

system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population.

NHAMCS data collection will be automated. Induction interviews and patient record information will be entered on secure laptops. This effort will greatly reduce paperwork and will increase efficiency in data processing. Data collection activities, including questions asked, will be similar to current procedures.

In 2012, NHAMCS will sample an additional 60 hospitals in order to obtain state-based estimates on emergency department characteristics in five states. This additional sample is part of an effort sponsored by the Department of Health and Human

Services' Office of the Assistant Secretary for Preparedness and Response (ASPR), to better monitor the role of EDs and the care that they provide as health care reform in the United States proceeds. State-based estimates will provide both baseline and ongoing information about the status of EDs and ED care as policy changes are implemented.

NHAMCS will also conduct an asthma management supplement, a lookback module, and a pretest of colorectal cancer screening questions. The asthma supplement will collect information on the clinical decisions providers make when confronted with a patient suffering from asthma. The lookback module will collect additional information from the 12 month period prior to a sampled OPD visit, which will

identify risk factors and clinical management of patients with conditions that put them at high risk for heart disease and stroke. Finally, a small pretest in hospital-based ASLs and freestanding ASCs will assess the feasibility of obtaining information on colorectal cancer screening during ambulatory surgery visits where a colonoscopy is performed.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)	Total Burden Hours
Hospital Chief Executive Officer	Hospital Induction Interview	542	1	1.5	813
Ambulatory Surgery Center Executive Officer.	Freestanding Ambulatory Surgery Center Induction Interview.	200	1	1.5	300
Ancillary Service Executive	Clinic Induction	2,000	1	15/60	500
Physician/Registered Nurse/Medical Record Clerk.	ED Patient Record Form	113	100	7/60	1318
Physician/Registered Nurse/Medical Record Clerk.	OPD Patient Record Form	78	200	9/60	2340
Physician/Registered Nurse/Medical Record Clerk.	ASC Patient Record Form	108	100	7/60	1260
Medical Record Clerk	Medical Records Clerk	893	133	1/60	1979
Physician/Physician Assistant/Nurse Practitioner.	Asthma Supplement	250	1	15/60	63
Total	8,573

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-11-11HU]

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 and send comments to Daniel L. Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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

Web-Based HIV Behavioral Survey Among Men Who Have Sex With Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the proposed information collection is to monitor behaviors related to Human Immunodeficiency Virus (HIV) infection among men who have sex with men (MSM), one of the groups at highest risk for acquiring HIV infection in the United States. Objectives of the proposed web-based behavioral survey of internet-using MSM are to (a) Describe the prevalence of and trends in

risk behaviors; (b) describe the prevalence of and trends in HIV testing; (c) describe the prevalence of and trends in use of HIV prevention services; and (d) identify met and unmet needs for HIV prevention services. This information will be used to monitor progress toward the National HIV/AIDS Strategy objectives, and will be shared with health departments, community based organizations, community planning groups and other stakeholders to improve prevention services.

This project also addresses the goals of CDC's HIV prevention strategic plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

The Centers for Disease Control and Prevention request approval for data collection for a period of 3 years. Data will be collected through anonymous online surveys completed by MSM in 56

U.S. jurisdictions (all 50 U.S. states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands), with oversampling in 21 metropolitan statistical areas (MSAs) with high AIDS prevalence.

Internet-using MSM will be recruited through a direct marketing method that utilizes selective placement of banner advertisements on non-profit and privately owned websites. Individuals interested in learning more about the survey will click on the banner ad and will be directed to a one-minute screening interview to determine eligibility for participation in a behavioral assessment with an estimated duration of 14 minutes. The data from the assessment will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, history of HIV testing, and use of HIV prevention services. No other

federal agency collects this type of information nationally from MSM. These data are expected to have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that the proposed web-based behavioral assessment will involve, per year in the 56 U.S. jurisdictions and 21 oversampled MSAs, eligibility screening of 309,090 persons. Of these, an estimated 139,090 either will not be interested in completing the behavioral assessment or will be ineligible after completing the screener and an estimated 170,000 eligible persons will participate in the behavioral assessment, resulting in a total of 510,000 eligible survey respondents and 417,270 ineligible screened persons during a 3-year period.

Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Persons screened for eligibility	Eligibility Screener Behavioral Assessment.	309,090	1	1/60	5,152
Eligible persons		170,000	1	14/60	39,667
TOTAL					44,819

Daniel L. Holcomb,
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

Subcommittee for Dose Reconstruction Reviews (SDRR), Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee:

Time and Date: 9 a.m.—5 p.m., July 15, 2011.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018,

Telephone (859)334-4611, Fax (859)334-4619.

Status: Open to the public, but without a public comment period. To access by conference call dial the following information 1(866)659-0537, Participant Pass Code 9933701.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3,

2001, renewed at appropriate intervals, and will expire on August 3, 2011.

Purpose: The Advisory Board is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters to be Discussed: The agenda for the Subcommittee meeting includes: Selection of individual radiation dose reconstruction cases to be considered for review by the Subcommittee to evaluate the implementation of the Program Evaluation Report: OCAS-PER-012—Evaluation of Highly Insoluble Plutonium Compounds; pre-selection of new radiation dose reconstruction cases for review (set 15); discussion of dose reconstruction cases