

If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee meeting link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before November 19, 2014. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before November 10, 2014. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by November 12, 2014.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Jennifer Shepherd at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: October 17, 2014.

Leslie Kux,

Assistant Commissioner for Policy.

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BILLING CODE 4164-01-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 December 22, 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: Partnerships for Care (P4C). Supplemental Funding Progress Reports OMB No.: 0915-xxxx—New.

Abstract: *Partnerships for Care (P4C): Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes* is a 3-year cross-HHS project funded through the Secretary's Minority AIDS Initiative (MAI) Fund and the Affordable Care Act (ACA). The goals of the P4C project are to build sustainable

partnerships among CDC-funded state health departments (including Massachusetts, New York, Maryland, and Florida) and HRSA-funded health centers to support expanded HIV service delivery in communities highly impacted by HIV, especially among racial/ethnic minorities. State health departments and health centers will work together to increase the identification of undiagnosed HIV infection, establish new access points for HIV care and treatment, and improve HIV outcomes along the continuum of care for people living with HIV (PLWH) (see P4C fact sheet at <http://www.cdc.gov/hiv/prevention/demonstration/p4c/index.html> and HHS press release at <http://www.hhs.gov/news/press/2014pres/07/20140715a.html>). Each eligible health center (22 across four funded states) will receive up to \$500,000 annually in HRSA supplemental funding (totaling \$33M across the 3-year project period) to integrate high-quality, comprehensive HIV services into their primary care programs; and to work in collaboration with their state health department to (1) identify people with undiagnosed HIV infection, (2) link newly diagnosed individuals to care, and (3) retain patients living with HIV in care. Health centers must implement activities in five focus areas including workforce development, infrastructure development, HIV service delivery, partnership development, and quality improvement and evaluation. Health centers must demonstrate progress toward implementing all required P4C activities and improving health care outcomes across the HIV care continuum (see <http://aids.gov/federal-resources/policies/care-continuum/>).

Need and Proposed Use of the Information: HRSA/Bureau of Primary Health Care (BPHC) proposes standardized data collection and reporting by the 22 health centers participating in the P4C project to achieve the following purposes:

1. Ensure appropriate stewardship of federal funds.
2. Support HHS efforts to streamline HIV data collection and reporting.
3. Assess health center progress in implementing approved work plans and meeting other P4C goals and objectives.
4. Assess health center progress in improving HIV outcomes across the HIV care continuum.
5. Support health center use of patient data to improve quality of HIV care.
6. Identify training and technical assistance needs among participating health centers.
7. Support identification and dissemination of effective models and

promising practices for the integration of HIV services into primary care.

Proposed data collection closely aligns with (1) core HIV indicators established by HHS (see <http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>), (2) measures endorsed by the National Quality Forum (NQF) (see http://www.qualityforum.org/News_And_Resources/Press_Releases/2013/NQF_Endorses_Infectious_Disease_Measures.aspx), (3) performance measures used by the Ryan White HIV/AIDS Program (<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>), and (4) the

Health Center Program's Uniform Data System (UDS) (see <http://bphc.hrsa.gov/healthcenterdatastatistics/index.html#whatisuds>). Specifically, HRSA/BPHC proposes submission of bi-annual progress reports (five total) by participating health centers to include aggregate, HIV-related, patient data (quantitative), and other information regarding implementation of approved work plans (narrative).

Likely Respondents: Health Center Program grantees receiving supplemental awards under the P4C project (22 total).

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
P4C Progress Report	22	2	44	28	1232
Total	22	2	44	28	1232

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 15, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014-25198 Filed 10-22-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following virtual committee meeting.

Name: Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral

Hepatitis and STD Prevention and Treatment.

Date and Time: 10:00 a.m.–4:30 p.m., November 19, 2014; 10:00 a.m.–12:30 p.m., November 20, 2014.

Place: This meeting is accessible via audio conference call and Adobe Connect Pro.

Status: This meeting is open to the public. The available lines will accommodate approximately 120 people.

Purpose: This Committee is charged with advising the Director, CDC, and the Administrator, HRSA, regarding activities related to prevention and control of HIV/AIDS, Viral Hepatitis and other STDs, the support of health care services to persons living with HIV/AIDS, and education of health professionals and the public about HIV/AIDS, Viral Hepatitis and other STDs.

Agenda: Agenda items include: (1) CDC and HRSA Program Updates; (2) Youth and HIV; (3) HIV Community Health Workforce for Engagement in Care; and (4) CHAC Workgroup Updates. Agenda items are subject to change as priorities dictate.

Join the meeting by:

1. (Audio Portion) Calling the Toll free Phone Number 1-888-942-8515 and providing the Participant Pass Code 2015, and

2. (Visual Portion) Connecting to the Advisory Committee Adobe Connect Pro Meeting using the following URL: https://hrsa.connectsolutions.com/cdchrsa_advcm/ (copy and paste the

link into your browser if it does not work directly). Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up.

Call (301) 443-9684 or send an email to sgordon@hrsa.gov if you have any questions, or send an email to JSalaveria@hrsa.gov if you are having trouble connecting to the meeting site.

Public Comment: Persons who desire to make an oral statement, may request it at the time of the public comment period. Public participation and ability to comment will be limited to space and time as it permits.

FOR FURTHER INFORMATION CONTACT:

Shelley B. Gordon, Health Resources and Services Administration, HIV/AIDS Bureau, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-9684.

Dated: October 15, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

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