

## ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-196T .....	56	4	1.00	224

*Estimated Total Annual Burden Hours: 224.*

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

*The Department specifically requests comments on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2012-26575 Filed 10-29-12; 8:45 am]

**BILLING CODE 4184-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2012-N-0001]

#### Cellular, Tissue and Gene Therapies Advisory Committee; Amendment of Notice

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

The Food and Drug Administration (FDA) is announcing an amendment to the notice of a meeting of the Cellular, Tissue and Gene Therapies Advisory Committee. This meeting was announced in the **Federal Register** of October 17, 2012 (77 FR 63840-63841). The amendment is being made to reflect a change in the *Date and Time*, *Agenda*, *Procedure*, and *Closed Committee Deliberations* portions of the document. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Gail Dapolito or Sheryl Clark, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-827-0314, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington DC area). Please call the Information Line for up-to-date information on this meeting.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of October 17, 2012, FDA announced that a meeting of the Cellular, Tissue and Gene Therapies Advisory Committee would be held on November 29, 2012. On page 63841, in the first column, the *Date and Time* portion of the document is changed to read as follows:

The teleconference meeting will be held on November 29, 2012 from 1 p.m. to 4:30 p.m., Eastern Time.

On page 63841, in the first column, last paragraph, the *Agenda* portion is changed to read as follows:

On November 29, 2012 the committee will meet in open session to hear updates of research programs in the Gene Transfer and Immunogenicity Branch, Office of Cellular, Tissue and Gene Therapies, Center for Biologics Evaluation and Research, FDA.

On page 63841, second column, second paragraph, first sentence, the *Procedure* portion is changed to read as follows:

On November 29, 2012, from 1 p.m. to 2:30 p.m. (Eastern Time) the meeting is open to the public.

On page 63841, second column, second paragraph, fourth sentence, the *Procedure* portion is changed to read as follows:

Oral presentations from the public will be scheduled between approximately 2:30 p.m. and 3:30 p.m.

On page 63841, second column, third paragraph, first sentence, the *Closed Committee Deliberations* portion is changed to read as follows:

On November 29, 2012 from approximately 3:30 p.m. to 4:30 p.m., the meeting will be closed to permit discussion where disclosure would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552b(c)(6)).

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to the advisory committees.

Dated: October 23, 2012.

**Jill Hartzler Warner,**

*Acting Associate Commissioner for Special Medical Programs.*

[FR Doc. 2012-26635 Filed 10-29-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Notice of Intent To Make Changes in the State Title V Maternal and Child Health Block Grant Allocations

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

**ACTION:** Response to solicitation of comments.

**SUMMARY:** The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) plans to move forward in implementing annual changes to the State Title V MCH Block Grant allocations, beginning in Federal Fiscal Year (FY) 2013, using the U.S. Census Bureau's 3-year American Community Survey (ACS) poverty estimates. Title V MCH Block Grant funds are currently allocated to states based in part on a calculation of the number of children living in poverty (in an individual state) as compared to the total number of children living in poverty in the United States. Historically, data for the number of children in poverty in each state came from the Decennial Census. As the Census Bureau has replaced the Decennial Census long-form sample questionnaire with the ACS, MCHB

plans to use the ACS as its source for this data. In order to maintain balance between precision and currency, annual changes to the State Title V MCH Block Grant allocations will be based on a rolling average of the 3-year ACS poverty estimates.

Yearly changes in the MCH Block Grant allocations for individual states will be buffered by the use of shared data for two of the three data years in the rolling period estimate. According to the U.S. Census Bureau, the ACS is the best source of survey-based state-level income and poverty estimates. Moreover, ACS child poverty estimates are produced annually, and their use will allow the Block Grant allocation proportions to be updated more frequently than every 10 years.

**FOR FURTHER INFORMATION CONTACT:** Cassie Lauver, Director, Division of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Parklawn Building, Room 18-31, Rockville, Maryland 20857, or by telephone at (301) 443-2204.

