

integrated into the existing HRSA Electronic Handbooks (EHBs) Performance Report module in fiscal year 2009. The online NFLP-AOR form will be modified to collect additional data from applicants that will include information on the total number of enrollees, graduates, and graduates employed as nurse faculty by: (1) Age and Gender, (2) Nursing Programs, and (3) Nursing Degrees. Under Title VIII, section 846A of the Public Health Service Act, as amended by Public Law 111-148, the Secretary of Health and Human Services (HHS) enters into an agreement with a school of nursing and makes an award to the school. The award is used to establish a distinct account for the NFLP loan fund at the school. The school of nursing makes loans from the NFLP fund to students enrolled full-time or part-time in a

master's or doctoral nursing education program that will prepare them to become qualified nursing faculty. Following graduation from the NFLP lending school, loan recipients may receive up to 85 percent NFLP loan cancellation over a consecutive four-year period in exchange for service as full-time faculty at a school of nursing. The NFLP lending school collects any portion of the loan that is not cancelled and any loans that go into repayment and deposits these monies into the NFLP loan fund to make additional NFLP loans.

The school of nursing must keep records of all NFLP loan fund transactions. The NFLP-AOR is used to monitor grantee performance by collection of information relating to the NFLP loan fund operations and financial activities for a specified

reporting period (July 1 through June 30 of the academic year). Participating schools are required to complete and submit the NFLP-AOR annually. In addition to the newly required data, participating schools will provide the Federal Government with current and cumulative information on: (1) The number and amount of loans made, (2) the number of NFLP loan recipients and NFLP graduates, (3) the number and amount of loans collected, (4) the number and amount of loans in repayment, (5) the number of NFLP graduates employed as nurse faculty, and (6) NFLP loan fund receipts, disbursements and other related costs. The NFLP loan fund balance is used to determine future awards to the school.

The estimate of burden for this form is as follows:

| Form   | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|--|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Nurse Faculty Loan Program Annual Operating Report (AOR) ..... | 150                   | 1                        | 150             | 8                  | 1200               |
| Total Burden .....   | 150                   | 1                        | 150             | 8                  | 1200               |

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: November 17, 2010.

**Robert Hendricks,**

*Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60 Day-11-11AT]

**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 project or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at 404-639-5960 or send comments to CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS D-74, 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**

The National Hospital Care Survey (NHCS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary

of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes data collection from hospital inpatient departments; hospital ambulatory departments including emergency departments (ED), outpatient departments (OPD), and ambulatory surgery centers (ASC); and freestanding ASCs of the new National Hospital Care Survey.

The National Center for Health Statistics' (NCHS) surveys on hospital care include the National Hospital Discharge Survey (NHDS) (OMB No.0920-0212) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0234). NHDS has, since 1965, provided critical information on the utilization of the nation's non-Federal short-stay hospitals and on the nature and treatment of illness among the inpatient hospitalized population. NHAMCS has provided data annually since 1992 concerning the nation's use of hospital emergency and outpatient departments, and since 2009 and 2010, on hospital based and free-standing ambulatory surgery centers, respectively. These data have been extensively used for monitoring changes and analyzing the types of care provided in the nation's hospitals. NCHS is planning to integrate

the data collected from these two hospital surveys and freestanding ASCs into one survey, called the National Hospital Care Survey (NHCS). This integration will increase the wealth and depth of data on health care utilization and allow for linkages to other data sources such as the National Death Index and data from Centers for Medicare and Medicaid Services (CMS).

A new sample of 500 hospitals drawn for the NHCS will be recruited. Annual data collection will begin by collecting the electronic Uniform Bills (UB-04s) on inpatients, along with facility level data, from recruited hospitals for the year 2011 onward. A pretest of a survey supplement on acute coronary syndrome sponsored by the National Heart, Lung, and Blood Institute will also be fielded in 2011. Then, starting in 2013, the sampled hospitals will be asked to provide data on the utilization of health care provided in their emergency and outpatient departments (ED and OPD) and ambulatory surgery centers (ASCs), thus integrating the NHDS and NHAMCS into NHCS. A new sample for freestanding ASCs will also be recruited in 2013. NHCS will replace

NHDS and NHAMCS but continue to provide nationally representative data on utilization of hospital care and general purpose health-care statistics on inpatient care as well as care delivered in EDs, OPDs, and ASCs.

