *Division of Domestic Programs (RVT1)*

The Division of Domestic Programs is responsible for activities associated with the planning, development, implementation, evaluation, and coordination of the AIDS Education and Training Center Program. The Division is aimed at developing and sustaining HIV clinical expertise, increasing the number of direct care clinical providers who are competent and willing to clinically manage HIV infected patients through education, training, longitudinal information support, clinical consultation, and technical assistance, as well as, a variety of Minority AIDS Initiative and National HIV/AIDS Strategy related training projects, and other associated activities.

#### *Division of Global Programs (RVT2)*

The Division of Global Programs provides leadership in improving care and treatment and support services for People Living with HIV/AIDS outside of the United States and its territories. The division: (1) In coordination with the Department of State/Office of the Global AIDS Coordinator, plans, develops, implements, evaluates, and coordinates the activities of the clinical assessment system strengthening, Medical Education Partnership Initiative, Nursing Education Partnership Initiative, the International Training and Education Center for Health, quality improvement, and twinning center programs; (2) provides guidance and expertise to funded programs; (3) develops funding opportunity announcements and program guidance documents; (4) conducts on-site program reviews and reviews of pertinent and required reports, and activities to assess compliance with program policies and country priorities; (5) in conjunction with other division, bureau, and agency entities, assists in the planning and implementation of priority HIV activities such as workgroups, meetings, and evaluation projects; (6) collaborates with other federal agencies and in-country partners in the implementation of the PEPFAR program, and; (7) provides management and oversight of international programs aimed at improving quality and innovation in health professions education, retention, training, faculty development and applied research systems.

#### **Delegations of Authority**

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization,

shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: July 10, 2015.

**James Macrae,**

*Acting Administrator.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Service Administration**

#### **Advisory Committee on Training in Primary Care Medicine and Dentistry; Notice of Meeting**

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

**NAME:** Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD).

**DATES AND TIMES:**

August 13, 2015 (8:30 a.m.–5:00 p.m.)

August 14, 2015 (8:30 a.m.–3:00 p.m.)

**PLACE:** Parklawn Building, Room 18-67, 5600 Fishers Lane, Rockville, Maryland 08057 and, Webinar and Conference Call Format.

**STATUS:** The meeting will be open to the public.

**PURPOSE:** The ACTPCMD provides advice and recommendations on a broad range of issues relating to grant programs authorized by Title VII, part C, sections 747 and 748 of the Public Health Service Act. The ACTPCMD members will discuss the 13th report on the role of health professions education in addressing the social determinants of health. The ACTPCMD's reports are submitted to the Secretary of Health and Human Services; the Committee on Health, Education, Labor, and Pensions of the Senate; and the Committee on Energy and Commerce of the House of Representatives.

**AGENDA:** The ACTPCMD agenda includes an opportunity for members to discuss the 13th report on the role of health profession education in addressing the social determinants of health. The official agenda will be available 2 days prior to the meeting on the HRSA Web site (<http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/index.html>). Agenda items are subject to change as priorities dictate.

**SUPPLEMENTARY INFORMATION:** Requests to make oral comments or provide written comments to the ACTPCMD