

East Hampton Drive, Capitol Heights, MD 20743.

- U.S. Postal Service first-class, Express, and Priority Mail must be addressed to 445 12th Street, SW., Washington DC 20554.
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Federal Communications Commission.

**Thomas Horan,**

Chief of Staff, Media Bureau.

[FR Doc. 2011-12343 Filed 5-18-11; 8:45 am]

**BILLING CODE 6712-01-P**

**FEDERAL ELECTION COMMISSION**

**Sunshine Act Notice**

**AGENCY:** Federal Election Commission.

**DATE AND TIME:** Tuesday, May 24, 2011, at 10 a.m.

**PLACE:** 999 E Street, NW., Washington, DC.

**STATUS:** This meeting will be closed to the public.

**ITEMS TO BE DISCUSSED:**

Compliance matters pursuant to 2 U.S.C. 437g.

Audits conducted pursuant to 2 U.S.C. 437g, 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

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**PERSON TO CONTACT FOR INFORMATION:** Judith Ingram, Press Officer, *Telephone:* (202) 694-1220.

**Shelley E. Garr,**

Deputy Secretary of the Commission.

[FR Doc. 2011-12504 Filed 5-17-11; 4:15 pm]

**BILLING CODE 6715-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**[Document Identifier: OS-0990-Ne30-day notice]**

**Agency Information Collection Request. 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request,

including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Comprehensive Communication Campaign for HITECH Act— OMB No. 0990-NEW—Office National Coordinator for Health Information Technology (ONC).

*Abstract:* ONC requests OMB approval for a generic clearance for collecting information through a variety of research methods for developing and testing communications involving health information technology and health information privacy. This information will be used to assess the need for communications on specific topics and to assist in the development and modification of communication messages. ONC intends to utilize best practices for effective health communication research set forth by other DHHS agencies such as the National Cancer Institute.

ONC must also understand the general beliefs of physicians and healthcare adjuncts. Prescribers and technicians, including nurses, play a key role in the use of health information technology. ONC must determine their informational needs and the most effective communication channels and formats for reaching and educating them about the transition to an electronic records environment. This information will allow ONC to engage healthcare professionals as partners in the transition.

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN, BY ANTICIPATED DATA COLLECTION METHODS

|   | Number of respondents | Frequency of response | Hours per response | Total hours  |
|---|-----------------------|-----------------------|--------------------|--------------|
| General Public Focus Group Interviews .....               | 144                   | 1                     | 1.50               | 216          |
| Screening for General Public Focus Group Interviews ..... | 2,160                 | 1                     | 10/60              | 360          |
| Web usability testing sessions .....                      | 144                   | 1                     | 1.50               | 216          |
| Screening for Web usability testing .....                 | 2,160                 | 1                     | 10/60              | 360          |
| Self-Administered Surveys .....                           | 2,000                 | 1                     | 15/60              | 500          |
| Screening for Self-Administered Surveys .....             | 8,000                 | .....                 | 10/60              | 1,333        |
| Omnibus Surveys .....                                     | 2,000                 | 1                     | 10/60              | 333          |
| <b>TOTAL (General Public) .....</b>                       | <b>16,608</b>         | <b>.....</b>          | <b>.....</b>       | <b>3,318</b> |
| Health Professional Focus Group Interviews .....          | 144                   | 1                     | 1.50               | 216          |
| Screening for Professional Focus Group Interviews .....   | 2,160                 | 1                     | 10/60              | 360          |
| Web usability testing sessions .....                      | 144                   | 1                     | 1.50               | 216          |
| Screening for Web usability testing .....                 | 2,160                 | 1                     | 10/60              | 360          |
| Self-Administered Surveys .....                           | 2,000                 | 1                     | 15/60              | 500          |
| Screening for Self-Administered Surveys .....             | 8,000                 | .....                 | 10/60              | 1,333        |
| Omnibus Surveys .....                                     | 2,000                 | 1                     | 10/60              | 333          |
| Health Professional Individual In-Depth Interviews .....  | 100                   | 1                     | 45/60              | 75           |

