

six. Question eight is simplified. References to race and ethnicity are updated to better match preliminary U.S. Census Bureau question format and statements from the U.S. Department of Education to allow individuals to self-identify their ethnicity and race and permit individuals to select more than one race and/or ethnicity. These changes will not increase respondent burden.

**Likely Respondents:** 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. 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 transfer 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: (1) Review instructions; (2)

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; (3) train personnel; (4) be able to respond to a collection of information; (5) search data sources; (6) to complete and review the collection of information; (7) 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
Be The Match® Patient Services Survey .....	420	1	420	0.25	105
Total .....	420	.....	420	.....	105

**Amy McNulty,**

Acting Director, Division of the Executive Secretariat.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

[OMB No. 0915-0172—Revision]

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, 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 December 13, 2017.

**ADDRESSES:** Submit your comments, including the ICR 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report.

*OMB No.:* 0915-0172—Revision.  
*Abstract:* HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. This guidance is used annually by the 50 states and 9 jurisdictions in applying for Block Grants under Title V of the Social Security Act and in preparing the required annual report. The updates proposed by HRSA's Maternal and Child Health Bureau (MCHB) for this edition of the guidance are intended to reinforce the reporting structure and vision outlined in the previous edition and to reinforce the role of the state in developing a Title V Maternal and Child Health (MCH) Action Plan that responds to its unique priority needs. These updates are intended to enable a state to present an articulate and comprehensive description of its Title V program

activities and leadership role in assuring a public health system for serving the MCH population. The proposed updates to the next edition of the guidance were informed by comments received from state Title V MCH program leadership, national MCH leaders, family-led organizations, other MCH stakeholders and the public. Publication of a 60-day **Federal Register** notice on June 9, 2017 at 82 FR 26810, generated comments on the proposed changes to the narrative reporting requirements, reporting forms, definitions, consolidation of the 15 National Performance Measures (NPMs) into five domains, re-titling of a sixth domain to "Cross-cutting and Systems Building," reduction in the required number of state-selected NPMs and description of family partnerships.

Specific updates to this edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* include the following:

(1) The current performance measure framework is maintained, but the 15 National Performance Measures (NPMs) are now distributed within five population domains (*i.e.*, (Women/Maternal Health; Perinatal/Infant Health; Child Health; Adolescent Health; and Children with Special Health Care Needs (CSHCN)).

(2) The Cross-cutting/Life Course domain is replaced by the Cross-cutting and Systems Building Domain, which is an optional domain for states to include as a State Performance Measure (SPM) for addressing an identified priority

need that is not aligned with one or more of the five population health domains. The compound NPMs formerly included in the Cross-cutting/Life Course domain (*i.e.*, NPM #13 and NPM #14), along with NPM #15, are incorporated into the most relevant population health domain(s).

(3) The required minimum number of NPMs to be selected by a state is reduced from eight to five. A state will select at least one NPM in each of the five population health domains, but a state can choose to select additional NPMs based on its current State Action Plan and identified priority needs.

(4) A state has flexibility in the number of SPMs it develops, provided each identified MCH priority need is addressed by either a NPM and/or SPM.

(5) The development and implementation of evidence-based and/or evidence-informed strategies and measures continues to be a point of focus and an enhanced definition of “evidence-based,” clarifying instructions and state examples of Evidence-based or -informed Strategy Measures are included.

(6) Clearer expectations around state Title V reporting on family are outlined, which include enhanced discussion of specific program activities, their impact on all sectors of the MCH population and their demonstrated value in improving MCH outcomes.

(7) Narrative reporting requirements around services for CSHCN are enhanced to allow each state to identify and define the components of its system

of services. States are also encouraged to reflect on the impact of these services within the context of the identified priority needs and the measures selected for the State Action Plan.

(8) Further anticipated reductions to state burden are attained through more streamlined narrative reporting, particularly between the State Overview, Needs Assessment and State Action Plan sections; clearer descriptions of expected content in each of the narrative sections; and refined instructions for completing the data reporting forms. Notable among these updates is the restructuring of the State Action Plan narrative discussion to allow a state Title V program greater flexibility in describing its public health framework (*e.g.*, life course model), leadership and partnership roles, cross-cutting strategies and the leveraging of resources.

It is recognized that the full extent of the anticipated burden reduction will be realized over time as states become more familiar with the updated instructions and reporting requirements. The burden estimates presented in the table below are based on previous burden estimates and consultations with a few states on the proposed updates. Once implemented, HRSA will explore opportunities for soliciting additional information from no more than nine states to derive accurate estimates.

*Need and Proposed Use of the Information:* Each year, all states and jurisdictions are required to submit an Application/Annual Report for Federal

funds for their Title V MCH Services Block Grant to States Program to HRSA’s MCHB (Section 505(a) of Title V of the Social Security Act). In addition, each state is required to conduct a statewide, comprehensive Needs Assessment every five years. The information and instructions for the preparation and submission of this Application/Annual Report are contained in the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*.

*Likely Respondents:* By legislation (Section 505(a) of Title V of the Social Security Act), the MCH Block Grant application/annual report must be developed by, or in consultation with, the state MCH Health agency.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This estimate 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	Burden per response (in hours)	Total burden hours
Application and Annual Report without 5-Year Needs Assessment Summary .....	59	1	59	120	7,080
Application and Annual Report with 5-Year Needs Assessment Summary .....	59	1	59	189	11,151
Average Total Annual Burden .....	59	.....	59	.....	*8,437

\* Reflects the average of one Application/Annual Report with a Five-Year Needs Assessment Summary and two Applications/Annual Reports without a Five-Year Needs Assessment Summary.

