and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. §§ 2651–2653). The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

### Inpatient Hospital Per Diem Rate

<table>
<thead>
<tr>
<th>State</th>
<th>Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower 48 States</td>
<td>$2,443</td>
</tr>
<tr>
<td>Alaska</td>
<td>2,926</td>
</tr>
</tbody>
</table>

### Outpatient Per Visit Rate (Excluding Medicare)

<table>
<thead>
<tr>
<th>State</th>
<th>Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower 48 States</td>
<td>350</td>
</tr>
<tr>
<td>Alaska</td>
<td>410</td>
</tr>
</tbody>
</table>

### Outpatient Per Visit Rate (Medicare)

<table>
<thead>
<tr>
<th>State</th>
<th>Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower 48 States</td>
<td>307</td>
</tr>
<tr>
<td>Alaska</td>
<td>564</td>
</tr>
</tbody>
</table>

### Medicare Part B Inpatient Ancillary Per Diem Rate

<table>
<thead>
<tr>
<th>State</th>
<th>Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower 48 States</td>
<td>516</td>
</tr>
<tr>
<td>Alaska</td>
<td>956</td>
</tr>
</tbody>
</table>

### Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

### Effective Date for Calendar Year 2015 Rates

Consistent with previous annual rate revisions, the Calendar Year 2015 rates will be effective for services provided on or after January 1, 2015 to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: December 12, 2014.

Yvette Roubideaux,
Acting Director, Indian Health Service.

**Editorial Note:** The Federal Register received this document for publication on March 31, 2015.

[FR Doc. 2015–07779 Filed 4–6–15; 8:45 am]

**BILLING CODE 4160–16–P**

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### National Institutes of Health

**Submission for OMB Review; 30-day Comment Request; National Institute of Health Neurobiobank Tissue Access Request**

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the Federal Register on February 13, 2014, page 8723 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institute of Mental Health (NIMH), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

**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 the: Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202–395–6974, Attention: NIH Desk Officer.

**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.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact: NIMH Project Clearance Liaison, Science Policy and Evaluation Branch, OSPPC, NIMH, NIH, Neuroscience Center, 6001 Executive Boulevard, MSC 9667, Rockville Pike, Bethesda, MD 20892, or call 301–443–4335 or Email your request, including your address to: nimhprapubliccomments@mail.nih.gov. Formal requests for additional plans and instruments must be requested in writing.

**Proposed Collection:** National Institute of Health Neurobiobank Tissue Access Request—Existing without OMB Clearance—National Institute of Mental Health (NIMH), National Institute of Health (NIH).

**Need and Use of Information Collection:** NIMH is seeking OMB approval for two Neurobiobank data collections: (1) Pre-Mortem Donor Recruitment Form, and (2) Tissue Access Request Form. The pre-mortem donor form will collect information from potential donors to ensure and enable appropriate research use of the tissues and biospecimens. Knowledge about the health history surrounding a particular tissue or biospecimen is essential to ethical scientific research conducted upon it. The tissue access request form will collect information from researchers who wish to gain access to the tissue stored throughout the Neurobiobank network. The NIH Neurobiobank Tissue Access Request form is necessary to verify that the researcher “Recipient” Principal Investigators and their organization or corporations applying to use the tissue is qualified to conduct human tissue research and have approved assurance from the DHHS Office of Human Research Protections to access tissue or biospecimens from the National Neurobiobank for research purposes. The primary use of this information is to document, track, monitor, and evaluate the appropriate use of the Neurobiobank tissue and biospecimen resources, as well as to notify interested recipients of updates, corrections, or other changes to the system.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 38.

### ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Form</th>
<th>Number of respondents</th>
<th>Frequency of response</th>
<th>Average burden per response (in hours)</th>
<th>Total annual burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurobiobank Tissue Access Request</td>
<td>50</td>
<td>1</td>
<td>30/60</td>
<td>25</td>
</tr>
<tr>
<td>Pre-Mortem Donor Recruitment Form</td>
<td>50</td>
<td>1</td>
<td>15/60</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td></td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>
DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Deafness and Other Communication Disorders; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Deafness and Other Communication Disorders Advisory Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting 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 Deafness and Other Communication Disorders Advisory Council.

Date: May 29, 2015.

Closed: 8:30 a.m. to 9:30 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, Conference Room 6, 31 Center Drive, Bethesda, MD 20892.

Contact Person: CRAIG A. JORDAN, Ph.D., Director, Division of Extramural Activities, NIDCD, NIH, Room 8345, MSC 2670, 6001 Executive Blvd., Bethesda, MD 20892–9670, 301–496–8693, jordanc@nidcd.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver’s license, or passport) and to state the purpose of their visit.

Information is also available on the Institute’s/Center’s home page: http://www.nidcd.nih.gov/about/Pages/Advisory-Groups-and-Review-Committees.aspx, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: April 1, 2015.

Melanie J. Gray,
Program Analyst, Office of Federal Advisory Committee Policy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection: 60-day Comment Request: Identifying Experts in Prevention Science Methods To Include on NIH Review Panels (OD)

SUMMARY: In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, regarding the opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH), Office of Disease Prevention (ODP) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) 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) 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) 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.

To Submit Comments and For Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Paris Watson, Senior Advisor, NIH Office of Disease Prevention, 6100 Executive Blvd., Room 2803, Bethesda, MD 20892 or call (301) 496–1508 or email your request, including your address to prevention@mail.nih.gov. Formal requests for additional plans and instruments must be requested in writing.

DATES: Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.


Need and Use of Information Collection: The Office of Disease Prevention (ODP) is the lead Office at the National Institutes of Health (NIH) responsible for assessing, facilitating, and stimulating research in disease prevention and health promotion, and disseminating the results of this research to improve public health. Prevention is preferable to treatment, and research on disease prevention is an important part of the NIH’s mission. The knowledge gained from this research leads to stronger clinical practice, health policy, and community health programs. ODP collaborates with the NIH, other Department of Health and Human Services (DHHS) agencies, and other public and private partners to achieve the Office’s mission and goals. One of our priorities is to promote the use of the best available methods in prevention research and support the development of better methods. One of our strategies is to help the Center for Scientific Review (CSR) identify experts in prevention science methods to include on their review panels. This will strengthen the panels and improve the quality of the prevention research supported by the NIH. To identify experts in prevention science methods, we worked with our contractor, IQ Solutions, Inc., to develop online software which will allow us to collect scientists’ names, contact information, and resumes, as well as to have those scientists identify their level of expertise in a variety of prevention science methods and content areas. The