

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:** The Health Education Assistance Loan (HEAL) Program: Physician's Certification of Borrower's Total and Permanent Disability Form (OMB No. 0915-0204)—Extension

**Abstract:** The Health Education Assistance Loan (HEAL) program provided federally-insured loans to students in schools of allopathic medicine, osteopathic medicine, dentistry, veterinary medicine,

optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, and graduate students in health administration or clinical psychology through September 30, 1998. Eligible lenders, such as banks, savings and loan associations, credit unions, pension funds, state agencies, HEAL schools, and insurance companies, made new refinanced HEAL loans which are insured by the federal government against loss due to borrower's death, disability, bankruptcy, and default. The basic purpose of the program was to assure the availability of funds for loans to eligible students who needed to borrow money to pay for their educational loans. Currently, the program monitors the federal liability and assists in default prevention activities.

The HEAL borrower, the borrower's physician, and the holder of the loan complete the Physician's Certification form to certify that the HEAL borrower meets the total and permanent disability provisions. The Department uses this form to obtain detailed information about disability claims which includes the following: (1) The borrower's consent to release medical records to the Department of Health and Human Services and to the holder of the borrower's HEAL loans; (2) pertinent information supplied by the certifying physician; (3) the physician's

certification that the borrower is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death; and (4) information from the lender on the unpaid balance. Failure to submit the required documentation will result in disapproval of a disability claim. No changes have been made to the current form.

**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:

Type of respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Borrower .....	75	1	75	.08	6
Physician .....	75	1	75	.5	38
Holder of Loan .....	13	6	78	.17	13
Total .....	163	.....	228	.....	57

**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: March 20, 2013.

**Bahar Niakan,**

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-07190 Filed 3-27-13; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Ryan White HIV/AIDS Program, Part C Early Intervention Services Grant Under the Ryan White HIV/AIDS Program**

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

**ACTION:** Notice of Ryan White HIV/AIDS Program Part C Early Intervention Services One-Time Noncompetitive Award to Ensure Continued HIV Primary Medical Care.

**SUMMARY:** To prevent a lapse in comprehensive primary care services for

persons living with HIV/AIDS, HRSA will provide a one-time noncompetitive Part C funds award to the University of Alabama at Birmingham (UAB).

**SUPPLEMENTARY INFORMATION:** The amount of the award to ensure ongoing HIV medical services is \$1,283,907.

**Authority:** Section 2651 of the Public Health Service Act, 42 U.S.C. 300ff-51  
**CFDA Number:** 93.918.

**Project period:** The period of support for this award is 17 months, explained below in further detail.

**Justification for the Exception To Competition:** The Jefferson County Commission, Birmingham, AL (Grant Number: H76HA00098) announced the relinquishment of their Part C grant on January 31, 2013. To prevent a lapse in HIV medical care to the service area covered by that grant, grant funds of

\$1,283,907 are to be awarded to UAB to provide interim HIV medical care. UAB is a Ryan White HIV/AIDS Part C funded organization (H76HA00578), which offers HIV medical primary care. The Jefferson County Commission has identified UAB as a successor for the Part C grant. The \$1,283,907 represents a proportional share of the last award to the Jefferson County Commission to cover 17 months of HIV medical primary care services until the service area is competed by July 1, 2014.

**FOR FURTHER INFORMATION CONTACT:** John Fanning, by email at [jfanning@hrsa.gov](mailto:jfanning@hrsa.gov), or by phone at 301-443-0493.

Dated: March 22, 2013.

**Mary K. Wakefield,**  
Administrator.

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**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Medical Professionals Recruitment and Continuing Education Programs

*Announcement Type:* New Limited Competition Cooperative Agreement.

*Funding Announcement Number:* HHS-2013-IHS-HPR-0001.

Catalog of Federal Domestic Assistance Number: 93.970.

#### Key Dates

*Application Deadline Date:* April 30, 2013.

*Review Date:* May 13, 2013.

*Earliest Anticipated Start Date:* May 30, 2013.

*Proof of Non-Profit Status Due Date:* April 30, 2013.

#### I. Funding Opportunity Description

##### *Statutory Authority*

The Indian Health Service (IHS) Office of Clinical and Preventive Services (OCPS) is accepting competitive cooperative agreement applications for support for medical professionals' recruitment and continuing education programs. This program is authorized under the Snyder Act, 25 U.S.C. 13. This program is described in the Catalog of Federal Domestic Assistance under 93.970.

##### *Background*

The mission of the IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level. The IHS, an agency within the Department of Health and Human

Services (HHS), is responsible for providing Federal health services to AI/AN. The provision of health services to members of Federally-recognized Tribes grew out of the special government-to-government relationship between the Federal Government and Indian Tribes. The IHS is the principal Federal health care provider and health advocate for Indian people and its mission is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million AI/AN who belong to 566 Federally recognized Tribes in 35 states.

##### *Purpose*

The purpose of this IHS cooperative agreement is to enhance medical professional recruitment and continuing education programs, services and activities for AI/AN people. The agency wants to facilitate continuing medical education for AI/AN physicians through annual meetings and other venues that are culturally competent and sensitive. Another purpose is to recruit AI/AN health professionals to pursue jobs that serve AI/AN people and improve the health care delivery system. A third purpose is to provide opportunities for AI/AN youth to learn about the various Federal agencies and possible careers within the Federal Government that will result in a national mentoring program and creation of a pipeline for AI/AN youth into health careers. These activities should result in more AI/AN youth pursuing careers in the health professions thereby increasing the number of AI/AN medical professionals in the workforce.

##### *Limited Competition Justification*

Competition is limited to organizations with expertise in advancing the health of AI/AN people. This limitation is necessary in order for IHS to ensure that the training, education, and outreach provided through this award are provided in a culturally competent manner. Additionally, applicants must have experience hosting healthcare forums and meetings combining modern medicine and traditional healing practices to enhance health care delivery to AI/AN communities. Through such experience, applicants should have existing relationships with stakeholders that will encourage attendance at the meeting funded through this award. Applicants must offer educational programs, services and activities specifically tailored to motivating AI/AN students to remain in the academic pipeline and to pursue a career in the health professions and/or

biomedical research. Finally, applicants must have experience in providing leadership and programs in various care arenas affecting AI/AN, such as diabetes mellitus, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), domestic violence and methamphetamine use, in order to address the most pressing healthcare needs of AI/AN communities.

## II. Award Information

### *Type of Award*

Cooperative Agreement.

### *Estimated Funds Available*

The total amount of funding identified for the current fiscal year, FY 2013, is approximately \$25,000. The award is for three years with \$25,000 available for each year for a total funding amount of \$75,000 for the three-year project period. All competing and continuation awards issued under this announcement are subject to the availability of funds. In the absence of funding, the IHS is under no obligation to make any awards selected for funding under this announcement.

### *Anticipated Number of Awards*

One limited competition award will be issued under this program announcement.

### *Project Period*

The project period will be for 3 years from March 1, 2013 to February 29, 2016.

### *Cooperative Agreement*

In HHS, a cooperative agreement is administered under the same policies as a grant. The funding agency (IHS) is required to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required for both IHS and the grantee. IHS will be responsible for activities listed under section A and the grantee will be responsible for activities listed under section B as stated:

### *Substantial Involvement Description for Cooperative Agreement*

#### A. IHS Programmatic Involvement

(1) The IHS would like to support an annual meeting of AI/AN physicians and other health professionals. At least two IHS staff will be part of the planning committee for any meetings or training. They will work closely with the planning staff on all aspects of the meeting and training including development of the agenda, keynote