Dated: February 7, 2011.

Carol E. Walker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Implementation of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347)

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) announces a public meeting for receiving comments from the public on implementing the provisions of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347). The Federal government is developing an implementation plan, and comments from the public will assist in this process by gaining perspectives from interested parties on ways to meet the Act's requirements.

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Date and Time: March 3, 2011, 9 a.m.–4:45 p.m., Eastern Time. Please note that public comments may end before the time indicated, following the last call for comments. Members of the public who wish to provide public comments should plan to attend the meeting at the start time listed.

Addresses: Jacob K. Javits Federal Building, 26 Federal Plaza, Broadway entrance, 6th Floor, Conference Room A/B, New York, New York 10278.

Status: The meeting is open to the public, limited only by the space available. The meeting space accommodates approximately 300 people. In addition, there will be an audio conference setup for those who cannot attend in person. The conference line will accommodate up to 300 callers. The USA toll-free dial-in number is 800–619–8873; pass code 8693287. Additionally, there is no registration fee to attend this public meeting.

Security Considerations: Due to mandatory security clearance procedures at the Jacob K. Javits Federal Building, in-person attendees must present valid government-issued picture identification to security personnel upon entering the building and go through an airport-type security check.

Non-U.S. citizens are encouraged to participate in the audio conferencing due to the extra clearance involved with in-person attendance. To attend in-person, a non-U.S. citizen will have to call or send an e-mail before February 16, 2011, to the contact person in this Notice, and provide passport information. If clearance is received, you will be notified; otherwise, you will not be able to attend the meeting in-person.

Speaker Registration: Individuals wishing to speak during the meeting may sign up on the speaker registration list which will be available at the meeting site beginning at 8:30 a.m., and during the meeting.

Agenda: The meeting will begin with a brief introduction by Federal officials, followed by presentations from attendees who register to speak. Each speaker will be limited to five minutes in order to maximize the number of presentations during the meeting. If all registered presentations are made before the end time, there will be an open session to receive comments from anyone who has not signed up on the speaker registration list who may wish to speak. Open session comments will also be limited to five minutes per person. After the last speaker or at 4:45 p.m., whichever occurs first, the meeting will be adjourned.

Contact Person for More Information: Roy Fleming, Sc.D., NIOSH, CDC, 1600 Clifton Road, NE., Mailstop E–20, Atlanta, Georgia 30333, Toll free: 1–866–426–3673, e-mail: *nioshdocket@cdc.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The James Zadroga 9/11 Health and Compensation Act of 2010 established a program known as the World Trade Center (WTC) Health Program within HHS. The program shall be administered by the WTC Program Administrator; the Act includes:

(1) *Medical Monitoring for Responders*—Medical monitoring, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

(2) *Initial Health Evaluation for Survivors*—An initial health evaluation, including an evaluation to determine eligibility for follow-up monitoring and treatment.

(3) *Follow-up Monitoring and Treatment for WTC–Related Health Conditions for Responders and Survivors*—Provision of follow-up monitoring and treatment and payment for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

(4) *Outreach*—Establishment of an education and outreach program to potentially eligible individuals concerning the benefits under this title.

(5) *Clinical Data Collection and Analysis*—Collection and analysis of health and mental health data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data.

(6) *Research on Health Conditions*—Establishment of a research program on health conditions resulting from the September 11, 2001, terrorist attacks.

A full copy of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347) is available in NIOSH Docket #226, at: *http://www.cdc.gov/niosh/docket/.*

II. Matters To Be Discussed

Input from the public is sought on any of the provisions of the James Zadroga 9/11 Health and Compensation Act of 2010. The Federal government is developing an implementation plan, and comments from the public will assist in this process by gaining perspectives from interested parties on ways to meet the Act's requirements.

