

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total	924	NA	NA	518

Exhibit 2 shows the estimated annualized cost burden for patients, \$10,652, and for the health care

organization, \$885, for a total annualized cost burden of \$11,537. Respondents will not incur any other

costs beyond those associated with their time to participate.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
Safety event intake form and follow up	840	490	\$21.74 *	\$10,652
Health care provider follow up	84	28	31.61 **	885
Total	924	518	NA	11,537

* Based upon the mean of the average Wages, National Compensation Survey: Occupational Wages in the United States, May 2011, U.S. Department of Labor, Bureau of Labor Statistics. http://www.bls.gov/oes/current/oes_nat.htm#00-0000

** Based upon the mean of the average wages, National Compensation Survey: Occupational Wages in the United States, May 2011: Occupational Health and Safety Specialists (General Medical and Surgical Hospitals). U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/oes/current/oes299011.htm>

Estimated Annual Cost to the Government

AHRQ is supporting the conduct of this project as part of a contract with the

RAND Corporation and the ECRI Institute. The estimated cost for this work is \$899,827.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Total cost	Annualized cost
Intake Form Development	\$364,375	\$242,917
System Development	413,860	275,907
Project Management	35,325	23,550
Overhead	86,267	57,511
Total	899,827	599,885

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 health care research and health care 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: August 30, 2012.

Carolyn M. Clancy,

Director.

[FR Doc. 2012-22028 Filed 9-7-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research And Quality****Special Emphasis Panel Meeting**

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice of SEP meeting.

SUMMARY: In accordance with section 10 (a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. 2), announcement is made of an Agency for Healthcare Research and Quality (AHRQ) Special Emphasis Panel (SEP) meeting on "Partnerships for Sustainable Research and Dissemination of Evidence-Based Medicine (R24)".

DATES: September 20-21, 2012 (Open on September 20 from 8:00 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

This notice is being published less than 15 days prior to the September 20-21 meeting, due to the time constraints of reviews and funding cycles.

ADDRESSES: Hyatt Regency Hotel Bethesda, One Metro Center, Bethesda, MD 20814.

FOR FURTHER INFORMATION CONTACT: Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting

should contact: Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2, section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for "Partnerships for Sustainable Research and Dissemination of Evidence-Based Medicine (R24)" are to be reviewed and discussed at this meeting. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dated: August 30, 2012.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day 12-0237]

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 (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

The National Health and Nutrition Examination Survey (NHANES)—(0920-0237, Expiration 11/30/2012)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States.

The National Health and Nutrition Examination Survey (NHANES) has, to date, been authorized as a generic clearance under OMB Number 0920-0237. A change in accounting practices, however, requires a shift to a newly-assigned clearance number for future full cycles of the survey. This extension requests generic clearance for all activities needed to successfully complete the current 2011-2012 NHANES survey cycle, which ends in early 2013. There are no changes to any information collection forms. A nine month clearance is requested.

The National Health and Nutrition Examination Survey (NHANES) was conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC.

Approximately one-quarter year of data collection is needed to complete the 2011-2012 cycle. Approximately 3,850 respondents participate in some aspect of the full survey. Of these, some complete the screening portion and are then screened out of the sample. Some additional respondents complete the screener and the household interview sections, but decline to be examined. The remaining approximately 1,300 participate in the screener, household interview and physical examination and followups. Averaging the burden across all respondents, at these varying levels of participation, results in an average burden of 2.4 hours. The burden for this activity is 9,240 hours.

The completion of the special study, National Youth Fitness Study, will have approximately 1,037 respondents in this quarter for a total burden of 1,037 hours. In addition, up to 1,000 additional persons (non-NHANES respondents) might participate in tests of procedures or other special studies. The average burden for these special study/pretest respondents is 3 hours for a total of 3,000 hours of burden. The burden for these studies is a total of 4,037 hours.

Participation in NHANES is completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as arthritis, asthma, osteoporosis, infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and diet. NHANES data are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time. NHANES continues to collect genetic material on a national probability sample for future genetic research aimed at understanding disease susceptibility in the U.S. population. NCHS collects personal identification information. Participant level data items will include basic demographic information, name, address, social security number, Medicare number and participant health information to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services (CMS).

NHANES data users include the U.S. Congress; numerous Federal agencies such as other branches of the Centers for Disease Control and Prevention, the National Institutes of Health, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; and private businesses. There is no cost to respondents other than their time. The total estimate of annualized burden is 13,277 hours.