

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. Written comments should be received within 60 days of this notice.

Proposed Project

The Minority HIV/AIDS Research Initiative: Gay and Non-gay Black and Latino Men Who Have Sex with Men—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background

CDC is requesting a two year approval from the Office of Management and Budget (OMB) to administer an epidemiological survey on the internet. As part of the Minority HIV/AIDS Research Initiative (MARI), CDC is funding an internet study that examines behaviors of gay and non-gay Black and Latino men who have sex with men. The objectives of the study are threefold: (1) To determine if Black and Latino men who have sex with men (MSM) who use the internet to meet sexual partners report greater HIV-related sexual and drug risks than those

who do not; (2) to identify respondents' non-internet sex-seeking behaviors; and (3) to explore to what degree Black and Latino MSM with internet access view this medium as a potential tool for HIV prevention.

African American and Latino men, especially those men who have sex with men, continue to be an extremely vulnerable population affected by high rates of HIV/AIDS. The impact of HIV/AIDS on African American and Latino communities has been devastatingly disproportionate as compared to European American populations. Through December 2001, CDC reported that while African Americans represented only 12% of the total U.S. population, they accounted for almost 38% of all of the AIDS cases in this country. Similarly, the Latino population represented 13% of the total U.S. population, but accounted for 19% of the total number of new AIDS cases. For all men, the exposure category of "men who have sex with men" represented the largest transmission route for HIV infection.

While existing studies show that Black and Latino MSM may be at greater risk for contracting and transmitting HIV/AIDS to partners, CDC knows little about Black and Latino MSM using the internet and/or potential avenues for HIV prevention with this population

since most of the studies conducted thus far have been with White MSM samples. Data gathered from this study will guide CDC development of risk reduction programs for this high-risk population.

A convenience sample of 500 Black (African American, African-Latin, African-Caribbean, African, Mixed race) and 500 Latino (Caribbean, Central or South American ancestry) MSM will be asked to respond to a one-time survey of attitudes, knowledge and behavior related to internet sex seeking behavior and HIV/STD (sexually transmitted disease) transmission. This survey will take approximately 30 minutes to complete and will include questions on the following topics: demographics (*i.e.*, age, education, income, HIV status, *etc.*); sexual identity; racial/ethnic identity; homophobia; HIV/AIDS knowledge, attitudes, behavior; perceived HIV/AIDS susceptibility; STD history; characteristics of sexual partners and perceived HIV/AIDS susceptibility of sexual partners; risk behavior specific to online versus traditional venues; use of screen names and cruising sites; sexual compulsivity; substance use; time spent online and time spent sex seeking. The only cost to respondents will be their time to complete the survey. The estimated annualized burden is 500 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden response/hours (in hours)	Total burden hours
Black Men	500	1	30/60	250
Latino Men	500	1	30/60	250
Total	1000	500

Dated: November 29, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-249, CMS-2088, CMS-R-48 and CMS-382]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) (formerly known as the Health Care Financing Administration

(HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

1. *Type of Information Collection Request:* Extension of currently approved collection.

Title of Information Collection: Hospice Cost Report and Supporting Regulations Contained in 42 CFR 413.20 and 413.24.

Use: The hospice cost report is the mechanism used to collect data from providers for rate evaluations for the Prospective Payment System (PPS). Once CMS obtains this information, we will update the PPS as mandated by Congress.

Form Number: CMS-R-249 (OMB#: 0938-0758).

Frequency: Annually.

Affected Public: Not-for-profit Institutions and Business or other for-profit.

Number of Respondents: 1,720.

Total Annual Responses: 1,720.

Total Annual Hours: 302,720.

2. *Type of Information Collection*

Request: Extension of currently approved collection.

Title of Information Collection: Outpatient Rehabilitation Cost Report and Supporting Regulations Contained in 42 CFR 413.20 and 413.24.

Use: This form is used by community mental health centers to report their health care costs to determine the amount of reimbursement for services furnished to Medicare beneficiaries.

Form Number: CMS-2088-92 (OMB#: 0938-0037).

Frequency: Annually.

Affected Public: Business or other for-profit; Not-for profit Institutions, State, Local or Tribal governments.

Number of Respondents: 618.

Total Annual Responses: 618.

Total Annual Hours: 61,800.

3. *Type of Information Collection*

Request: Extension of a currently approved collection.

Title of Information Collection: Hospital Conditions of Participation (COP) and Supporting Regulations in 42 CFR 482.12, 482.13, 482.21, 482.22, 482.27, 482.30, 482.41, 482.43, 482.45, 482.53, 482.56, 482.57, 482.60, 482.61, 482.62, 485.618 and 485.631.

Use: Hospitals seeking to participate in the Medicare and Medicaid programs must meet the Conditions of Participation (COP) for Hospitals, 42 CFR Part 482. The information collection requirements contained in this package are needed to implement the Medicare and Medicaid COP for hospitals and critical access hospitals (CAHs).

Form Number: CMS-R-48 (OMB# 0938-0328).

Frequency: Annually.

Affected Public: Business or other for-profit, Not-for-profit institutions,

Federal Government, and State, Local or Tribal Gov.

Number of Respondents: 6,085.

Total Annual Responses: 6,085.

Total Annual Hours: 5,511,544.

4. *Type of Information Collection*

Request: Revision of currently approved collection.

Title of Information Collection: ESRD Beneficiary Selection and Supporting Regulations Contained in 42 CFR 414.330.

Use: ESRD facilities have each new home dialysis patient select one of two methods to handle Medicare reimbursement. The intermediaries pay for the beneficiaries selecting Method I and the carriers pay for the beneficiaries selecting Method II. This system was developed to avoid duplicate billing by both intermediaries and carriers.

Form Number: CMS-382 (OMB#: 0938-0372).

Frequency: Other: One time only.

Affected Public: Individuals or Households, Business or other for-profit, and Not-for profit Institutions.

Number of Respondents: 7,400.

Total Annual Responses: 7,400.

Total Annual Hours: 617.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/regulations/pral/>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: November 18, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N-0114]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Protection of Human Subjects; Recordkeeping Requirements for Institutional Review Boards

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Protection of Human Subjects; Recordkeeping Requirements for Institutional Review Boards" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Karen Nelson, Office of Management Programs (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1482.

SUPPLEMENTARY INFORMATION: In the *Federal Register* of July 22, 2004, (69 FR 43852) the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0130. The approval expires on November 30, 2007. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: November 26, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04-26581 Filed 12-2-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.