

**Information Collection Request Title: Information and Referral and Professional Training Impact Surveys in Health Resources and Services Administration (HRSA)—Funded Traumatic Brain Injury Grants (OMB No. 0915-xxxx)—New**

**Abstract:** This survey is designed to collect information from HRSA-funded Traumatic Brain Injury (TBI) State Implementation Partnership Grants and Protection and Advocacy for Traumatic Brain Injury (TBI) Grants regarding the impact of grant activities on individuals with traumatic brain injury and their family members. The authority for this program is the Public Health Service Act, Title XII, Section 1252 (42 U.S.C. 300d-52) as amended by the Children's Health Act of 2000, sec. 1304, Public Law 106-310, as further amended by the Traumatic Brain Injury Act of 2008, sec. 6, Public Law 110-206.

Individuals with TBI present with a host of different symptoms, which exist with varying levels of severity. Comprehensive appropriate care often requires a variety of services such as physical rehabilitation, speech rehabilitation, cognitive rehabilitation, special education accommodations, vocational skills coaching, and

independent living skills training, which are located across many state and local agencies. For this reason, individuals with TBI and their family members often have difficulty identifying local providers with the skills and expertise to deliver services that will promote recovery and maximize independence.

Per the authorizing legislation, the intent of these programs is to improve access to rehabilitation and other services regarding traumatic brain injury. The HRSA State Implementation Partnership Grants and State Protection and Advocacy Grants support this charge by providing information to individuals with TBI and their families about TBI and making referrals to local providers equipped to meet the unique needs of each survivor. Additionally, these grant programs train providers in various settings to identify and effectively serve individuals with TBI and their families.

To date, a number of grantees have collected data independently to determine the impact of their work on individuals with TBI and their families. HRSA proposes uniform data collection surveys for these two categories of activities—information and referral

services, and professional training—to assess the extent to which these activities are increasing access to rehabilitation and other services. In addition to providing uniform data across these grant programs, the data will help determine what efforts might improve outreach and provision of services for future projects.

**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
Feedback Form for Individuals with TBI and/or their Family Members receiving Information and Referral Services ....	21,000	1	21,000	0.25	5,250
Feedback Form for Training Session Participants .....	10,500	1	10,500	0.25	2,625
Total .....	31,500	1 <sup>1</sup>	31,500	0.50	7,875

<sup>1</sup> Respondents for these two survey forms will be distinct; individuals will not complete both surveys. Therefore, there will be only one response per respondent.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

**Deadline:** Comments on this ICR must be received within 60 days of this notice.

Dated: May 7, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request**

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), the Health Resources and Services Administration (HRSA) will submit an Information Collection Request (ICR) to the Office of Management and Budget (OMB). Comments submitted during the first public review of this ICR will be

provided to OMB. OMB will accept further comments from the public during the review and approval period. To request a copy of the clearance requests submitted to OMB for review, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

**Information Collection Request Title: Organ Donation/Transplant Life Stories (OMB No. 0915-xxxx)—NEW**

**Abstract:** HRSA's Division of Transplantation (DoT) is the primary entity in the Department of Health and Human Services (HHS) responsible for the Organ Transplant Program established under the National Organ Transplant Act (Pub. L. 98-507, codified at sections 371-377D of the Public Health Service (PHS) Act). Section 377A of the PHS Act authorizes the Secretary

of HHS to establish a public education program to increase awareness about organ donation and the need to provide for an adequate rate of such donations. In brief, DoT's responsibilities are two-fold: (1) To provide oversight and guidance to the national organ transplant system in the U.S. including monitoring the Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients; and (2) to implement a program of public and professional education and outreach aimed at increasing the number of organ donors in this country. Many preventable deaths occur each year because of a staggering imbalance between the supply and demand for donor organs. As of March 2013, the national transplant waiting list exceeded 117,000. In 2011, the total number of deceased and living organ donors was only 14,145. These donors enabled 28,538 patients to receive a transplant while 6,693 died waiting. Without successful interventions to increase donation, the disparity between need and supply is likely to be substantially

exacerbated, resulting in more unnecessary deaths.

Organdonor.gov is DoT's primary mechanism for providing the public with information about organ donation. Among the most visited pages on organdonor.gov are the donor and recipient life stories which in a recent evaluation study were shown to raise interest on the topic and, more important, persuade people to register as organ donors. To expand this component of organdonor.gov, DoT proposes to develop an application to give organ recipients, living donors, and donor families the opportunity to voluntarily submit their stories to DoT via a standardized online form. The online form will be posted on organdonor.gov and will collect demographic and contact information, the individual's donation/transplant story up to 500 words, a high resolution photo, and a signed authorization. The standardized, electronic form will increase HRSA staff's ability to process those stories more efficiently. In addition to enabling story submission, the online application process will make the donor and recipient life stories posted on the site searchable by the

public to enhance public viewing and understanding of the organ donation process. Submission of a story and completion of the form is voluntary. Overall, this application has the potential to strengthen DoT's outreach efforts and increase organ donation registration in the United States.

**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 ICR are summarized in the table below.

The annual estimate of burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Donation/Transplantation Life Story Submission Form .....	100	1	100	0.68	68
Total .....	100	1	100	0.68	68

**ADDRESSES:** Submit your comments to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

**Deadline:** Comments on this ICR should be received within 30 days of this notice.

Dated: May 7, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-11257 Filed 5-10-13; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on Migrant Health; Cancellation of Meeting

**Name:** National Advisory Council on Migrant Health.

**Dates and Times:** May 21, 2013, 8:30 a.m. to 5:00 p.m., May 22, 2013, 8:00 a.m. to 12:00 p.m.

**Status:** The meeting of the National Advisory Council on Migrant Health, scheduled for May 21 and 22, 2013, is cancelled. This cancellation applies to all sessions of the meeting. The meeting was announced in the **Federal Register** of April 17, 2013 (78 FR 22890).

#### FOR FURTHER INFORMATION CONTACT:

Gladys Cate, Public Health Analyst, Office of National Assistance and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Room 15-74, Rockville, Maryland 20857; telephone (301) 594-0367.

Dated: May 7, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-11259 Filed 5-10-13; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; 60-Day Comment Request: National Cancer Institute (NCI) Alliance for Nanotechnology in Cancer Platform Partnership Scientific Progress Reports

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have