Patient level, discharge/visit level, and facility level data items will be collected from the recruited hospitals and freestanding ASCs in the NHCS. Patient level data items will include basic demographic information, personal identifiers, name, address, social security number (if available), and medical record number (if available). Discharge/visit level data will include admission and discharge dates, reason(s) for visit, diagnoses, diagnostic services, surgical and non-surgical procedures, medications, and disposition. Facility level data items will include demographic information, clinical capabilities, and financial information.

The pretest of the supplement on acute coronary syndrome will be conducted in a convenience sample of 32 hospitals and discharges will be identified from the UB-04 codes for a

diagnosis of acute myocardial infarction.

Users of the former NHDS and NHAMCS data include, but are not limited to CDC, Congressional Research Office, Office of the Assistant Secretary for Planning and Evaluation (ASPE), American Health Care Association, Centers for Medicare & Medicaid Services (CMS), Bureau of the Census, state and local governments, and nonprofit organizations. Data collected through NHDS and NHAMCS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. NHDS and NHAMCS data have been used extensively in the development and monitoring of goals for the Year 2000 and 2010 Healthy People Objectives. Other users of these data include universities, research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no cost to respondents other than their time to participate.

#### ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents   | Form  | Number of responding hospitals | Number of responses per respondent | Avg. burden per response (in hours) | Total burden hours |
|---|---|--------------------------------|------------------------------------|-------------------------------------|--------------------|
| <b>HOSPITAL INPATIENT COMPONENT</b>   |   |                                |                                    |                                     |                    |
| Hospital CEO/CFO .....  | Survey presentation to hospital .....                     | 167                            | 1                                  | 1                                   | 167                |
| Director of health information management (DHIM) or health information technology (DHIT). | Induction (including initial facility questionnaire).     | 167                            | 1                                  | 4                                   | 668                |
| DHIM or DHIT .....  | Post induction annual facility questionnaire.             | 333                            | 1                                  | 2                                   | 666                |
| DHIM or DHIT .....  | Prepare and transmit UB-04 (2011-2013).                   | 500                            | 4                                  | 1                                   | 2,000              |
| <b>AMBULATORY COMPONENT</b>   |   |                                |                                    |                                     |                    |
| Ancillary Service Executive .....   | Freestanding ASC Induction .....                          | 67                             | 1                                  | 1.5                                 | 101                |
| Ancillary Service Executive .....   | Ambulatory Unit Induction .....                           | 613                            | 1                                  | 1                                   | 613                |
| Physician/Registered Nurse/Medical Record Clerk.  | ED Patient Record form .....                              | 78                             | 100                                | 7/60                                | 910                |
| Physician/Registered Nurse/Medical Record Clerk.  | OPD Patient Record form .....                             | 44                             | 200                                | 9/60                                | 1,320              |
| Physician/Registered Nurse/Medical Record Clerk.  | ASC Patient Record Form .....                             | 79                             | 100                                | 6/60                                | 790                |
| Medical Record Clerk .....  | Pulling and re-filing Patient Records (ED, OPD, and ASC). | 151                            | 133                                | 1/60                                | 335                |
| <b>ACUTE CORONARY SYNDROME PRETEST</b>  |   |                                |                                    |                                     |                    |
| Hospital CEO/CFO .....  | Presentation at hospital .....                            | 11                             | 1                                  | 1                                   | 11                 |
| DHIM or DHIT .....  | Pulling medical records for abstraction.                  | 11                             | 3                                  | 15/60                               | 8                  |
| Total .....   | .....   | .....                          | .....                              | .....                               | 7,589              |