**DATES:** *Effective Date:* October 30, 2012.

**SUPPLEMENTARY INFORMATION:** Beginning in FY 2013, HRSA will use the U.S. Census Bureau's ACS 3-year rolling average data to determine the annual poverty-based allocations to states under Section 502 of Title V of the Social Security Act (42 U.S.C. 702). The Census Bureau produces annual state-level poverty estimates based on the most recent 1, 3, and 5 years of ACS data, as well as annual model-based Small Area Income and Poverty Estimates (SAIPE). Based on a thorough review, HRSA determined that the 3-year time frame strikes an appropriate balance between reliability (strength of 5-year estimates) and currency (strength of 1-year estimates). The 3-year estimates provide necessary stability in annual poverty-based allocation changes for all states, regardless of size, while still allowing the allocations to be responsive to changes in the distribution of children in poverty across states. With the 3-year estimates for FY 2013 already available, states have been informed of the proposed changes and need for adjustment from the existing allocation proportions based on the 2000 Census data. The ACS data are released annually by the U.S. Census Bureau in October which will allow states to be aware of the poverty-based allocation proportions close to a year in advance of each subsequent fiscal year.

The proposed change in State Title V MCH Block Grant allocations was

announced in the **Federal Register** at 77 FR 42749 on July 20, 2012. A comment period of 60 days was established to allow interested parties to submit comments. HRSA received three responses. The responses included two comments that specifically discussed the potential impacts of the proposed change in State MCH Block Grant formula allocations using the 3-year ACS child poverty estimates. Responses to these comments are provided below.

The remaining comments did not specifically address the proposed changes in State Title V MCH Block Grant allocation, but instead expressed concern with the size of the federal government; accuracy of Census data, generally; and equity of the statutorily-mandated Title V funding formula. These issues were not addressed in greater detail because they are beyond the scope of this notice.

#### Comments and Responses

*Comment:* Timing of the proposed change is inopportune in light of the potential for significant reductions in State MCH Block Grant allocations as a result of sequestration.

*Response:* The timing of the proposed changes to the state formula allocations is consistent with the 10-year interval for updating formula allocations based on the U.S. Census Bureau's Decennial Census. Current formula allocations are based on 2000 U.S. Census child poverty data. Use of a 3-year rolling average of the ACS child poverty data will allow for annual updates to the State MCH Block Grant formula allocations and greater responsiveness to changes in the distribution of children in poverty across states.

*Comment:* If the new methodology is implemented and will use the ACS, the 5-year rather than the 3-year estimate should be used.

*Response:* Researchers in MCHB's Office of Epidemiology and Research evaluated the impact of using 1-year, 3-year, and 5-year ACS data, and the single-year SAIPE on annual poverty-based allocation changes as well as overall allocation changes. Consistent with the documentation and guidelines provided by the U.S. Census Bureau, the poverty data are the most current and least precise through the use of 1-year data and least current but most precise through the use of 5-year data. Using the 3-year ACS poverty data achieves a reasonable balance between reliability and currency.

Dated: October 23, 2012.

**Mary K. Wakefield,**  
*Administrator.*

[FR Doc. 2012-26579 Filed 10-29-12; 8:45 am]

**BILLING CODE 4165-15-P**

## 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 77 FR 48525-48526 dated August 14, 2012).

This notice reflects organizational changes to the Health Resources and Services Administration. This notice updates the functional statements for the Bureau of Clinician Recruitment and Service (RU) and the Bureau of Health Professions (RP). Specifically, this notice: (1) Transfers the functions associated with the Office of Shortage Designation (RP2) from the Bureau of Health Professions (RP), to the Bureau of Clinician Recruitment and Service (RU); (2) changes the name of the Office of Policy and Program Development (RU8) to the Division of Policy and Shortage Designation (RU8); (3) updates the functional statement for the Office of Policy and Program Development (RU8); (4) updates the functional statement for the Bureau of Health Professions and the Office of the Associate Administrator, Bureau of Health Professions (RP); (5) changes the name of the Division of Workforce and Performance Management (RPV) to the Office of Performance Measurement (RP4); (6) changes the name of the National Center for Workforce Analysis (RPW) to the National Center for Health Workforce Analysis (RPW); (7) transfers the functions associated with the international migration, domestic training, and utilization of foreign medical graduates and U.S. citizens studying abroad from the Division of Medicine and Dentistry (RPC) to the newly named National Center for Health Workforce Analysis (RPW) and updates the functional statement for the Division of Medicine and Dentistry (RPC); (8) transfers the administration of grants, cooperative agreements and the clearance of correspondence function from the Office of Administrative