

posted on <http://healthit.hhs.gov> which will include the results and analysis.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of responses	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Non-Participating Household (Screened)	22,845	1	2/60	761
Eligible Household (Completes Survey)	2,570	1	20/60	857
Total				1618

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0990-New]

Agency Information Collection Request, 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Communities Putting Prevention to Work Cost Study Instrument—OMB No. 0990-NEW—Office of the Assistant Secretary for Planning and Evaluation.

Abstract: The American Recovery and Reinvestment Act of 2009 was signed into law on February 17, 2009, Public Law 11.5 (“Recovery Act”). Communities Putting Prevention to Work (CPPW) is a \$650 million program funded by the Recovery Act. The purpose of the proposed data collection is to collect quarterly cost information

from all community-level CPPW awardees’. This will allow HHS to receive reports on direct awardees costs associated with carrying out the selected evidence-based strategies that are required by the Funding Opportunity Announcement (FOA) and Notice of Grant Award (NGA). This requirement is in addition to the financial reporting requirements of Section 512 of the Recovery Act, set forth by the Office of Management and Budget (OMB) under the data collection instrument titled “Standard Data Elements for Reports Under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (Grants, Cooperative Agreements, and Loans).”

The activity-based cost data submitted by the 35-45 grantees will provide the basis for HHS to assess the costs of the various program strategies, identify factors that impact average cost, and perform cost-effectiveness analysis of the program. Performing an assessment of the resources expended on each CPPW intervention will provide valuable information to HHS and other agencies within the Department for improving program efficiency within the various strategies of the program. There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
CPPW Cost Study Tool	Program Director	45	4	3	540
CPPW Cost Study Tool	Business Manager	45	4	3	540
CPPW Cost Study Tool	Data Manager	45	4	5	900
Total					1980

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for

the proper performance of the functions of the agency; (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: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR Part 60 Regulations and Forms (OMB No. 0915-0126)—Extension

The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law (Pub. L.) 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, Department of Health and Human Services (HHS). 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.

The reporting forms and the request for information forms (query forms) are accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at <http://www.npdb-hipdb.hrsa.gov/>. All reporting and querying is performed through this secure Web site. 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 annualized burden are as follows:

Regulation citation	Number of respondents	Responses per respondent	Total responses	Hours per response (minutes)	Total burden hours	Wage rate	Total cost
60.6(a) Errors & Omissions	315	5	1,260	15	315	\$25	\$7,875.00
60.6(b) Revisions to Action	109	1	109	30	54.5	25	1,362.50
60.7(b) Medical Malpractice Payment Report	519	29	15,051	45	11,288.25	25	282,206.25
60.8(b) Adverse Action Reports-State Boards	10	0	0	0	0	0	0
60.11(a)(3) Adverse Action	480	2	960	45	720	25	18,000
60.11(c) Requests for Hearings by Entities	0	0	0	480	0	200	0
60.12(a)(1) & (2) Queries by Hospital ...	5,996	213	1,277,148	5	106,429	25	2,660,725
60.13(a)(1)(i) Disclosure to Hospitals	20	0	0	0	0	0	0
60.13(a)(1)(ii) Disclosure to Practitioners (Self Query)	30	0	0	0	0	0	0
60.13(a)(1)(iii) Disclosure to Licensure Boards	87	645	56,115	5	4,676.25	25	116,906.25
60.13(a)(1)(iv) Queries by Non-Hospital Health Care Entities	7,305	322	2,352,210	5	196,017.5	25	4,900,437.50
60.13(a)(i)(v) Queries by Plaintiffs' Attorneys	5	1	5	30	2.5	200	500.00
60.13(a)(1)(vi) Queries by Non-Hospital Health Care Entities-Peer Review	40	0	0	0	0	0	0
60.13(a)(i)(vii) Requests by Researchers for Aggregate Data	20	1	20	30	10	38	380.00
60.16(b) Practitioner Places a Report in Disputed Status	404	1	404	15	101	45	4,545.00
60.16(b) Practitioner Statement	1,415	1	1,415	45	1,061.25	100	106,125.00
60.16(b) Practitioner Requests for Secretarial Review	27	1	27	480	216	200	43,200.00
60.3 Entity Registration—Initial	1,447	1	1,447	60	1,447	25	36,175