The number of nurse practitioners (NP) in the United States has been growing rapidly over the past decade, and continued growth is expected as the annual number of graduates from NP programs is at an all time high. Furthermore, over the past 20 years, financial and regulatory changes have impacted the growth in NPs. The expansion of health insurance under the “Patient Protection and Affordable Care Act” (Pub. L. 111–148) will have an impact on the demand for services. With increasing numbers, NPs are poised to play a critical role in the nation’s efforts to expand access to health care services.

Despite the increasing number and roles of NPs, unfortunately, there are currently only limited, inconsistent data available to policy makers and the health care community. Accordingly, it is difficult for these leaders to quantify or fully understand the role of NPs in the current (or future projected course of the) health care system. In fact, it is difficult to estimate with confidence the number of NPs practicing in the U.S. today.

The primary purpose of the Bureau of Health Profession’s National Sample Survey of Nurse Practitioners data collection is to: (1) Improve estimates of NPs providing services; (2) describe the settings where NPs are working; (3) identify the positions/roles in which NPs are working; (4) describe the activities and services NPs are providing in the healthcare workforce; (5) determine the specialties in which NPs are working; (6) explore NPs’ satisfaction with and perception of the extent to which they are working to their full scope of practice; and (7) assess variations in practice settings, positions, and practice patterns by demographic and educational characteristics.

The statutory provision that authorizes this data collection is section 761(b) of the Public Health Service Act, “National Center for Health Care Workforce Analysis,” which is codified at 42 U.S.C. 294n(b). The information obtained from this survey will ultimately lead to more accurate and complete national estimates of the current NP supply as well as assist in the development of more accurate NP supply and demand projections.

The annual estimate of burden is as follows:

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Sample Survey of Nurse Practitioners</td>
<td>14,300</td>
<td>1</td>
<td>14,300</td>
<td>.33</td>
<td>4,719</td>
</tr>
</tbody>
</table>

Total ................................................................. 14,300 ............................... 14,300 ......................... 4,719

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to (202) 395–6974. Please direct all comments to the attention of the desk officer for HRSA.

Dated: November 17, 2011.

Reva Harris,
Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2011–30214 Filed 11–22–11; 8:45 am]
Respondents: Submitters to the GTR are expected to include clinical laboratories, researchers, and entities that report and interpret tests performed elsewhere. The GTR is not limited to U.S. respondents; it will also include submissions from outside the United States. Information will be collected and managed using an online submission system.

Estimate of Burden: Although participation in the GTR is voluntary, in order to participate, respondents must provide information for a certain subset of fields, identified as the “minimal fields.” GTR includes 31 minimal fields and 85 optional fields. Sixteen of the 31 minimal fields refer to contact data and other information about the laboratory, which the respondent completes only once. These data will autopopulate new test records, leaving 15 minimal fields that require completion. The GTR will also support bulk submission as an XML file or uploading subsets of information from spreadsheets, which will significantly reduce the burden for laboratories that want to provide information on multiple genetic tests. The annualized cost to respondents is estimated at $1,103.

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Estimated number of respondents</th>
<th>Estimated number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Estimated total annual burden hours requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>770</td>
<td>12 Minimal Fields: 0.5</td>
<td>Minimal Fields: 4,620. Optional Fields: 23,100.</td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
<td>Optional Fields: 2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>770</td>
<td>3.0</td>
<td>27,720.</td>
<td></td>
</tr>
</tbody>
</table>

Request For Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to: Office of Management and Budget, Office of Regulatory Affairs, OIRA Submission@omb.eop.gov or by fax to (202) 395–6974. Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plan and instrument, contact: Amy P. Patterson, M.D., Associate Director for Science Policy, NIH, by mail to the Office of Biotechnology Activities, 6705 Rockledge Dr., Suite 750, Bethesda, MD 20892; telephone (301) 496–9838; fax (301) 496–9839; or email gtr@od.nih.gov; or refer to the GTR Website at http://oba.od.nih.gov/gtr/gtr.html.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: November 16, 2011.

Amy P. Patterson,
Associate Director for Science Policy, NIH.
[FR Doc. 2011–30286 Filed 11–22–11; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Ancillary Study to the Hispanic Community Health Study.

Date: December 7, 2011.
Time: 3 p.m. to 4 p.m.
Agenda: To review and evaluate grant applications.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Hemodialysis and Markers of Heart Failure.

Date: December 5, 2011.
Time: 2 p.m. to 3 p.m.
Agenda: To review and evaluate grant applications.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Auxiliary Study to the Hispanic Community Health Study.

Date: December 8, 2011.
Time: 3 p.m. to 4 p.m.
Agenda: To review and evaluate grant applications.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Dia Betes and Digestive and Kidney Diseases

Date: December 8, 2011.
Time: 3 p.m. to 4 p.m.
Agenda: To review and evaluate grant applications.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Diabetes and Digestive and Kidney Diseases

Date: December 7, 2011.
Time: 3 p.m. to 4 p.m.
Agenda: To review and evaluate grant applications.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Diabetes and Digestive and Kidney Diseases

Date: December 8, 2011.
Time: 3 p.m. to 4 p.m.
Agenda: To review and evaluate grant applications.