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[FR Doc. 2014–02668 Filed 2–6–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–13PR]

Proposed Data Collections Submitted for Public Comment and Recommendations

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

Evaluating the Implementation and Outcomes of Policy and Environmental Cancer Control Interventions—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Comprehensive Cancer Control Program (NCCCP) is administered by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control. Through the NCCCP, 65 awardees receive support through cooperative agreements (CDC–RFA–DP12–1205). The current cooperative agreements maintain core comprehensive cancer control (CCC) activities and build on policy, system, and environmental (PSE) change strategies that many NCCCP programs have begun to incorporate into their program plans and initiatives. Awardees provide routine progress reports to CDC which describe their overall objectives and activities (Management Information System for Comprehensive Cancer Control Programs, OMB No. 0920–0841, exp. 3/31/2016).

In 2010, additional pilot funding was provided under CDC–RFA–D10–1017 to 13 of the 65 NCCCP awardees (''1017 awardees''). The additional funds are intended to increase awardees' focus on PSE change strategies relating to cancer control, and to strengthen collaboration with both traditional and nontraditional partners. With additional resources and structure, CDC hopes that 1017 awardees will achieve greater health impact through increased skills and capacity and enhanced interactions with partners. CDC plans to conduct a new information collection to assess whether the 1017 pilot is meeting its goals and to compare the experiences of NCCCP programs funded at both levels of support. The study design includes a Web-based survey of all 65 CCC funded programs, administered at two points in time; a longitudinal case study of 6 of the 1017 programs involving interviews with key awardee staff and NCCCP partners; focus groups with staff who provide technical assistance related to the 1017 program; and a one-time survey of coalition members and strategic partners who are collaborating with 1017 awardees.

Information collection activities are designed to address specific evaluation questions,such as: Did 1017 cooperative agreement funding, training and technical assistance enhance the ability of grantees to inform PSE change as part of comprehensive cancer control?; Did the 1017 cooperative agreement facilitate a shift towards primary prevention?; How did 1017 programs build infrastructure required to develop an environmental scan, policy agenda, evaluation plan, and media plans?; What methods were used by 1017 programs to develop the policy agenda and media plan?; What key outcomes were achieved by 1017 programs?; How did the PSE Workgroups facilitate implementation and achievement of PSE change?; and What lessons have been learned that could inform the expansion of the 1017 program to the other NCCCP-funded programs? Findings will be used to improve program guidance and direct future investments in the NCCCP.

OMB approval is requested for three years. Participation is voluntary and there are no costs to the respondents other than their time. The total estimated annualized burden hours are 161.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
CCC Program Directors	Program Director Web Survey Questionnaire	43	1	.5
CCC Staff	Key Informant Selection	2	1	8
	Key Informant Recruitment/Scheduling	12	1	5/60
	Key Informant Interview Guide	12	1	1.5
CCC Partners	Key Informant Recruitment/Scheduling	48	1	5/60
	Key Informant Interview Guide	48	1	1
	Coalition Survey	87	1	20/60
	TA Provider Focus Group Guide	15	1	1.5

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[FR Doc. 2014–02669 Filed 2–6–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–0881]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Data Calls for the Laboratory Response Network—Extension—(OMB No. 0920–0881, expires 3/31/14)—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Laboratory Response Network (LRN) was established by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to Federal departments and agencies. The LRN's mission is to maintain an integrated national and international network of laboratories that can respond to acts of biological, chemical, or radiological terrorism and other public health emergencies. Federal, State, and local public health laboratories voluntarily join the LRN.

The LRN Program Office maintains a database of information for each member laboratory that includes contact information as well as staff and equipment inventories. However, semiannually or during emergency response, the LRN Program Office may conduct a Special Data Call to obtain additional information from LRN Member Laboratories in regards to biological or chemical terrorism preparedness. Special Data Calls may be conducted via queries that are distributed by broadcast emails or by survey tools (i.e. Survey Monkey). This is a request for an extension to this generic clearance. The only cost to respondents is their time to respond to the data call. The total annual burden hours requested is 400 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Public Health Laboratorians	Special Data Call	200	4	30/60

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[FR Doc. 2014–02671 Filed 2–6–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–13AFV]

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 Ambulatory Medical Care Survey (NAMCS) National Electronic Health Record Survey (NEHRS)—New—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 ''utilization of health care'' in the United States. NAMCS NEHRS has been conducted annually since 2008 as a mail survey supplement under NAMCS. Questions in NAMCS NEHRS have been asked in NAMCS starting in 2001. NCHS is seeking OMB approval to make NAMCS NEHRS as an independent survey for the next three years.

The purpose of NEHRS is to measure progress toward goals for electronic health records (EHRs) adoption. NAMCS NEHRS target universe consists of all non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care.

NAMCS NEHRS was initiated as a mail survey supplement under NAMCS. NAMCS NEHRS is the principal source of data on national and state-level EHR adoption in the United States. In 2008 and 2009, the sample size was 2,000 physicians annually. Starting in 2010, the annual sample size was increased five-fold, from 2,000 physicians to 10,302 physicians. The increased sample size allows for more reliable national estimates as well as state-level estimates on EHR adoption without having to be combined with NAMCS. For these reasons, it is our intent to have NEHRS stand as an independent survey, not as a supplement under NAMCS.

NAMCS NEHRS collects information on characteristics of physician practices, the capabilities of EHRs in those practices, and intent to apply for meaningful use incentive payments. These data, together with trend data, may be used to monitor the adoption of EHR as well as accessing factors associated with EHR adoption.