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN, BY ANTICIPATED DATA COLLECTION METHODS—Continued

|  | Number of respondents | Frequency of response | Hours per response | Total hours |
|--|-----------------------|-----------------------|--------------------|-------------|
| Screening for Health Professional Individual In-Depth Interviews ..... | 1,000                 | 1                     | 10/60              | 167         |
| TOTAL (Physician and Other Health Professional) .....                  | 17,708                | .....                 | .....              | 3,560       |
| TOTAL (Overall) .....  | 34,316                | .....                 | .....              | 6,878       |

**Mary Forbes,**

*Paperwork Reduction Act Clearance Officer,  
Office of the Secretary.*

[FR Doc. 2011-12337 Filed 5-18-11; 8:45 am]

**BILLING CODE 4150-45-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New; 30-day notice]

**Agency Information Collection Request; 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Research Evaluation and Impact Assessment of ARRA Comparative Effectiveness Research Portfolio—OMB No. 0990-New-Assistant Secretary Planning and Evaluation (ASPE).

*Abstract:* Researchers and policymakers have emphasized the need for research on effectiveness of health care interventions under real-world conditions in diverse populations and clinical practice settings, that is, comparative effectiveness research (CER). The American Reinvestment and Recovery Act of 2009 (ARRA) expanded Federal resources devoted to CER by directing \$1.1 billion to the U.S.

Department of Health and Human Services (HHS) for such research.

ARRA also called for a report to Congress and the Secretary of HHS on priority CER topics by the Institute of Medicine (IOM). The report presented priority CER topics and recommendations to support a robust and sustainable CER enterprise. In addition, ARRA established the Federal Coordinating Council on Comparative Effectiveness Research (FCCCR) to help coordinate and minimize duplicative efforts of Federally sponsored CER across multiple agencies and to advise the President and Congress on how to allocate Federal CER expenditures.

This project seeks to evaluate and assess the products and outcomes of ARRA-funded CER investments and the impacts of those investments on the priority topics recommended by IOM and on the categories and themes of the FCCCR framework. The primary goals of this evaluation are to (1) conduct an initial assessment of the ARRA CER portfolio, cataloguing how CER funding was invested to achieve the vision of the FCCCR and assessing initial impact from the perspective of various stakeholders; and (2) lay the groundwork for future CER investments by identifying investment opportunities, evidence gaps and lessons learned.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

| Instrument                                | Type of respondent   | Number of respondents | Number of responses per respondent | Average burden (in hours) per response | Total hour burden |
|---|--|-----------------------|------------------------------------|--|-------------------|
| Attachment B: Survey (PSLA) .....         | Principal investigators and project directors.             | 730                   | 1                                  | 20/60                                  | 243               |
| Attachment C: In-depth interviews (PSLA). | Principal investigators and project directors.             | 50                    | 1                                  | 1                                      | 50                |
| Attachment D: Survey (SSLA) .....         | Key stakeholders: health care providers.                   | 600                   | 2                                  | 15/60                                  | 300               |
| Attachment D: Survey (SSLA) .....         | Key stakeholders: health care organization administrators. | 600                   | 2                                  | 15/60                                  | 300               |
| Attachment D: Survey (SSLA) .....         | Key stakeholders: patients/consumers.                      | 600                   | 2                                  | 15/60                                  | 300               |
| Attachment E: Focus group (SSLA)          | Members of the general public .....                        | 60                    | 2                                  | 2                                      | 240               |
| Attachment F: In-depth interviews (SSLA). | Stakeholders: health care providers                        | 10                    | 1                                  | 1                                      | 10                |
| Attachment G: In-depth interviews (SSLA). | Stakeholders: health care organization administrators.     | 10                    | 1                                  | 1                                      | 10                |