

in each MSA to identify venues and clinics appropriate for data collection.

Surveys will be administered by trained, local interviewers. There is no cost to

respondents other than their time. The total annual burden hours are 1,704.

ESTIMATE OF ANNUALIZED BURDEN TABLE

| Data collection form                           | Respondent                                        | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|------------------------------------------------|---------------------------------------------------|-----------------------|------------------------------------|----------------------------------------|
| Project orientation .....                      | Clinic staff .....                                | 40                    | 1                                  | 30/60                                  |
| Clinic Staff Script—Provision of Patient Loads | Clinic staff .....                                | 600                   | 1                                  | 5/60                                   |
| Clinic Staff Script—Approaching Clients .....  | Clinic staff .....                                | 1,100                 | 1                                  | 5/60                                   |
| Clinic Screener .....                          | HIV-positive individuals screened .....           | 1,400                 | 1                                  | 5/60                                   |
| Clinic Survey .....                            | Eligible HIV-positive individuals .....           | 1,200                 | 1                                  | 40/60                                  |
| Community Screener .....                       | Injection drug users screened .....               | 750                   | 1                                  | 5/60                                   |
| Community Survey .....                         | Eligible injection drug users .....               | 600                   | 1                                  | 25/60                                  |
| Community Screener .....                       | High-risk heterosexual individuals screened ..... | 750                   | 1                                  | 5/60                                   |
| Community Survey .....                         | Eligible high-risk heterosexual individuals ..... | 600                   | 1                                  | 25/60                                  |

Dated: December 14, 2011.

**Daniel 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**

[30Day-12-11AN]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Asthma Education Study: Making Health Care Providers Better Asthma Educators—New-National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) reports that 17.5 million non-institutionalized adults have asthma. In addition, 7.1 million children in this country have

the disorder. Asthma accounts for 17 million health care visits and more than 3,400 deaths per year. All of these data are for the United States. Except for a few cases linked to occupational exposures, the causes of asthma remain unknown, and there exists no cure. In the absence of means to eliminate the disorder, treatment to minimize the frequency and intensity of asthmatic attacks is of paramount importance. Several tools are available, including the use of corticosteroids and control of exposure to allergens and irritants, collectively known as “triggers.” Thus, treatment of asthma is important and patients must take action at appropriate times. From this, it follows that the education provided by health care providers to asthmatic patients forms a critical link in efforts to control asthma. CDC and the National Institutes of Health recommend the use of written asthma action plans to guide patient self-management of the disorder. Some states have also developed tools. In the case of Minnesota, this is an interactive program on the Internet.

Anecdotal evidence suggests that there is substantial variability in the use of available tools for developing written asthma action plans. Similarly, patient education appears to vary in type and amount. Some causes of this are suspected: Billing codes for asthma education are not universally present and the degree of health literacy among patients varies and is likely not universally sufficient. Nevertheless, in large part, the factors influencing asthma education by health care providers are unknown. To help address this situation, the Air Pollution and Respiratory Health Branch of CDC wishes to conduct a study to identify barriers to, and facilitators of, asthma education among health care providers consistent with National Asthma Education and Prevention Program

(NAEPP)/National Heart, Lung, and Blood Institute Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.

Close to 25 million Americans currently suffer with asthma, with 12 million experiencing an asthma “attack” in 2009, costing the nation \$56 billion and individuals on average over \$3,200 annually in direct and indirect costs. Improved self-management education, consistent with the NIH/NAEPP guidelines, for enhancing education of persons with asthma in the areas of correct medication adherence and avoidance of environmental triggers of asthma attacks, is central to reducing the health burden and financial burden on individuals and the nation. This research is an important step in improving the education individuals with asthma (or parents of children with asthma) receive at their initial diagnosis encounter with the medical system. As such it is expected to improve proper medication adherence and avoidance of environmental triggers of an asthma attack and in turn to be of use to the government in reducing both the medical and financial burden of asthma on the nation. In this aspect, this research is directly in line with both the mission of the CDC National Asthma Control Program, its funder, which seeks to achieve reductions in deaths and hospitalizations and increases in self-management education for individuals with asthma and that Program’s Government Performance and Results Act Performance Measure: Increase the proportion of those with current asthma who report they have received self-management training for asthma in populations served by CDC funded state asthma control programs. The research project is also in alignment with Healthy People 2020 objectives including reducing asthma deaths (objective RD-1), reducing

hospitalizations for asthma (objective RD-2), reducing hospital emergency department visits for asthma (objective RD-3), reducing activity limitations among persons with asthma (objective RD-4), reducing the number of school or

work days missed by persons with asthma because of asthma (objective RD-5), increasing the proportion of persons with asthma who receive formal patient education (objective RD-6), and increasing the proportion of persons

with asthma who receive appropriate asthma care according to the NAEP guidelines (objective RD-7). There are no costs to the respondents other than their time. The total estimated annual burden hours are 40 hours total.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent        | Form name         | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---------------------------|-------------------|-----------------------|------------------------------------|----------------------------------------|
| Physician and Nurse ..... | Screener .....    | 48                    | 1                                  | 5/60                                   |
| Physician .....           | Interview .....   | 24                    | 1                                  | 30/60                                  |
| Nurse .....               | Focus Group ..... | 24                    | 1                                  | 1                                      |

Dated: December 14, 2011.

**Daniel Holcomb,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS-1598-NC]

**Medicare and Medicaid Programs; Announcement of Application From Hospital Requesting Waiver for Organ Procurement Service Area**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice with comment period.

**SUMMARY:** This notice with comment period announces a waiver request from Pioneer Community Hospital to participate in an Organ Procurement Organization (OPO) outside of its designated OPO. The request was made in accordance with section 1138(a)(2) of the Social Security Act (the Act) which provides that a hospital may obtain a waiver from the Secretary under certain conditions. This notice solicits comments from OPOs and the general public for our consideration in determining whether we should grant the requested waiver.

**DATES:** *Comment Date:* To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on February 21, 2012.

**ADDRESSES:** In commenting, please refer to file code CMS-1598-NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the "Submit a comment" instructions.
2. *By regular mail.* You may mail written comments to the following address *only*: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1598-NC, P.O. Box 8010, Baltimore, MD 21244-8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address *only*: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1598-NC, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. *By hand or courier.* Alternatively, you may deliver (by hand or courier) your written comments only to the following addresses prior to the close of the comment period:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and

Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

If you intend to deliver your comments to the Baltimore address, call telephone number (410) 786-9994 in advance to schedule your arrival with one of our staff members.

*Submission of comments on paperwork requirements.* You may submit comments on this document's paperwork requirements by following the instructions at the end of the "Collection of Information Requirements" section in this document.

Comments erroneously mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** Kwana Johnson, (410) 786-3171.

**SUPPLEMENTARY INFORMATION:**

*Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an