

delivery, please call (800) 444-6472 in advance to schedule delivery.

The Office of Minority Health strongly encourages commenters to submit comments via the Federal eRulemaking Portal. Comments received, including any personal information, will be posted without change to the docket at <http://www.regulations.gov> as they are submitted, usually within 1 week after submission. While the comment period remains open, individuals may also provide comments in response to already submitted comments that have been posted to the docket.

The submission of comments in response to this notice should not exceed 5 pages, not including appendices and supplemental documents. Any information you submit will be made public. Consequently, do not send proprietary, commercial, financial, business confidential, trade secret, or personal information that you do not wish to be made public.

**FOR FURTHER INFORMATION CONTACT:**  
Rochelle Rollins, PhD, MPH, Office of Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852; Phone (800) 444-6472; E-mail [ACASection4302@hhs.gov](mailto:ACASection4302@hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Introduction**

DHHS reports, dating back to the landmark 1985 Secretary's Task Force on Black and Minority Health, note the critical importance of rich data systems and culturally competent research to understand and reduce health disparities among population subgroups. Such disparities reflect the interactive effects of multiple social, economic, behavioral, and environmental determinants of health, including access to high quality health care services. Data improvement efforts enhance the ability of the public health and healthcare systems to identify and track disparities in health and health care, and facilitate greater accountability for reducing them. Although there have been government-wide standards for the collection of race and ethnicity for many years, the lack of standards related to data collection on population subgroups defined by other characteristics—such as primary language and disability—remains a challenge for reporting and tracking data on health disparities.

**Overview of Section 4302 of the Affordable Care Act**

The Affordable Care Act includes multiple provisions aimed at eliminating health disparities in America. Section 4302 (Understanding

health disparities: Data collection and analysis) of the Affordable Care Act focuses on the standardization, collection, analysis, and reporting of health disparities data. While data alone will not reduce disparities, it can be foundational to our efforts to characterize the disparities, design effective responses, and evaluate our progress.

Section 4302 begins by requiring the Secretary of DHHS to establish data collection standards for race, ethnicity, sex, primary language, and disability status. The law requires that, once established, these data collection standards be used, to the extent practicable, in HHS national population health surveys. The law also requires that any DHHS data standards be in compliance with standards created by the Office of Management and Budget (OMB), such as those for race and ethnicity. As such, OMB's standards are not the subject of comment in this notice.

The focus of this announcement is for data collection standards related to race, ethnicity, primary language, sex, and disability status, as outlined in Section 4302 of the Affordable Care Act. The law also requires that these data collection standards be used for the purposes of measuring quality and reporting for any federally sponsored, federally conducted, or supported health care or public health program, activity, or survey. Additional subsections of the law relate to data collection standards require the Department to develop data collection standards for access to care for persons with disabilities. The law also gives the Secretary the authority to require that additional demographic data be collected on all Departmental surveys and to develop appropriate data collection standards. The full text of Section 4302 of the Affordable Care Act can be found at [minorityhealth.hhs.gov/section4302](http://minorityhealth.hhs.gov/section4302).

**Implementation of Section 4302 of the Affordable Care Act**

The Department proposed data collection standards for race, ethnicity, sex, primary language and disability status were guided by existing federal data standards, the results of studies and public reports, consultation with statistical agencies and programs, and the expertise of subject matter experts who have leadership roles with collecting and analyzing this type of data. The focus was to develop data collection standards for race, ethnicity, sex, primary language and disability status that are appropriate for the

purposes and methods of population health surveys for self-reported data.

The proposed data collection standards and rationale are for race, ethnicity, primary language, sex, and disability status and pertain only to self-reported data. These proposed data collection standards represent the first round of implementation of Section 4302 of the Affordable Care Act related to race, ethnicity, sex, primary language and disability status. Implementation efforts related to additional subsections of Section 4302 of the Affordable Care Act continue.

The Department is also in the process of developing and validating standard approaches for collecting data about sexual orientation and gender identity.

With this notice, the Office of Minority Health requests comment from the public and interested stakeholders on the proposed data collection standards for race, ethnicity, sex, primary language, and disability status.

The text of the proposed data standards is available in HTML and PDF formats through the Office of Minority Health Web site at [minorityhealth.hhs.gov/section4302](http://minorityhealth.hhs.gov/section4302) and the <http://www.regulations.gov>, docket ID number HHS-OMH-2011-0013. The full text of Section 4302 of the Affordable Care Act can be found at [minorityhealth.hhs.gov/section4302](http://minorityhealth.hhs.gov/section4302). For those who may not have Internet access, a hard copy can be requested from the point of contact, Rochelle Rollins, PhD, MPH, Office of the Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852; Phone (800) 444-6472; E-mail [ACASection4302@hhs.gov](mailto:ACASection4302@hhs.gov).

June 24, 2011.

