their child and community. Policies that do not do this should be strengthened.

4.1.1 Increased efforts should be made to educate the public and state legislatures on the safety and value of vaccines, the importance of recommended vaccinations and the ACIP schedule, and the risks posed by low or under-vaccination in communities and schools.

4.2 NVAC recommends information on vaccination rates, vaccination exemptions, and other preventative health measures (*e.g.,* whether a school has a school nurse, etc.) for an educational institution be made available to parents.

4.2.1 Encourage educational institutions and childcare facilities to report vaccination rates publicly (*e.g.,* via a school health grade or report).

4.3 NVAC recommends ''on-time vaccination'' should be included as a Quality Measure for all health plans, public and private, as a first line indicator of vaccine confidence. NVAC acknowledges that other issues, such as access, can also effect on time vaccination.

Final Recommendation

5.1 The NVAC recommends that the National Vaccine Program Office (NVPO) should work with federal and non-federal partners to develop an implementation plan to address vaccine confidence, including metrics, and report back to NVAC on progress, annually.

II. Request for Comment

NVPO, on behalf of the NVAC Vaccine Confidence Working Group, requests input on the draft report and draft recommendations. Please limit your comments to three (3) pages.

III. Potential Responders

HHS invites input from a broad range of stakeholders including individuals and organizations that have interests in immunization efforts and the role of HHS in advancing those efforts.

Examples of potential responders include, but are not limited to, the following:

—General public;
—advocacy groups, non-profit organizations, and public interest organizations;
—academics, professional societies, and healthcare organizations;
—public health officials and immunization program managers;
—pediatric provider groups including all physician and non-physician providers that administer healthcare services to children, including pharmacists; and
—representatives from the private sector, including those from health insurance organizations.

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. Anonymous submissions will not be considered. Written submissions should not exceed three to five (3–5) pages. Please do not send proprietary, commercial, financial, business, confidential, trade secret, or personal information.

Dated: March 31, 2015.

Bruce Gellin,

Deputy Assistant Secretary for Health, Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.

[FR Doc. 2015–07778 Filed 4–3–15; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Notification of Intent To Use Schedule III, IV, or V Opioid Drugs for the Maintenance and Detoxification Treatment of Opiate Addiction Under 21 U.S.C. 823(g)(2) (OMB No. 0930–0234)—Extension

The Drug Addiction Treatment Act of 2000 (''DATA,'' Pub. L. 106–310) amended the Controlled Substances Act (21 U.S.C. 823(g)(2)) to permit practitioners (physicians) to seek and obtain waivers to prescribe certain approved narcotic treatment drugs for the treatment of opiate addiction. The legislation sets eligibility requirements and certification requirements as well as an interagency notification review process for physicians who seek waivers. The legislation was amended in 2005 to eliminate the patient limit for physicians in group practices, and in 2006, to permit certain physicians to treat up to 100 patients.

To implement these provisions, SAMHSA developed a notification form (SMA–167) that facilitates the submission and review of notifications. The form provides the information necessary to determine whether practitioners (*i.e.*, independent physicians) meet the qualifications for waivers set forth under the new law. Use of this form will enable physicians to know they have provided all information needed to determine whether practitioners are eligible for a waiver.

However, there is no prohibition on use of other means to provide requisite information. The Secretary will convey notification information and determinations to the Drug Enforcement Administration (DEA), which will assign an identification number to qualifying practitioners; this number will be included in the practitioner's registration under 21 U.S.C. 823(f).

Practitioners may use the form for three types of notification: (a) New, (b) immediate, and (c) to notify of their intent to treat up to 100 patients. Under ''new'' notifications, practitioners may make their initial waiver requests to SAMHSA. ''Immediate'' notifications inform SAMHSA and the Attorney General of a practitioner's intent to prescribe immediately to facilitate the treatment of an individual (one) patient under 21 U.S.C. 823(g)(2)(E)(ii). Finally, the form may be used by physicians with waivers to certify their need and intent to treat up to 100 patients.