III. Transcripts

Transcripts will be prepared and posted to NIOSH Docket #226 within 30 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted; and (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make

public comments. If individuals in making a statement reveal personal information (*e.g.,* medical information) about themselves, that information will not usually be redacted. The CDC Freedom of Information Act coordinator will, however, review such revelations in accordance with the Freedom of Information Act and if deemed appropriate, will redact such information. Disclosures of information concerning third parties will be redacted.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 7, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–222, CMS–1771, CMS–10008, CMS–10368, and CMS–R–21]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Extension of currently approved collection; *Title of Information Collection:* Independent Rural Health Center/Freestanding Federally Qualified Health Center Cost Report and Supporting Regulations 42 CFR 413.20 and 42 CFR 413.24; Use: Providers of service in the Medicare program are required to submit annual information to achieve reimbursement for health care services rendered to Medicare beneficiaries. The Form CMS–222 cost report is needed to determine the amount of reasonable cost due to the providers for furnishing medical services to Medicare beneficiaries; *Form Number:* CMS–222 (OMB# 0938–0107); *Frequency:* Yearly; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 5812; *Total Annual Responses:* 5812; *Total Annual Hours:* 290,600.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Attending Physicians Statement and Documentation of Medicare Emergency and Supporting Regulations in 42 CFR 424.103; *Use:* 42 CFR 424.103(b) requires that before a nonparticipating hospital may be paid for emergency services rendered to a Medicare beneficiary, a statement must be submitted that is sufficiently comprehensive to support that an emergency existed. Form CMS–1771 contains a series of questions relating to the medical necessity of the emergency. The attending physician must attest that the hospitalization was required under the regulatory emergency definition (42 CFR 424.101) and give clinical documentation to support the claim. *Form Number:* CMS–1771 (OMB# 0938–0023); *Frequency:* Yearly; *Affected Public:* Private sector—business or other for-profit and not-for-profit institutions; *Number of Respondents:* 100; *Total Annual Responses:* 200; *Total Annual Hours:* 50.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Process and Information Required to Determine Eligibility of Drugs, Biologicals, and Radiopharmaceutical Agents for Transitional Pass-Through Status Under the Hospital Outpatient Prospective Payment System (OPPS); *Use:* Section 1833(t)(6) of the Social Security Act provides for temporary additional payments or "transitional pass-through payments" for certain drugs and biological agents. Interested parties such as hospitals, pharmaceutical companies, and physicians can apply for transitional pass-through payment for drugs and biologicals used with services covered under the OPPS. CMS uses this information to determine if the criteria for making a transitional pass-through payment are met and if an interim Healthcare Common Procedure Coding System (HCPCS) code for a new drug or biological is necessary. *Form Number:* CMS–10008 (OMB#: 0938–0802); *Frequency:* Once; *Affected Public:* Private sector—business or other for-profit; *Number of Respondents:* 30; *Total Annual Responses:* 480; Total Annual Hours: 480.

4. *Type of Information Collection Request:* New collection (request for a new OMB control number); *Title of Information Collection:* Dental Action Plan Template for Medicaid and CHIP Programs; *Form No.:* CMS–10368 (OMB#: 0938–NEW); *Use:* CMS is responsible for administering the Federal Medicaid program and the Children's Health Insurance Program (CHIP). As part of the Federal Medicaid program, CMS oversees the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to assure that all requirements are met. The provision of dental services to EPSDT-eligible individuals is required under section 1905(r)(3) of the Social Security Act. In addition, section 1902(a)(43)(D)(iii) requires that CMS collect information on dental services furnished to eligible individuals. Section 501(e) of CHIPRA imposed new data reporting requirements for the CHIP program by requiring certain dental data to be reported in 2011 on the CHIP annual report. Dental data for CHIP is unavailable as the requirement to report this data is new for CHIP programs. CMS intends to use the information provided in the template to help inform us of the States activities undertaken to achieve the national oral health goals for Medicaid and CHIP. CMS will use the information to routinely follow-up with States on the achievement of their goals and activities and will share that information with other States; *Frequency:* Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 69; *Total Annual Responses:* 69; *Total Annual Hours:* 4,485. (For policy questions regarding this collection contact Cindy Ruff at 410–786–5916. For all other issues call 410–786–1326.)

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Withholding Medicare Payments to Recover Medicaid Overpayments and Supporting Regulations in 42 CFR