

practitioners in the NPDB. Unlike a traditional query, PDS enrolled practitioners are continuously monitored and subscribed entities need not pay for multiple queries each time they want to access new information on a practitioner. The following table charts the growth of PDS enrollments beginning in June 2007 through June 2010 for the NPDB and the HIPDB:

NUMBER OF PRACTITIONERS ENROLLED IN PDS

Month/year	NPDB	HIPDB
June 2010	481,794	125,649
June 2009	311,275	101,720
June 2008	113,631	12,592
June 2007	47,641	2,005

The number of enrollments is steadily climbing and re-enrollment rates for this service are approximately 90 percent. This service is quickly becoming the benchmark for monitoring practitioner credentials because it is designed and developed to meet new accreditation standards that require on-going monitoring of practitioners. In light of these developments, HRSA is making this service a permanent feature. The name change from PDS to Continuous Query better captures the true nature of this service, which is the continuous monitoring of enrolled practitioners.

All aspects of the PDS querying service as described in the March 7, 2007 notice are still in effect except for the upgrade from prototype to permanent status and the name change set forth in this notice.

II. Revisions to Previous Notice

This notice is to inform the public that the prototype status for PDS is removed and that the name of the PDS querying service has been changed to Continuous Query.

Dated: September 16, 2011.

Mary K. Wakefield,

Administrator, Health Resources and Services Administration.

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BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; NINR End-of-Life and Palliative Care Science Needs Assessment: Funding Source (Survey of Authors)

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork

Reduction Act of 1995, the National Institute of Nursing (NINR), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This information collection was previously published in the **Federal Register** on June 16, 2011, page 35221 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

5 CFR 1320.5 (General requirements) Reporting and Recordkeeping

Requirements: Final Rule requires that the agency inform the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. This information is required to be stated in the 30-day **Federal Register** Notice.

Proposed Collection: Title: NINR End-of-Life and Palliative Care Science Needs Assessment: Funding Source (Survey of Authors). *Type of Information Collection Request:* NEW.

Need and Use of Information Collection: The NINR End-of-Life Science Palliative Care (EOL PC) Needs Assessment: Funding Source Questionnaire will obtain information on funding sources of EOL PC research published studies for which a funding source is not cited or the information is unclear. Target participants are authors of publicly-available EOL PC research studies published between 1997-2010 for whom a funding source is unknown or unclear. The questionnaire inquires about the funding source of the published study, type of funding received, year of funding, and duration of funded study. This is a 7-item questionnaire that takes approximately 5 minutes to complete. Data collected is part of a needs assessment to address the breadth and depth of EOL PC scientific issues for use in stimulating research capacity in the field.

Frequency of Response: One time. *Affected Public:* Individual authors of publicly available EOL PC research publications who do not list a funding source or the source is unclear within their publication. *Type of Respondents:* EOL PC researchers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1840; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .08; and *Estimated Total Annual Burden Hours Requested:* 147. There are no Capital Costs, Operating or Maintenance Costs to report.

Request for comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202-395-6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Amanda Greene, Office of Science Policy and Public Liaison, NINR, NIH, Democracy One, 6701 Democracy Blvd., Suite 710, Bethesda, MD 20892 or call non-toll-free number (301) 496-9601 or E-mail your request, including your address to: amanda.greene@nih.gov.

Comments due date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: September 16, 2011.

Amanda Greene,

Science Evaluation Officer, NINR, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as