what studies, if any, are needed before implementing a policy change; what monitoring tools or surveillance activities would need to be in place before implementing a policy change; what additional safety measures, if any, are needed to assure blood safety under a revised deferral policy?

The public will have opportunity to present their views to the Committee on the second day. A public comment session has been scheduled for June 11, 2010. Comments will be limited to five minutes per speaker and must be pertinent to the discussion. Pre-registration is required for participation in the public comment session. Any member of the public who would like to participate in this session should contact the Executive Secretary no later than June 8, 2010. It is requested that those who wish to have printed material distributed to the Committee provide thirty (30) copies of the document to be distributed to the Executive Secretary, ACBSA, prior to close of business June 8, 2010. If it is not possible to provide 30 copies of the material to be distributed, then individuals are requested to provide at a minimum one (1) copy of the document(s) to be distributed prior to the close of business June 8, 2010. It also is requested that any member of the public who wishes to provide comments to the Committee utilizing electronic data projection submit the necessary material to the Executive Secretary prior to close of business June 8, 2010. Electronic comments must adhere to disability accessibility guidelines (Section 508 compliance).

Dated: May 4, 2010.

Jerry A. Holmberg,

Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. 2010–12326 Filed 5–20–10; 8:45 am]

BILLING CODE 4150–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–10–10BT]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Quitline Data Warehouse—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of disease and death in the United States, resulting in approximately 440,000 deaths annually and contributing to $92 billion annually in lost worker productivity. Although the prevalence of current smoking among adults decreased significantly since its peak in the 1960s, overall smoking prevalence among U.S. adults has remained virtually unchanged during the past five years. Large disparities in smoking prevalence continue to exist among members of racial/ethnic minority groups and individuals of low socioeconomic status.

The National Tobacco Control Program (NTCP) was established by CDC to help reduce tobacco-related disease, disability, and death. The NTCP provides funding for state Quitlines, which provide telephone-based tobacco cessation services to help tobacco users quit. Quitlines overcome many of the barriers to tobacco cessation classes and traditional clinics because they are free and available at the caller's convenience. Quitline services in all states can be accessed through a toll-free national portal number at 1–800–QUIT–NOW. According to CDC's Best Practices for Comprehensive Tobacco Control, approximately six to eight percent of tobacco users potentially can be reached successfully by Quitlines; however, currently, only one to two percent of tobacco users contact Quitlines.

With funding authorized by the American Recovery and Reinvestment Act of 2009 (ARRA), CDC has provided additional support for the expansion of tobacco Quitline services. CDC is therefore requesting OMB approval to establish a National Quitline Data Warehouse (NDQW), and to collect information from the 50 states, the District of Columbia, Puerto Rico, and Guam. The principal information collection will be based on a uniform Minimum Data Set (MDS) developed collaboratively by the North American Quitline Consortium and other tobacco control organizations.

Quitline service providers will use a common interview instrument to collect information from all callers. A one-minute interview will be conducted with callers who contact the Quitline to obtain information on another person's behalf. Callers who contact the Quitline to obtain information or services for themselves will be asked to participate in a 10-minute interview. A random sample of callers who receive a Quitline service will be asked to participate in a short, voluntary follow-up interview seven months after intake.

In addition, to monitor and evaluate the expenditure of Recovery Act funding, CDC will collect a quarterly report about each Quitline program from the designated Tobacco Control Manager. These reports will be used to quantify improvements in the capacity of the Quitlines to assist tobacco users over time.

The information collected in the NQDW will be used to determine the role Quitlines play in promoting tobacco use cessation, measure the number of tobacco users being served by state Quitlines, determine reach of Quitlines to high-risk populations (*e.g.,* racial and ethnic minorities and the medically underserved), measure the number using each state Quitline who quit, determine whether some combinations of services contribute to higher quit rates than others, and improve the timeliness, access to, and quality of data collected by Quitlines.

Information will be collected electronically for a two-year period. There are no costs to respondents other than their time. The total estimated annualized burden hours are 90,563.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Caller who contacts the Quitline on behalf of someone else.	Intake Questionnaire	230,000	1	1/60
Caller who contacts the Quitline for personal use.		500,000	1	10/60
Quitline caller who received a Quitline service	Follow-up Questionnaire	28,900	1	7/60
Tobacco Control Manager	Quitline Services Questionnaire	53	4	7/60

Dated: May 13, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–12181 Filed 5–20–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–10–10DE]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

Creation of state and metropolitan area-based surveillance projects for Amyotrophic Lateral Sclerosis (ALS)—New—Agency for Toxic Substances and Disease Registry (ATSDR), Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On October 10, 2008, President Bush signed S. 1382: ALS Registry Act which amended the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis (ALS) Registry. The activities described are part of the effort to create the National ALS Registry. The purpose of the registry is to: (1) Better describe the incidence and prevalence of ALS in the United States; (2) examine appropriate factors, such as environmental and occupational, that might be associated with the disease; (3) better outline key demographic factors (such as age, race or ethnicity, gender, and family history) associated with the disease; and (4) better examine the connection between ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS. The registry will collect personal health information that may provide a basis for further scientific studies of potential risks for developing ALS.

This project purposes to collect information specific data related to ALS. The objective of this project is to develop state-based and metropolitan area-based surveillance projects for ALS. The primary goal of the state-based and metropolitan area-based surveillance project is to use these data to evaluate the completeness of the National ALS Registry. The secondary goal of the surveillance project is to obtain reliable and timely information on the incidence and prevalence of ALS and to better describe the demographic characteristics (*e.g.,* age, race, sex, and geographic location) of those with ALS.

Neurologists or their staff will complete an ALS Case Reporting Form on each of their ALS patients. This will be transmitted to the state or metropolitan health department. Approval is being requested for a 3-year period; it is estimated that there will be approximately 6,750 cases of ALS reported in the state and metropolitan areas during this 3-year period. An ALS Medical Record Verification Form will be collected on a subset of cases reported.

Surveillance items to be collected include information to make sure that there are no duplicates such as full name, address, date of birth, and last five digits of the Social Security number.

There are no costs to the neurologist respondents reporting the cases other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Neurologists	Case Reporting Form	2,250	5/60	188
Neurologists	Case Verification Form	540	20/60	180
Total				368