In fiscal year (FY) 2019 and FY 2020, states and jurisdictions will be submitting an application and annual report without a Five-year Needs Assessment Summary for a total estimated burden of 14,160 hours. In FY 2021, states and jurisdictions will be submitting an application and annual report with a five-year Needs Assessment Summary for a total estimated burden of 11,151 hours.

In deriving these estimates, HRSA contacted fewer than 10 states to discuss the level of burden associated with the

development and submission of an application/annual Report under the current guidance. The burden estimates reflect the average level of burden necessary to meet the specified reporting requirements. States often report a range of burden hours due to the differences in their population size, program resources and the extensiveness of the processes they use to conduct their five-year Needs Assessment and to prepare the yearly MCH Block Grant Applications/Annual Reports. Continued enhancements to the

electronic data entry system also contribute to reductions in state burden associated with the yearly preparation/submission of an application/annual Report.

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.

**Amy McNulty,**

*Acting Director, Division of the Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Commission on Childhood Vaccines

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act (FACA), notice is hereby given that a meeting is scheduled for the Advisory Commission on Childhood Vaccines (ACCV). This meeting will be open to the public. Information about the ACCV and the agenda for this meeting can be obtained by accessing the following Web site: <http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html>.

**DATES:** The meeting will be held on December 8, 2017, at 9:00 a.m. ET.

**ADDRESSES:** The address for the meeting is 5600 Fishers Lane, Rockville, MD, Conference Room 5N54. The public can join the meeting by:

1. (In Person) Persons interested in attending the meeting in person are encouraged to submit a written notification to: Annie Herzog, Division of Injury Compensation Programs (DICP), Healthcare Systems Bureau (HSB), HRSA, Room 08N146B, 5600 Fishers Lane, Rockville, Maryland 20857 or email: [aherzog@hrsa.gov](mailto:aherzog@hrsa.gov). Since this meeting is to be held in a federal government building, attendees will need to go through a security check to enter the building and participate in the meeting. Written notification is encouraged so that a list of attendees can be provided to make entry through security quicker. Persons may attend in person without providing written notification, but their entry into the building may be delayed due to security checks and the requirement to be escorted to the meeting by a federal government employee. To request an escort to the meeting after entering the building, call Amber Johnson at (301) 443-0129.

2. (Audio Portion) Calling the conference phone number 1-800-369-1833 and providing the following information:

Leader Name: Dr. Narayan Nair.  
Password: 6706374.

3. (Visual Portion) Connecting to the ACCV Adobe Connect Pro Meeting using the following URL: <https://hrsa.connectsolutions.com/accv/> (copy and paste the link into your browser if it does not work directly, and enter as a guest). Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: [https://hrsa.connectsolutions.com/common/help/en/support/meeting\\_test.htm](https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm) and get a quick overview by following URL: [http://www.adobe.com/go/connectpro\\_overview](http://www.adobe.com/go/connectpro_overview).

#### FOR FURTHER INFORMATION CONTACT:

Anyone requesting information regarding the ACCV should contact Annie Herzog, Program Analyst, DICP, HRSA in one of three ways: (1) Send a request to the following address: Annie Herzog, Program Analyst, DICP, HSB, HRSA, 5600 Fishers Lane, 08N146B, Rockville, Maryland 20857; (2) call (301) 443-6593; or (3) send an email to [aherzog@hrsa.gov](mailto:aherzog@hrsa.gov).

The ACCV will meet on Friday, December 8, 2017, beginning at 9:00 a.m. ET in the 5600 Fishers Lane Building, Conference Room 5N54, Rockville, Maryland 20857; however, meeting times and locations could change. For the latest information regarding meeting start time and location, please check the ACCV Web site: <http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html>.

**SUPPLEMENTARY INFORMATION:** The ACCV was established by section 2119 of the Public Health Service Act (the Act) (42 U.S.C. 300aa-19), as enacted by Public Law (Pub. L.) 99-660, and as subsequently amended, and advises the Secretary of HHS (the Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP).

Other activities of the ACCV include: Recommending changes to the Vaccine Injury Table at its own initiative or as the result of the filing of a petition; advising the Secretary in implementing section 2127 of the Act regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions; surveying federal, state, and local programs and activities related to gathering information on injuries associated with

the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b) of the Act; advising the Secretary on the methods of obtaining, compiling, publishing, and using credible data related to the frequency and severity of adverse reactions associated with childhood vaccines; consulting on the development or revision of Vaccine Information Statements; and recommending to the Director of the National Vaccine Program research related to vaccine injuries which should be conducted to carry out the VICP.

The agenda items for the December 8, 2017, meeting will include, but are not limited to, review of petitions to add injuries to the vaccine injury table, and updates from DICP, Department of Justice (DOJ), National Vaccine Program Office (NVPO), Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health), and Center for Biologics, Evaluation and Research (Food and Drug Administration). A draft agenda and additional meeting materials will be posted on the ACCV Web site (<http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html>) prior to the meeting. Agenda items are subject to change as priorities dictate.

Members of the public will have the opportunity to provide comments. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to make oral comments or provide written comments to the ACCV should be sent to Annie Herzog using the address and phone number above by December 4, 2017. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Annie Herzog, using the address and phone number above at least 10 days prior to the meeting.

**Amy McNulty,**

*Acting Director, Division of the Executive Secretariat.*

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