

the programs, specifically: (a) The characteristics of the patients they serve (gender, age, disability level, occupation type); (b) the characteristics of services provided (medical, non-medical, or counseling); (c) number of patients served and visits conducted

(encounters); and (d) the improvement in pulmonary function of patients (pulmonary rehabilitation). This assessment will provide data useful to the program and will enable HRSA to provide data required by Congress under the Government Performance and

Results Act of 1993. It will also ensure that the organizations funded have demonstrated a need for services in their communities and that funds are being effectively used to provide services to meet those needs.

The estimated burden is as follows:

Form name	Number of respondents	Hours per response	Total burden hours
Database .....	15	20	300

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: August 15, 2007.

**Alexandra Huttinger,**

*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**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Correction of total burden hours.

**SUMMARY:** The Health Resources and Services Administration published an Agency Information Collection document in the **Federal Register** of July 31, 2007 (FR Doc. E7-14680), on page 41759, regarding Bureau of Primary Health Care (BPHC) Uniform Data System (OMB No. 0915-0193). In the burden table, the total burden hours published are incorrect.

**Correction**

In the **Federal Register** issue of July 31, 2007, FR Doc. E7-14680), on page

41759, correct the Total Burden Hours as follows:

Type of report	Total burden hours
Universal report .....	58,104
Grant report .....	2,700
<b>Total .....</b>	<b>60,804</b>

Dated: August 15, 2007.

**Alexandra Huttinger,**

*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 (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 Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank Market Surveys and Survey of Use of Data Bank Information by Queriers: NEW**

The purpose of these surveys is to conduct a follow-up study to the National Practitioner Data Bank (NPDB) User and Non-User Surveys of 2001. In addition, Healthcare Integrity and Protection Data Bank (HIPDB) users and non-users will be included in this study. The study will evaluate the effectiveness of the NPDB and the HIPDB as flagging systems, sources of information, and decisionmaking tools. It will also determine user satisfaction with the process, use, and information provided by the NPDB and HIPDB.

Surveys will be administered to entities that report to and/or query the NPDB and HIPDB, including users who query either the NPDB and/or HIPDB and who receive a "match", i.e. copies of adverse actions concerning a queried practitioner. A sample of Queriers who received a matched response will be surveyed about the information received. NPDB and HIPDB non-users will also be surveyed. Eligible NPDB and HIPDB users will be asked to complete a Web-based Internet survey or a computer-assisted telephone interview (CATI). NPDB and HIPDB non-users will complete either a Web or CATI, or will be transferred to an interactive voice response (IVR) system during the CATI to complete the survey.

Data gathered from the survey will be compared with similar information from previous surveys of users and non-users and will provide HRSA with the information necessary to improve the usability of the NPDB and HIPDB.

The estimate of burden is as follows:

Respondents	Respondent description	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden (hours)
NPDB Users Group Survey	Malpractice Payers .....	228	1	228	.25	57
	Licensing Boards .....	90	1	90	.25	22.5
	Hospitals (Reporting) .....	466	1	466	.25	116.5
	Hospitals (Querying) .....	994	1	994	.25	248.5
	MCOs .....	900	1	900	.25	225

Respondents	Respondent description	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden (hours)
HIPDB Users Group Survey.	Other HCEs (Reporting) ....	57	1	57	.25	14.25
	Other HCEs (Querying) .....	976	1	976	.25	244
	Licensing Boards .....	231	1	231	.25	57.75
	Government Hospitals .....	390	1	390	.25	97.5
	MCOs .....	580	1	580	.25	145
NPDB Matched Response Survey.	Other HCEs .....	260	1	260	.25	65
	Licensing Boards .....	55	3	165	.1	16.5
	Hospitals .....	984	3	2952	.1	295.2
	MCOs .....	848	3	2544	.1	254.4
	Other HCEs .....	904	3	2712	.1	271.2
HIPDB Matched Response Survey.	Licensing Boards .....	43	3	129	.1	12.9
	Hospitals .....	202	3	606	.1	60.6
	MCOs .....	432	3	1296	.1	129.6
	Other HCEs .....	87	3	261	.1	26.1
NPDB Non-User Survey ....	Licensing Boards .....	213	1	213	.16	34.1
	MCOs .....	341	1	341	.16	54.6
	Other HCEs .....	881	1	881	.16	141
HIPDB Non-User Survey ...	Licensing Boards .....	30	1	30	.16	4.8
	MCOs .....	411	1	411	.16	76.3
	Other HCEs .....	974	1	974	.16	155.8
Total .....	.....	11,577	.....	18,687	.....	2,826.1

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: August 15, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Council on Graduate Medical Education; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), notice is hereby given of the following meeting:

*Name:* Council on Graduate Medical Education (COGME).

*Dates and Times:* September 18, 2007, 8:30 a.m.-5:15 p.m.; and September 19, 2007, 8:30 a.m.-3:15 p.m.

*Place:* Crowne Plaza Silver Spring, 8777 Georgia Avenue, Silver Spring, Maryland 20910.

*Status:* The Meeting Will Be Open to the Public.

*Agenda:* On The Morning Of September 18, Following The Welcoming Remarks From The Cogme Chair, the Executive Secretary of COGME, and Health Resources and Services

Administration senior management, there will be presentations of comments and thoughts from selected Associations on COGME's two draft reports, *Enhancing GME Flexibility* and *New Paradigms for Physician Training for Improving Access to Healthcare*. Following Council discussions, at 1:30 p.m. there will be a breakout of Council members into the two draft writing groups for further report revisions. At 3:30 p.m., Barbara Chang, M.D. and Earl Reisdorff, M.D., the writing group chairs, will give their reports to the Council. There will be further discussion on writing group activities and reports. There will also be a discussion of further steps for producing reports.

On September 19, there will be a presentation on a George Washington University physician workforce planning initiative. There will be a panel presentation of activities of three advisory committees staffed within the Bureau of Health Professions; the Advisory Committee on Primary Care Medicine and Dentistry, the Advisory Committee on Interdisciplinary, Community Based Linkages, and the National Advisory Council on Nurse Education and Practice. Following will be an overview presentation on State Physician Workforce/ GME Planning. The Council will conclude with a discussion of new issues/ identification for future reports.

Agenda items are subject to change as priorities dictate.

*For Further Information Contact:* Jerald M. Katzoff, Executive Secretary, COGME, Division of Medicine and Dentistry, Bureau of Health Professions, Parklawn Building, Room 9A-21, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-6785.

Dated: August 15, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; Multi-Ethnic Study of Atherosclerosis (Mesa) Event Surveillance**

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection: Title:* Multi-Ethnic Study of Atherosclerosis (MESA) Event Surveillance. *Type of Information Request:* Renewal (OMB No. 0925-0493). *Need and Use of Information Collection:* The study, MESA, is identifying and quantifying factors associated with the presence and progression of subclinical cardiovascular disease (CVD)—that is, atherosclerosis and other forms of CVD that have not produced signs and symptoms. The findings provide important information on subclinical CVD in individuals of different ethnic backgrounds and provide information for studies on new interventions to prevent CVD. The aspects of the study that concern direct participant evaluation received a clinical exemption from OMB clearance (CE-99-11-08) in