

Send comments to Susan Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C-17, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20853, (301) 443-1129. Written comments should be received within 60 days of this notice.

Dated: January 15, 2004.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms (OMB No. 0915-0126)—Revision

The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended. Final regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for NPDB implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NPDB began operation on September 1, 1990.

The intent of Title IV of Public Law 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State

without disclosure of the practitioner's previous damaging or incompetent performance.

The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, adverse professional society actions and Medicare/Medicaid exclusions is collected from, and disseminated to, eligible entities. It is intended that NPDB information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for a revision of reporting and querying forms previously approved on April 30, 2002. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at www.npdb-hipdb.com. All reporting and querying is performed through this secure website. Due to overlap in requirements for the Healthcare Integrity and Protection Data Bank (HIPDB), some of the NPDB's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

Regulation	Number of respondents	Frequency of responses	Minutes per response	Total burden hours
60.6(a) Errors & Omissions	303	5.08	15	384.75
60.6(b)	115	1.11	30	64
60.7(b) Malpractice Payment Report	485	39.1	45	14,235.75
60.8(b) Adverse Action Reports—State Boards	10	0	0	0
60.9(a)3 Adverse Action Clinical Privileges & Professional Society	686	1.52	45	784.5
Requests for Hearings by Entities	1	1	480	8
60.10(a)(1) Queries by Hospital—Practitioner Applications	6,000	37.24	5	18,615.39
60.10(a)(2) (Queries by Hospitals—Two-Yr. Cycle	6,000	148.9	5	74,461.67
60.11(a)(1) Disclosure to Hospitals	20	0	0	0
60.11(a)(2) Disclosure to Practitioners (Self Query)	30	0	0	0
60.11(a)(3) Disclosure to Licensure Boards	80	224.95	5	1,439.68
60.11(a)(4) Queries by Non-Hospital Health Care Entities	4,938	436.8	5	179,673.26
60.11(a)(5) Queries by Plaintiffs' Attorneys	5	5	30	2.5
60.11(a)(6) Queries by Non-Hospital Health Care Entities-Peer Review ...	40	0	0	0
60.11(a)(7) Requests by Researchers for Aggregated Data	84	1	30	42
60.14(b) Practitioner Places a Report in Disputed Status	666	1	15	166.5
60.14(b) Practitioner Statement	2,325	1	45	1,743.75
60.14(b) Practitioner Requests for Secretarial Review	117	1	480	936
60.3 Entity Registration—Initial	500	1	60	500
60.3 Entity Registration—Update	643	1	5	53.56
60.11(a) Authorized Agent Designation—Initial	500	1	15	125
60.11(a) Authorized Agent—Update	86	1	5	7.16
60.12(c) Account Discrepancy Report	300	1	15	75
60.12(c) Electronic Funds Transfer Authorization	363	1	15	90.75
60.3 Entity Reactivation	100	1	60	100
Total				293,509.22

¹ Included in estimate for reporting adverse licensure actions to the HIPDB in 45 CFR part 61.

² Included in estimates for 60.10(a)(1).

³ Included in estimate for self queries to the HIPDB in 45 CFR part 61.

⁴ Included in estimate for hospital queries under 60.11(a)(4).

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 15, 2004.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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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 proposed collections of information, the Substance Abuse and Mental Health Services Administration 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 (301) 443-7978.

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: Year 2004 Survey of Mental Health Organizations, General Hospital Mental Health Services, and Managed Care Organizations (SMHO)—(OMB No. 0930-0119, Revision)—The 2004 SMHO, to be conducted by SAMHSA's Center for Mental Health Services (CMHS), will be conducted in two phases. There will be only minor changes to the forms used in the 2002 SMHO. Phase I will be a brief two-three page inventory consisting of four forms: (1) A specialty mental health organization form; (2) a general hospital or Veterans Affairs Medical Center with either separate mental health services or integrated mental health services forms; (3) a community residential organization form; and (4) a managed behavioral healthcare organization form.

This short inventory will be sent to all known organizations to define the universe of valid mental health organizations to be sampled in Phase II. The inventory will collect basic information regarding the name and address of the organizations, their type and ownership, size measures (e.g., number of staff), and the kinds of services provided.

Phase II will sample approximately 2,200 mental health organizations and utilize a more detailed survey instrument. Although the Sample Survey form will be more comprehensive, it will be very similar to surveys and inventories fielded in 2002 and earlier. The organizational data to be collected by the Sample Survey form include university affiliation, client/patient census by basic demographics, revenues, expenditures, and staffing.

The resulting data base will be used to provide national estimates and will be the basis of the National Directory of Mental Health Services. In addition, data derived from the survey will be published by CMHS in *Data Highlights*, in *Mental Health, United States*, and in professional journals such as *Psychiatric Services* and the *American Journal of Psychiatry*. *Mental Health, United States* is used by the general public, State governments, the U.S. Congress, university researchers, and other health care professionals. The following table summarizes the burden for the survey.

Questionnaire	Number of respondents	Responses/ respondent	Average hours/re-sponse	Total burden (hrs.)
Phase I (Inventory)				
Specialty Mental Health Organizations	3,315	1	0.5	1,658
General Hospitals:				
with Separate Psych. Units	1,211	1	0.5	606
without Separate Psych. Units	3,614	1	0.5	1,807
VA Medical Centers	143	1	0.5	72
Community Residential Organizations	945	1	0.5	472
Managed Behavioral Healthcare Organizations	325	1	0.5	163
Phase II (Sample Survey)				
Specialty Mental Health Organizations	1,520	1	4.0	6,080
General Hospitals and VA Hospitals with Separate Mental Health Services	725	1	4.0	2,900
Total	9,553	13,758
3-year Average	3,184	4,586