

- Educate the public about the uses of personal health information and privacy and security protections available to them.
- Generate participation in HITECH programs (e.g. loans, grants, and contracts). Electronic health information

exchange promises an array of potential benefits for individuals and the U.S. health care system through improved health care quality, safety, and efficiency. At the same time, this environment also poses new challenges and opportunities for protecting health

information. Health information technology and electronic health information exchange may also provide individuals with new, more effective methods to engage with their health care providers and affect how their health information may be exchanged.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Form	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
In-depth interview screening	500	1	10/60	83
In-depth interview main interview	360	1	1	360
Focus group screening	800	1	10/60	133
Focus group main interview	400	1	2	800
Web-based message testing main interview	660	1	1	660
Omnibus survey questions main interview	4,000	1	10/60	667
Card sorting screening	400	1	10/60	67
Card sorting main interview	100	1	1.5	150
Total				2,920

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-0990-0220]

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: Voluntary Academic and Industry DHHS Partner Surveys—OMB No. 0990-0220—Extension—OS—Office of Grants and Acquisition Policy and Accountability.

Abstract: To comply with E.O. 12862 and 5 U.S.C. 305, the Department of Health and Human Services plans to continue surveying its grant recipients and contractors over a three year period to compile and evaluate their opinions about the Department's grants and acquisition processes, ultimately to improve our business processes. The survey is voluntary. This is an extension, without change, of a currently approved collection. The respondents are vendors and grant recipients. The purpose of the information collection is for program evaluation and program planning or management. The frequency of collection is every three years (36-month cycle). The questionnaire takes 10 to 15 minutes to complete.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Vendors	1,000	1	12	200
Grant Recipients	1,667	1	10	279
Total				479

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-0990-0308; 30-day notice]

Agency Information Collection Request; 30-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 collection 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) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: The Effect of Reducing Falls on Acute and Long-Term Care Expenses OMB No. 0990-0308—Extension—Assistant Secretary Planning Evaluation (ASPE).

Abstract: ASPE is conducting a demonstration and evaluation of a multi-factorial fall prevention program to measure its impact on health outcomes for the elderly as well as acute and long-term care use and cost. The study is being conducted among a sample of individuals with private long-term care insurance who are age 75 and over using a multi-tiered random experimental research design to evaluate the effectiveness of the proposed fall prevention intervention program. The project will provide information to advance Departmental goals of reducing injury and improving the use of preventive services to positively impact Medicare use and spending. The project began in spring 2008 and is expected to be completed in spring 2013.

ESTIMATED ANNUALIZED BURDEN TABLE

Form name	Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Initial Telephone Screen	Experimental Group	240	1	20/60	80
In-person interview	240	1	80/60	320
Jump start phone call	240	1	30/60	120
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Final In-person interview	177	1	80/60	236
Initial Telephone Screen	Active Control Group	240	1	20/60	80
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Total Burden Hours	1,274

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

Office of the Secretary

Centers for Medicare & Medicaid Services; Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), or his or her successor, the authorities currently vested in the Secretary under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of Title XI of the Social Security Act (the Act), as

amended, to conduct and support supplementation and redesign of existing CMS data sets and databases, including the collection of new information, to enhance databases for research purposes, and the design and development of new databases that would be used in outcomes and effectiveness research as set out in section 1142(a) [42 U.S.C. 1320b-12(a)] of Title XI of the Act.

Limitations

The delegation of authority granted herein under section 1142(c)(6) [42 U.S.C. 1320b-12] of the Act does not supersede previous delegations of this authority to the Director, Agency for Healthcare Research and Quality.

The delegation of authority granted herein under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of the Act, as

amended, is limited to the collection and maintenance of data related to CMS' programs.

The authority under section 1142(c)(6) [42 U.S.C. 1320b-12] of the Act shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

This delegation of authority may be re-delegated.

This delegation of authority is effective immediately.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or his or her subordinates, which involved the exercise of the authority under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of Title XI of the Act, as amended, delegated herein prior to the effective date of this delegation of authority.

Authority: 44 U.S.C. 3101.