Need and Proposed Use of the Information: To ensure these goals are achieved, the George Washington University (GW) is conducting an evaluation of the training, administrative and organizational structures, clinical service, challenges, innovations, costs associated with training, and outcomes of Teaching Health Centers (THCs). GW has developed questionnaires for implementation with all THC matriculating residents, graduating residents, and graduated residents at one year post-graduation. The matriculation questionnaire aims to collect background information on THC residents to better understand the characteristics of individuals who apply and are accepted to THC programs. The graduation questionnaire collects information on career plans. The alumni questionnaire collects information on career outcomes (including practice in primary care and in underserved settings) following graduation as well as feedback on the quality of training.

Statute requires that THCGME program award recipients report annually on the types of primary care resident approved training programs provided, the number of approved training positions, the number who completed their residency at the end of the prior academic year and care for vulnerable populations living in underserved areas, and any other information as deemed appropriate by the Secretary. The described data collection activities will serve to meet this statutory requirement for the THCGME program award recipients in a uniform and consistent manner and will allow comparisons of this group to other trainees in non-THC programs. HRSA seeks renewal of these measures with no changes.

Likely Respondents: This data collection includes documents that are completed separately by THC Program Directors and residents. THC Program Directors who have not already completed the program data collection tool will respond to the part of the data collection tool related to the characteristics of the programs. Annual updates are made on an as-needed basis. THC matriculating residents, graduating residents and graduated residents at one year post-graduation will respond to the questionnaires related to characteristics of the residents.

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 ICR 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
Program Data Collection Tool	10	1	10	8	80
THC Alumni Survey	200	1	200	0.33	66
THC Matriculant Survey	200	1	200	0.25	50
THC Graduation Survey	200	1	200	0.25	50
Total	610		610		246

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Small Health Care Provider Quality Improvement Program

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

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), 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 ICR must be received no later than February 27, 2017.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N–39, 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: Small Health Care Provider Quality Improvement Program

OMB No. 0915–0387—Extension

Abstract: This program is authorized by Title III, Public Health Service Act, Section 330A(g) (42 U.S.C. 254c(g)), as amended by Section 201, P.L. 107–251, and Section 4, P.L. 110–355. This authority directs the Federal Office of Rural Health Policy (FORHP) to support grants that expand access to, coordinate, contain the cost of, and improve the quality of essential health care services, including preventive and emergency services, through the development of health care networks in rural and frontier areas and regions. Across these various programs, the authority allows HRSA to provide funds to rural and frontier communities to support the direct delivery of health care and related services, expand existing services, or enhance health service delivery through education, promotion, and prevention programs.

The purpose of the Small Health Care Provider Quality Improvement Grant (Rural Quality) Program is to provide support to rural primary care providers for implementation of quality improvement activities. The goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program include improved health outcomes for patients, enhanced chronic disease management, and better engagement of patients and their caregivers. Organizations participating in the program are required to use an evidence-based quality improvement model, perform tests of change focused on improvement, and use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry or an electronic health record, and is a critical component for improving quality and patient outcomes. With HIT it is possible to generate timely and meaningful data, which helps providers track and plan care.

Need and Proposed Use of the Information: FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement and grantees use the data for performance tracking. No changes are proposed from the current data collection effort.

Likely Respondents: Grantees of the Small Health Care Provider Quality Improvement Program.

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 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
Name of instrument	32	1	32	8	256
Total	32	....	32	....	256

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.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions and Delegations of Authority

AGENCY: Office for Civil Rights, Office of the Secretary, HHS.

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AT, Office for Civil Rights (OCR), as last amended at 190 FR 60757, dated October 1, 2010, is amended to reflect the restructuring of the Office for Civil Rights (OCR) as follows:

I. Under Part A, Chapter AT, ''Office for Civil Rights (OCR),'' delete ''Section AT.10 Organization'' in its entirety and replace with the following:

Section AT.10 Organization. The Office for Civil Rights (OCR) is under the direction of the Director of the Office for Civil Rights (Director) who reports to the Secretary. OCR consists of the following components:

A. Office of the Director (AT)
B. Operations and Resources Division (ATA)
C. Civil Rights Division (ATB)
D. Health Information Privacy Division (ATC)

II. Under Chapter AT, Office for Civil Rights (OCR) delete ''Section AT.20 Functions'' in its entirety and replace with the following:

A. Office of the Director (AT). As the Department's chief officer and adviser to the Secretary for implementation and enforcement of HHS civil rights and Health Insurance Portability, Accountability Act (HIPAA) privacy, security, and breach notification rules, the Director provides leadership, priorities, guidance and supervision to and is responsible for overall policy, programs, and operations of OCR. The Director also is responsible for representing the Secretary and the Department, in coordination and consultation with the Assistant Secretary for Legislation, before Congress and the Executive Office of the President on matters relating to civil rights and the privacy, security, and breach rules and for liaising with other Federal departments and agencies charged with civil rights and privacy, security, and breach enforcement and compliance responsibilities.

B. Operations and Resources Division (ATA). The Operations and Resources Division (ORD) is headed by a Deputy Director who reports to the Director. Responsibilities of the Deputy Director for Operations and Resources include: Advising on all regional operations and the Centralized Case Management Operation (CCMO); resource management; and other staff functions that include management operations, budget, human resources, travel, information technology, support activities, management analysis, ethics, Continuity of Operations, property management, accountability, and performance metrics. Regional offices