The form collects data on the following items: Practitioner name; state medical license number and DEA registration number; address of primary location, telephone and fax numbers; email address; name and address of

group practice; group practice employer identification number; names and DEA registration numbers of group practitioners; purpose of notification new, immediate, or renewal; certification of qualifying criteria for treatment and management of opiate dependent patients; certification of capacity to refer patients for appropriate counseling and other appropriate ancillary services; certification of maximum patient load, certification to use only those drug products that meet the criteria in the law. The form also notifies practitioners of Privacy Act considerations, and permits practitioners to expressly consent to disclose limited information to the SAMHSA Buprenorphine Physician Locator.

Since July 2002, SAMHSA has received over 25,000 notifications and has certified almost 27,000 physicians. Fifty-none percent of the notifications were submitted by mail or by facsimile, with approximately forty-one percent submitted through the Web based online system. Approximately 60 percent of the certified physicians have consented to disclosure on the SAMHSA Buprenorphine Physician Locator.

Respondents may submit the form electronically, through a dedicated Web page that SAMHSA will establish for the purpose, as well as via U.S. mail.

There are no changes to the forms and burden hours.

The following table summarizes the estimated annual burden for the use of this form.

Purpose of submission	Number of respondents	Responses per respondent	Burden per response (hour)	Total burden (hours)
Initial Application for Waiver	1,500	1	.083	125
Notification to Prescribe Immediately	50	1	.083	4
Notice to Treat up to 100 patients	500	1	.040	20
Total	2,050			149

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 or email her a copy at *summer.king@samhsa.hhs.gov*. Written comments should be received by June 5, 2015.

Summer King,

Statistician.

[FR Doc. 2015–07727 Filed 4–3–15; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2015–0008; NIOSH–282]

International Labour Office (ILO) Reference Radiographs

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information and comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease and Prevention is collaborating with the Labour Inspection, Labour Administration and Occupational Safety and Health Branch of the International Labour Office (ILO) in developing a set of digital reference radiographs for the ILO International Classification of Radiographs of Pneumoconiosis (ILO Classification). The current ILO Classification depends on 22 standard reference radiographs that are used to formally identify and characterize pneumoconiosis and related pulmonary abnormalities arising from occupational exposure. The original standards were based on film radiography, but the advent of digital radiography has led to the need for reference standards based on digitally-acquired images. NIOSH is assisting the ILO in the process of identifying such digital images.

For this purpose, NIOSH is requesting trained users of the ILO Classification (*e.g.,* NIOSH B-Readers [1] and other such experts) to submit comments regarding any of the current standard reference images that are felt to be deficient and for which improvements could be made. The current structure and format of the ILO Classification is to remain unchanged at the present time. NIOSH is not soliciting comments on the ILO Classification itself. Comments received on the ILO Classification will be considered irrelevant to the purpose of this docket.

DATES: Electronic or written comments must be received by June 5, 2015.

ADDRESSES: You may submit comments, identified by CDC–2015–0008 and docket number NIOSH–282, by any of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, OH 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number (CDC–2015–0008; NIOSH–282). All relevant comments received will be posted without change to *www.regulations.gov,* including any personal information provided. All electronic comments should be formatted as Microsoft Word. For access to the docket to read background documents or comments received, go to *www.regulations.gov.* All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226.

FOR FURTHER INFORMATION CONTACT: Michael Attfield, 1095 Willowdale Road, Morgantown, WV 26505–2888, telephone (304) 285–5737 (this is not a toll free number).

SUPPLEMENTARY INFORMATION:

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Background: Chest radiographs (X-Rays) provide critical medical information for the assessment of the pneumoconioses and related disorders in individuals, for example, those caused by inhaling coal, silica, and asbestos dusts [2]. Prior to 1950, the information evident on a radiograph could only be interpreted qualitatively. However in 1950, the International Labour Office (ILO) established a more quantitative system whereby the various parenchymal and pleural changes could be formally recognized and categorized.