

IV. Order to Maintain Assets

The Commission also has issued an Order to Maintain Assets in this proceeding. The purpose of the Order to Maintain Assets is: (a) to maintain the full economic viability, marketability and competitiveness of the travel centers through their full transfer and delivery to Love's; (b) to minimize any risk of loss of competitive potential for the travel centers; (c) to prevent the destruction, removal, wasting, deterioration, or impairment of any of the travel centers, except for ordinary wear and tear; and (d) to prevent disclosure of any Confidential Business Information related to the travel centers to any person except Love's or persons specifically authorized by Love's to receive such information. The Commission may appoint an Interim Monitor to assure that Respondents expeditiously comply with all of their obligations and perform all of their

responsibilities as required by the Order to Maintain Assets.

By direction of the Commission, Commissioner Brill not participating.

Donald S. Clark
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Subsidized and Transitional Employment Demonstration and Evaluation Project (STEDEP).

OMB No.: New Collection.

Billing Accounting Code (BAC): 418409 (CAN G996121).

Description: The Administration for Children and Families (ACF) is proposing an information collection activity as part of the Subsidized and Transitional Employment Demonstration and Evaluation Project. The proposed information collection consists of semi-structured interviews with key respondents involved with subsidized and transitional employment programs. Through this information collection and other study activities, ACF seeks to identify the types of strategies that should be tested within the context of current TANF policies and requirements as well as recent efforts under the American Recovery and Reinvestment Act (ARRA).

Respondents: Experts and stakeholders such as researchers, policy experts, coordinators (e.g. state-level coordinators), subsidized and transitional employment program directors and staffs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Discussion Guide for Use with Researchers, Policy Experts, and State-level Coordinators	50	1	1	50
Discussion Guide for use with Program Directors	25	1	2.5	63
Discussion Guide for Use with Program Staff	50	1	2	100

Estimated Total Annual Burden Hours: 213.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Steven Hanmer,
OPRE Reports Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Proposals, Submissions, and Approvals: Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners

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, e-mail paperwork@hrsa.gov or 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 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 (entities that are entitled to query and/or report to the NPDB under the provisions of 45 CFR part 60). 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 (min).	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	0	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	0	0	0	0	0	0	0
60.13(a)(1)(ii) Disclosure to Practitioners (Self Query)	0	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	0	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

Regulation citation	Number of respondents	Responses per respondent	Total responses	Hours per response (min).	Total burden hours	Wage rate	Total cost
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
60.3 Entity Registration—Update	13,115	1	13,115	5	1,092.92	25	27,323
60.13(a) Authorized Agent Designation—Initial	717	1	717	15	179.25	25	4,481.25
60.13(a) Authorized Agent—Update	139	1	139	5	11.58	25	289.50
60.14(c) Account Discrepancy Report	5	1	5	15	1.25	25	31.25
60.14(c) Electronic Funds Transfer Authorization	284	1	284	15	71	25	1,775.00
60.3 Entity Reactivation	0	0	0	0	0	0	0
Total	32,389	3,720,431	323,694.25	8,212,337.5

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: June 29, 2010.

Sahira Rafiullah,

Director, Division of Policy Information and Coordination.

[FR Doc. 2010-16399 Filed 7-6-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Survey of Health Care Professionals’ Awareness and Perceptions of the National Cancer Institute’s Intramural Clinical Trials (NCI)

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on April 22, 2010 (75 FR 20999) and allowed 60-days for public comment. There were no public comments received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or

sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Survey of Health Care Professionals’ Awareness and Perceptions of the National Cancer Institute’s Intramural Clinical Trials (NCI). *Type of Information Collection Request:* New. *Need and Use of Information Collection:* To assess respondents’ awareness and knowledge of NCI and measure awareness of NCI clinical trials at the NIH Clinical Center in Bethesda, MD. The survey will be disseminated electronically to members of the American Medical Association (AMA) with a certain primary specialties. *Frequency of Response:* Yearly. *Affected Public:* Individual adults. *Type of Respondents:* Health care providers (AMA members who have allowed the use of their e-mail address). The annual reporting burden is estimated at 28 hours (see Table below).

A.12-1—ESTIMATES OF ANNUAL BURDEN HOURS

Type of respondents	Number of respondents	Frequency of response	Average time per response (minutes/hour)	Annual burden hours
Health care professionals who complete the survey	330	1	5/60 (0.083)	27.5
Totals	330	330	27.5