amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees. The purpose of the Committee is to provide the Secretary with recommendations, advice, and technical information regarding the most appropriate application of technologies, policies, guidelines, and standards for: (a) Effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders; and (b) enhancing the ability of state and local health agencies to provide for newborn and child screening, counseling, and health care services for newborns and children having, or at risk for, heritable disorders. Specifically, the Committee makes systematic evidence-based recommendations on newborn screening for conditions that have the potential to change the health outcomes for newborns.

The Committee tasks an external workgroup to conduct systematic evidence based reviews. The reviews are of rare, genetic conditions and their corresponding newborn screening test(s), confirmatory test(s), and treatment(s). Reviews also include an analysis of the benefits and harms of newborn screening for a selected condition at a population level and an assessment of state public health newborn screening programs' ability to implement the screening of a new condition.

*Need and Proposed Use of the Information:* HRSA proposes that the data collection surveys be administered by the Committee's external Condition Review Workgroup to all state newborn screening programs in the United States. The surveys were developed to capture the following: (1) The readiness of state public health newborn screening programs to expand newborn screening to include the target condition; (2) specific requirements of screening for the condition would hinder or facilitate its implementation in each state; and (3) estimated timeframes needed for each state to complete major milestones toward full newborn screening of the condition.

The data gathered will inform the Committee on the following: (1) Feasibility of implementing population-based screening for the target condition; (2) readiness of state newborn screening programs to adopt screening for the condition; (3) identify gaps in feasibility or readiness to screen for the condition; and (4) identify areas of technical assistance and resources needed to facilitate screening for conditions with low feasibility or readiness.

*Likely Respondents:* The respondents to the survey will be state newborn screening programs.

*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 |
|---|---|---|---|---|---|
| INITIAL Survey | 59 | 1 | 59 | 10.0 | 590 |
| FOLLOW-UP Survey | [1] 30 | 1 | 30 | 2.0 | 60 |
| Total | 59 | | 89 | | 650 |

[1] Up to 30 states and/or territories will be asked to complete a follow-up survey.

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: October 10, 2014.

**Jackie Painter,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2014–24870 Filed 10–17–14; 8:45 am]

**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

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. 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.

**DATES:** Comments on this ICR should be received no later than November 19, 2014.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the

information request collection title for reference.

**Information Collection Request Title: Be The Match® Patient Services Survey OMB No. 0915–xxxx—NEW**

*Abstract:* National Marrow Donor Program®/Be The Match® is dedicated to helping patients and families get the support and information they need to learn about their disease and treatment options, prepare for transplant, and thrive after transplant. The information and resources provided are intended to help navigate the bone marrow or cord blood transplant (transplant) process. Participant feedback is essential to understand the needs for transplant support services and educational information across a diverse population. This information will be used to determine helpfulness of existing services and resources. Feedback is also used to identify areas for improvement and to develop future programs.

*Need and Proposed Use of the Information:* Barriers restricting access to bone marrow or cord blood transplant (transplant) related care and educational information are multi-factorial. Feedback from participants is essential to better understand the changing needs for services and information as well as to demonstrate the effectiveness of existing services. The primary use for information gathered through the survey is to determine helpfulness of participants' initial contact with Be The Match® Patient Services Coordinators (PSC) and to identify areas for improvement in the delivery of services.

*The survey will include these items to measure:* (1) Reason for contacting Be The Match®; (2) if the PSC was able to answer questions and easy to understand; (3) if the contact helped the participant to feel better prepared to discuss transplant with their care team; (4) increase in awareness of available resources; (5) timeliness of response; and (6) overall satisfaction. Stakeholders utilize this evaluation data to make program and resource allocation decisions.

*Likely Respondents:* Respondents will include patients, caregivers, and family members contacting Be The Match® Patient Services Coordinators. Respondents will include all patients, caregivers, and family members who have contact with Be The Match® Patient Services Coordinators via phone or email for transplant navigation services and support (advocacy). The decision to survey all participants was made based on historic evidence of patients' unavailability due to frequent transitions in health status as well as between home and the hospital for initial treatment and care for complications.

*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.

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 |
|---|---|---|---|---|---|
| Be The Match® Patient Services Survey | 420 | 1 | 420 | 0.25 | 105 |
| Total | 420 | 1 | 420 | 0.25 | 105 |

The total respondent burden for the satisfaction survey is estimated to be 105 hours. We expect a total of 420 respondents (33% response rate) to complete the Be The Match® Patient Services Survey.

Dated: October 10, 2014.

**Jackie Painter,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2014–24872 Filed 10–17–14; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Privacy Act of 1974; Deletion of an Existing System of Records

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice to delete an obsolete system of records.

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, HRSA is deleting an obsolete system of records titled the Information Center (IC) Integrated Clearinghouse System (ICS), HRSA 09–15–0067, established in 2007 at 72 FR 34018 and 72 FR 44846.

**DATES:** *Effective Date:* The deletion will be effective upon publication of this Notice.

**ADDRESSES:** The public should address any comments to: David Bowman, Office of Communications, HRSA, RM 16–70, 5600 Fishers Lane, Rockville, Maryland, and 301–443–3376. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m., Eastern Time Zone.

**SUPPLEMENTARY INFORMATION:** HRSA's Office of Communications operated the IC/ICS system as part of the larger HRSA Information Center, which provided information on HRSA's many programs in response to public inquiries. The purpose of the IC/ICS system of records was to provide for the safekeeping of customers' personally identifiable information captured and retained by the system for the period of 1 year for quality assurance purposes associated with voluntary requests for publications and other information. On September 2, 2014, the HRSA IC closed and ceased operations and all personally-identifiable records were deleted from the system; therefore this system of records is no longer maintained.

Accordingly, the Information Center (IC) Integrated Clearinghouse System (ICS), HRSA 09–15–0067, is hereby deleted as obsolete.