**Garth Graham,**

*Deputy Assistant Secretary for Minority Health, Office of Assistant Secretary for Health.*

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**BILLING CODE 4151-05-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Agency Information Collection Activities; Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and

Budget (OMB) approve the proposed information collection project: “Medical Expenditure Panel Survey—Insurance Component 2012–2013.” In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by August 29, 2011.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

**Medical Expenditure Panel Survey—Insurance Component 2012–2013**

Employer-sponsored health insurance is the source of coverage for 85 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey—Insurance Component (MEPS–IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- (1) To provide data for Federal policymakers evaluating the effects of National and State health care reforms;
- (2) To provide descriptive data on the current employer-sponsored health insurance system and data for modeling

the differential impacts of proposed health policy initiatives; and

(3) To supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

This study is being conducted by AHRQ through an interagency agreement with the U.S. Census Bureau and pursuant to AHRQ’s statutory authority to conduct surveys to collect data on the cost, use and quality of health care, including the types and costs of private health insurance. 42 U.S.C. 299b–2(a).

**Method of Collection**

To achieve the goals of this project the following data collections for both private sector and state and local government employers will be implemented:

(1) Prescreener Questionnaire—The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted. (Establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.

(2) Establishment Questionnaire—The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their

employees. Information such as total active enrollment in health insurance, other employee benefits, waiting periods, and retiree health insurance is collected through the establishment questionnaire.

(3) Plan Questionnaire—The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered—single, employee-plus-one, and family—within a plan. It also asks for information on deductibles, copays, and other plan characteristics. This information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondent’s time to provide the requested data. The Prescreener questionnaire will be completed by 31,552 respondents and takes about 5½ minutes to complete. The Establishment questionnaire will be completed by 25,839 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 23,230 respondents and will require an average of 2.1 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total annualized burden hours are estimated to be 21,440 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents’ time to participate in this data collection. The annualized cost burden is estimated to be \$614,256.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire .....	31,552	1	0.09	2,840
Establishment Questionnaire .....	25,839	1	0.38	9,819
Plan Questionnaire .....	23,230	2.1	0.18	8,781
Total .....	80,621	na	na	21,440

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire .....	31,552	2,840	28.65	\$81,366
Establishment Questionnaire .....	25,839	9,819	28.65	281,314
Plan Questionnaire .....	23,230	8,781	28.65	251,576
Total .....	80,621	21,440	na	\$614,256

\* Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13-1141, at [http://www.bls.gov/oes/current/oes\\_nat.htm#13-0000](http://www.bls.gov/oes/current/oes_nat.htm#13-0000) (U.S. Department of Labor, Bureau of Labor Statistics.)

**Estimated Annual Costs to the Federal Government**

The total cost over the 2 years of this clearance is \$22,954,000.

Exhibit 3 shows the estimated annualized cost of this data collection.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST  
[\$ thousands]

Cost component	Total cost	Annualized cost
Project Development .....	\$3,338	\$1,669
Data Collection Activities .....	7,789	3,895
Data Processing and Analysis .....	7,789	3,895
Project Management .....	2,925	1,463
Overhead .....	1,113	557
Total .....	\$22,954	\$11,477

NOTE: Components may not sum to Total due to rounding.

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 17, 2011.

**Carolyn M. Clancy,**  
Director.

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BILLING CODE 4160-90-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[Docket Number CDC-2011-0008]

**Assessing the Current Research, Policy, and Practice Environment in Public Health Genomics**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice; establishment of docket; request for comments, data and information.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) is announcing the opening of a docket to solicit comments, data, and other information helpful to assess the current research, policy, and practice environment in public health genomics. HHS/CDC is currently leading a process to assess the most important steps for public health genomics in the next five years.

**DATES:** Electronic or written comments must be received on or before August 1, 2011.

**ADDRESSES:** You may submit written comments to the following address:

Office of Public Health Genomics, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS-E61, Atlanta, Georgia 30333, *Attn:* Docket No. CDC-2011-0008.

You may also submit comments electronically to <http://www.regulations.gov>, Docket No. CDC-2011-0008. Please follow directions at <http://www.regulations.gov> to submit comments. All relevant comments received will be posted publicly without change, including any personal or proprietary information provided.

**FOR FURTHER INFORMATION CONTACT:** Katherine Kolor, PhD, Office of Public Health Genomics, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS-E61, Atlanta, GA 30333, e-mail [genetics@cdc.gov](mailto:genetics@cdc.gov), phone 404-498-0001.

**SUPPLEMENTARY INFORMATION:****I. Background**

Since 1997, the Office of Public Health Genomics (OPHG) of the Centers for Disease Control and Prevention (CDC) has worked to integrate genomics into public health research, policy, and programs, which could improve interventions designed to prevent and control the country's leading chronic, infectious, environmental, and occupational diseases. OPHG's efforts focus on conducting population-based