

requirements for awardees, minimize respondent burden, facilitate collaborative efforts and provide common performance metrics across program areas. The collaborative cooperative agreement is part of an initiative within NCCDPHP to standardize and streamline the funding and performance monitoring processes for programs funded through the Center; to promote more efficient ways to use resources; and to achieve greater health impact. The objectives for awardees, and the performance indicators defined for them, reflect CDC's support for more integrated approaches to the prevention and control of chronic conditions.

Awardees will use the information collection to manage and coordinate

their activities and to improve their efforts to prevent and control chronic diseases. The MIS will allow awardees to fulfill their reporting obligations under the cooperative agreements in an efficient manner by employing a single instrument to collect necessary information for both progress reports and continuation applications including work plans.

CDC will use the information collected in the MIS to monitor each awardee's progress and to make adjustments, as needed, in the type and level of technical assistance provided to them. The information collection will allow CDC to oversee the use of Federal funds, and identify and disseminate information about successful prevention

and control strategies implemented by awardees. CDC will also use the information collection to respond to Congressional and stakeholder inquiries about chronic disease control activities, program implementation, and program impact. Finally, the information collection will allow CDC to evaluate the success of the collaborative funding model which places increased emphasis on partnerships as well as policy and environmental strategies for preventing and controlling chronic diseases.

Information will be collected from each State-based program twice per year. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden
State Diabetes Program .....	53	2	6	636
State Tobacco Program .....	53	2	6	636
State BRFSS Program .....	53	2	6	636
State Healthy Communities Program .....	53	2	6	636
Total .....	.....	.....	.....	2,544

Carol Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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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: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers and Practitioners (45 CFR 61) (OMB No. 0915-0239)— [Extension]

This is a request for extension of OMB approval of the information collections contained in regulations found in 45 CFR part 61 governing the Healthcare Integrity and Protection Data Bank (HIPDB) and the forms to be used in reporting information to and requesting information from the HIPDB cleared under OMB No. 0915-0239. The HIPDB

is authorized by section 1128E of the Social Security Act (hereinafter referred to as section 1128E), as added by section 221(a) of the Health Insurance Portability and Accountability Act of 1996. Section 1128E directs the Secretary of Health and Human Services (the Secretary) to establish a national health care fraud and abuse data collection program for the reporting and disclosing of certain final adverse actions (excluding settlements in which no findings of liability have been made) taken against health care providers, suppliers, or practitioners. It also directs the Secretary to maintain a database of final adverse actions taken against health care providers, suppliers, or practitioners. The regulations implementing section 1128E governing the operation of the HIPDB are codified at 45 CFR part 61. The HIPDB became operational November 22, 1999.

Approval is requested to continue the following reporting data collection and disclosure requirements and the ensuing HIPDB forms along with the instructions. The recordkeeping, reporting, and disclosure requirements are specified in the regulations to implement the HIPDB. The annual estimate of burden is as follows:

## DISTRIBUTION OF BURDEN BY REGULATORY CITATION

Regulation citation	No. of respondents	Responses per respondent	Total responses**	Hours per response	Total burden hours	Wage rate	Total cost
§ 61.6 (a), (b) Errors & Omissions	188	4.4	817	15 min. ....	204.25	\$25	\$5,106
§ 61.6 Revisions/Appeal Status.	130	26.9	3,492	30 min. ....	1,746	25	43,650
§ 61.7 Reporting By State Licensure Boards.	305	80.8	24,640	45 min. ....	18,480	25	462,000
§ 61.8 Reporting of State Criminal Convictions.	45	56	2,518	45 min. ....	1,888.5	43	81,205
§ 61.9 Reporting of Civil Judgments.	4	2.5	10	45 min. ....	7.5	43	322
§ 61.10 (b) Reporting Exclusions from participation in Federal and State Health Care Programs.	9	320.3	2,883	20 min. ....	961.0	38	36,518
§ 61.11 Reporting of Adjudicated Actions/Decisions.	92	17	1562	45 min. ....	1,171.5	43	50,375
§ 61.12 Request for Information State and Federal Agencies.	855	279.3	238,814	5 min. ....	19,901.26	25	497,531.50
Health Plans .....	1,239	532.4	659,617	5 min. ....	54,968.1	30	1,649,043
Health Care Providers, Suppliers and Practitioners (self query).	50,416	1	50,416	25 min. ....	21,006.7	45	945,301.50
§ 61.12(a)(4) Requests by Researchers for Aggregate Data.	1	1	1	30 min. ....	.5	38	19
§ 61.15 Dispute Report .....	300	1	300	5 min .....	25	45	1,125
Add Report Statement.	669	1	669	45 min .....	501.8	100	50,180
Request for Secretarial Review.	15	1	15	480 min .....	120	200	24,000
Administrative Forms* ....	0	0	0	0 .....	0	0	0
Total .....	54,268	.....	985,754	.....	120,982.11	.....	3,846,376

\*Note: The burden for Administrative Forms has been accounted for in the NPDB OMB clearance renewal submission.

\*\*Numbers in the table may not add up exactly due to rounding.

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: May 19, 2010.

**Sahira Rafiullah,**

*Director, Division of Policy and Information Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60-Day10-09BY]

#### 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, 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](mailto: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