

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Construction Related .....	200	4	800	.5	400
Equipment Only .....	317	1	317	.5	158.5
Total .....	517	.....	1,117	.....	558.5

**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 Information Collection Request must be received within 60 days of this notice.

Dated: April 10, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013–09026 Filed 4–16–13; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities; Proposed Collection; Comment Request

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. 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](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443–1984.

HRSA especially 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.

#### Information Collection Request Title: Data Collection Tool for State Offices of Rural Health Grant Program. (OMB No. 0915–0322)—Extension

**Abstract:** The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality care services for rural communities. In its authorizing language (Section 711 of the Social Security Act [42 U.S.C. 912]), Congress charged ORHP with administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.

In accordance with the Public Health Service Act, Section 338j (42 U.S.C. 254r), the Health Resources and Services Administration proposes to revise the State Offices of Rural Health Grant Program—Funding Opportunity Announcement (FOA) and Forms for the Application. The FOA is used annually by 50 states in preparing applications for Grants under the State Offices of

Rural Health Grant Program (SORH) of the Public Health Service Act, and in preparing the required report.

ORHP seeks to continue gathering information from grantees on their efforts to provide technical assistance to clients within their state. SORH grantees would be required to submit a Technical Assistance Report that includes: (1) The total number of technical assistance encounters provided directly by the grantee; and, (2) the total number of unduplicated clients that received direct technical assistance from the grantee. Submission of the Technical Assistance Report would be done via submission to the HRSA Electronic Handbook no later than 30 days after the end of each twelve month budget period.

**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
Technical Assistance Report .....	50	1	50	12.5	625
Total .....	50	1	50	12.5	625

**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 Information Collection Request must be received within 60 days of this notice.

Dated: April 10, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-09029 Filed 4-16-13; 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; Notice of Meeting

In accordance with section 217 of the Public Health Service Act (42 U.S.C. 218(a)) and section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C. App.), notice is hereby given of the following 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.

*Place:* Health Resources and Services Administration, 5600 Fishers Lane, Room 16-49, Rockville, Maryland 20857, Telephone: (301) 443-9820, Fax: (301) 443-9477.

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

*Purpose:* The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal agricultural workers and their families and to formulate recommendations for the Secretary of Health and Human Services on matters concerning the organization, operation, selection, and funding of migrant health centers and other entities under grants and contracts under sections 330(g) and 340 of the Public Health Service Act.

*Agenda:* The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on agricultural worker issues, including the status of agricultural workers' health at the local and national levels. Agenda items are subject to change as priorities indicate.

*For Further Information Contact:* Maria-Thelma Peña, 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) 594-4976.

Dated: April 10, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-09025 Filed 4-16-13; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on Nurse Education and Practice; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Nurse Education and Practice (NACNEP)

*Dates and Times:* April 24 and 25, 2013, 9:00 a.m.-5:00 p.m. EST

*Place:* In-Person with Webinar Format Combined

*Status:* This advisory council meeting will be open to the public.

*Purpose:* The purpose of this meeting is to identify the key issues facing nursing workforce development to respond to the Affordable Care Act and health care system redesign, and to formulate policy recommendations for Congress and the Secretary to ensure the nursing workforce is ready to meet these challenges. The objectives of the meeting are: (1) To articulate the key challenges facing nursing workforce development in meeting the health care needs of the nation; (2) to develop goals and priorities for Council action to address these challenges; and (3) to develop recommendations on the activities, initiatives, and partnerships that are critical to advancing 21st century interprofessional education and practice models needed to promote the health of the public. This meeting will form the basis for NACNEP's mandated 12th Annual Report to the Secretary of Health and Human Services and Congress. The meeting will include a presentation and discussion focused around the purpose and objectives of this meeting. The logistical challenges of scheduling this meeting hindered an earlier publication of this meeting notice.

*Agenda:* The agenda will be available on the NACNEP Web site, noted below, one day prior to the meeting. Agenda items are subject to change as priorities dictate.

*For Further Information Contact:* Further information regarding NACNEP, including the roster of members, reports to Congress, and minutes from previous meetings are available at the following Web site: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/index.html>.

Members of the public and interested parties may register for the meeting by contacting our Staff Assistant, Jeanne Brown, to obtain access information. Registration is first come, first served as space is limited.

For additional information regarding NACNEP, please contact Jeanne Brown, Staff Assistant, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9-61, 5600 Fishers Lane, Rockville, Maryland 20857; email [reachDN@hrsa.gov](mailto:reachDN@hrsa.gov); or telephone (301) 443-5688.

Dated: April 11, 2013.

**Bahar Niakan,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 2013-09023 Filed 4-16-13; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Reimbursement Rates for Calendar Year 2013

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is given that the Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2013 for Medicare and Medicaid beneficiaries, and beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653). The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

#### Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

*Calendar Year 2013*

Lower 48 States: \$2,272

Alaska: \$2,591

#### Outpatient Per Visit Rate (Excluding Medicare)

*Calendar Year 2013*

Lower 48 States: \$330

Alaska: \$541

#### Outpatient Per Visit Rate (Medicare)

*Calendar Year 2013*

Lower 48 States: \$283

Alaska: \$515

#### Medicare Part B Inpatient Ancillary Per Diem Rate

*Calendar Year 2013*

Lower 48 States: \$483

Alaska: \$846