

Group, Office of Information Services, CMS, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business

hours, Monday through Friday from 9 a.m.—3 p.m., Eastern Time zone.  
**FOR FURTHER INFORMATION CONTACT:** Jacqueline Code, Management Analysis, Division of Privacy Compliance, Enterprise Architecture and Strategy Group, Office of Information Services,

CMS, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. She can also be reached by telephone at 410-786-0393, or via e-mail at *Jacquie.Code@cms.hhs.gov*.  
 CMS is deleting the following systems of records.

System No.	Title	System Manager
09-1234;70-0036	Evaluation of the Competitive Bidding for Durable Medical Equipment Demo	HHS/CMS/ORDI
09-70-0053	Medicare Beneficiary Health Status Registry	HHS/CMS/ORDI
09-70-0067	End Stage Renal Disease Managed Care Demonstration	HHS/CMS/ORDI
09-70-0539	Claims Payment System for Medicare's Healthy Aging Demo Project	HHS/CMS/ORDI
09-70-0548	Data Collection of Medicare Beneficiaries Receiving Implantable Cardioverter-Defibrillators for Primary Prevention of Sudden.	HHS/CMS/OCSQ
09-70-0549	Data Collection for Medicare Beneficiaries Receiving FDG Positron Tomography for Brain, Ovarian, Pancreatic, Small Cell Lung and Testicular Cancer.	HHS/CMS/OCSQ
09-70-0554	Anti-Cancer Chemotherapy for Colorectal Cancer (CRC)	HHS/CMS/OCSQ
09-70-0556	Carotid Artery Stenting	HHS/CMS/OCSQ
09-70-0561	Data Collection for Medicare Beneficiaries Receiving FDG Positron Tomography for Dementia.	HHS/CMS/OCSQ
09-70-0570	Medicare Bariatric Surgery System	HHS/CMS/OCSQ

Dated: December 14, 2006.

**John R. Dyer,**  
*Chief Operating Officer, Centers for Medicare & Medicaid Services.*  
 [FR Doc. E6-22125 Filed 12-26-06; 8:45 am]  
**BILLING CODE 4120-03-P**

**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 (OMB), 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 OMB for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Children's Hospitals Graduate Medical Education Payment Program (CHGME PP) (OMB No. 0915-0247)—Revision**

The CHGME PP was enacted by Public Law 106-129 to provide Federal support for graduate medical education (GME) to freestanding children's hospitals. This legislation attempts to provide support for GME comparable to the level of Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for

expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

Data are collected on the number of full-time equivalent residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will also be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals. Hospitals will be requested to submit such information in an annual application. Hospitals will also be requested to submit data on the number of full-time equivalent residents a second time during the Federal fiscal year to participate in the reconciliation payment process.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
HRSA 99-1 (Initial Application)	60	1	60	26	1,560
HRSA 99-1 (Reconciliation Application)	60	1	60	8	480
HRSA 99-2 (Initial Application)	60	1	60	15	900
HRSA 99-2 (Reconciliation Application)	60	1	60	5	300
HRSA 99-3 (Initial Application)	60	1	60	.25	15
HRSA 99-3 (Reconciliation Application)	60	1	60	.25	15
HRSA 99-4 (Reconciliation Application)	60	1	60	14	840
HRSA 99-5 (Initial Application)	60	1	60	.25	15
HRSA 99-5 (Reconciliation Application)	60	1	60	.25	15
Total	60	.....	60	.....	4,140

Written comments and recommendations concerning the

proposed information collection should be sent within 30 days of this notice to:

Karen Matsuoka, Human Resources and Housing Branch, Office of Management

and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 19, 2006.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*

[FR Doc. E6-22138 Filed 12-26-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; Comment request; The Atherosclerosis Risk in Communities Study (ARIC)

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection

was previously published in the **Federal Register** on August 28, 2006, pages 50924-50925, and allowed 60-days for public comments. Only one comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The 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 OMB control number.

*Proposed Collection: Title:* The Atherosclerosis Risk in Communities Study (ARIC).

*Type of Information Collection Request:* Revision of a currently approved collection (OMB NO. 0925-0281).

*Need and Use of Information Collection:* This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events.

Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women.

*Frequency of Response:* The participants will be contacted annually.

*Affected Public:* Individuals or households; Businesses or other for profit; Small businesses or organizations.

*Type of Respondents:* Individuals or households; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows:

*Estimated Number of Respondents:* 12,845;

*Estimated Number of Responses per Respondent:* 1.0;

*Average Burden Hours per Response:* 0.242; and

*Estimated Total Annual Burden Hours Requested:* 3,108. The annualized cost to respondents is estimated at \$60,525, assuming respondents' time at the rate of \$16.5 per hour for family and patient respondents, and \$75 per hour for physicians. There are not Capital Costs to report. There are no Operation or Maintenance Costs to report.

#### ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up .....	11,500	1.0	0.2500	2,875
<sup>1</sup> Physician, hospital, nursing home staff .....	945	1.0	0.1667	158
<sup>1</sup> Participant's next-of-kin .....	450	1.0	0.1667	75
Total .....	12,845	1.0	0.2420	3,108

<sup>1</sup> Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance 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.

*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, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact; Dr. Hanyu Ni, NIH, NHLBI, 6701 Rockledge Drive, NSC 7934, Bethesda, MD 20892-7934, or call non-toll-free number (301) 435-0448 or E-mail your request, including your address to: [nihany@nhlbi.nih.gov](mailto:nihany@nhlbi.nih.gov).

*Comments Due Date:* Comments regarding this information collection are based assured of having their full effect if received within 30-days of the date of this publication.

Dated: December 20, 2006.

**Peter Savage,**

*Acting Director, National Institutes of Health.*

[FR Doc. 06-9874 Filed 12-26-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these