Dated: November 18, 2010.  
**Carol E. Walker,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
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**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* OCSE-396A: Child Support Enforcement Program Expenditure Report; OCSE-34A: Child Support Enforcement Program Collection Report.  
*OMB No.:* 0970-0181.  
*Description:* State and Tribal agencies administering the Child Support Enforcement Program under Title IV-D

of the Social Security Act are required to provide information each fiscal quarter to the Office of Child Support Enforcement (OCSE) concerning administrative expenditures and the receipt and disposition of child support payments from non-custodial parents. State title IV-D agencies report quarterly expenditures and collections using Forms OCSE-396A and OCSE-34A, respectively. Tribal title IV-D agencies report quarterly expenditures using Form SF-269, as prescribed in program regulations, and formerly reported quarterly collections using only a modified version of Form OCSE-34A. The information collected on these reporting forms is used to compute quarterly grant awards to States and Tribes, the annual incentive payments to States and provides valuable information on program finances. This information is also included in a published annual statistical and

financial report, available to the general public.

In response to an earlier **Federal Register** Notice (75 FR 10805, March 9, 2010), this agency received insufficient comments to support any substantial changes to these forms at this time. However, we continue to discuss improvements to these reporting forms with State and Tribal grantees and anticipate some minor revisions will be proposed in the near future. These revisions will be limited to any changes that may be necessitated by the expiration of program requirements under the "American Recovery and Reinvestment Act of 2009" (ARRA) and changes to reporting instructions that will allow Tribal grantees to, at least, use the same quarterly collection report submitted by State grantees.

*Respondents:* State agencies administering the Child Support Enforcement Program.

**ANNUAL BURDEN ESTIMATES**

| Instrument      | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|-----------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| OCSE-396A ..... | 54                    | 4                                  | 8                                 | 1,728              |
| OCSE-34A .....  | 54                    | 4                                  | 12                                | 2,592              |

Estimated Total Annual Burden Hours: 4,320.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, *Attn:* Desk Officer for ACF, *E-mail:* [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), *Fax:* 202-395-7285.

Dated: November 18, 2010.

**Robert Sargis,**  
*Reports Clearance Officer.*  
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**BILLING CODE 4184-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Notice of Allotment Percentages to States for Child Welfare Services State Grants**

**AGENCY:** Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Biennial publication of allotment percentages for States under the Title IV-B subpart 1, Child Welfare Services State Grants Program (CFDA No. 93.645).

**SUMMARY:** As required by section 423(c) of the Social Security Act (42 U.S.C. 623(c)), the Department is publishing the allotment percentage for each State under the Title IV-B Subpart 1, Child Welfare Services State Grants Program. Under section 423(a), the allotment percentages are one of the factors used in the computation of the Federal grants awarded under the Program.

**DATES:** *Effective Date:* The allotment percentages shall be effective for Fiscal Years 2012 and 2013.

**FOR FURTHER INFORMATION CONTACT:** Deborah Bell, Grants Fiscal Management Specialist, Office of Grants Management, Office of Administration, Administration for Children and Families, telephone (202) 401-4611.

**SUPPLEMENTARY INFORMATION:** The allotment percentage for each State is determined on the basis of paragraphs (b) and (c) of section 423 of the Act. These figures are available on the ACF homepage on the internet: <http://www.acf.dhhs.gov/programs/cb/>. The allotment percentage for each State is as follows:

| State                      | Allotment percentage |
|----------------------------|----------------------|
| Alabama .....              | 54.53                |
| Alaska .....               | 41.42                |
| Arizona .....              | 53.58                |
| Arkansas .....             | 56.07                |
| California .....           | 40.94                |
| Colorado .....             | 41.93                |
| Connecticut .....          | 23.23                |
| Delaware .....             | 45.05                |
| District of Columbia ..... | 30.00                |
| Florida .....              | 46.18                |
| Georgia .....              | 52.77                |
| Hawaii .....               | 42.88                |
| Idaho .....                | 55.71                |
| Illinois .....             | 42.35                |
| Indiana .....              | 53.34                |
| Iowa .....                 | 49.11                |
| Kansas .....               | 46.71                |