

○ In the event respondents cannot access the Wiki, they may e-mail comments to [expertnet@ostp.gov](mailto:expertnet@ostp.gov).

Dated: December 3, 2010.

**Keith D. Thurston,**

*Assistant Associate Administrator, Citizen Services and Innovative Technologies.*

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**BILLING CODE P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier OS-0990-New]

**Agency Information Collection Request; 30-Day Public Comment Request**

*Agency:* Office of the Secretary, Office of the National Coordinator for Health Information Technology (ONC), HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the

proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherrette.funncoleman@hhs.gov](mailto:Sherrette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 30-days.

*Proposed Project:* Evaluation of the IT Professionals in Health Care—OMB No. 0090-NEW—Office of the National Coordinator for Health Information Technology's (ONC).

*Abstract:* Currently, the Office of the National Coordinator for Health Information Technology's (ONC) Office of the Chief Scientist is soliciting comments on a series of data collection efforts for the evaluation of the IT Professionals in Health Care ("Workforce") Program. The Workforce

Program, created under Section 3016 of the Public Health Service Act (PHSA), as added by Title XIII in Division A of the American Recovery and Reinvestment Act of 2009, directed the Secretary of Health and Human Services to provide "assistance to institutions of higher education (or consortia thereof) to establish or expand medical health informatics education programs, including certification, undergraduate, and masters degree programs, for both health care and information technology students to ensure the rapid and effective utilization and development of health information technologies."

The evaluation of the Workforce Program is a new information collection activity which will explore program challenges, provide critical formative feedback to the Workforce grantee institutions on their activities, and determine whether the Workforce Program overall was successful in helping to build a skilled workforce equipped to meet the heightened demands of the current environment. The data collection efforts include: A Web-based baseline survey of community college students; course evaluation forms; focus groups with students, faculty members, and competency exam takers; and a Web-based survey of community college faculty.

**ESTIMATED ANNUALIZED BURDEN TABLE**

| Forms                              | Type of respondent  | Number of respondents | Number of responses per respondent | Average burden hours per response (in hours) | Total burden hours |
|------------------------------------|---|-----------------------|------------------------------------|--|--------------------|
| Web-based Student Baseline Survey. | Students enrolled in Workforce program ..                 | 1,233                 | 1                                  | 20/60  | 411                |
| Focus groups with students .....   | Students enrolled in Workforce program ..                 | 256                   | 1                                  | 1.5  | 384                |
| Focus groups with faculty .....    | Instructors from Workforce program .....                  | 50                    | 1                                  | 1.5  | 75                 |
| Focus groups with Exam takers      | Competency exam takers not enrolled in Workforce program. | 32                    | 1                                  | 1.5  | 48                 |
| Web-based Faculty Survey .....     | Instructors from Workforce program .....                  | 300                   | 1                                  | 10/60  | 50                 |
| <b>Total .....</b>                 | .....   | .....                 | .....                              | .....  | <b>968</b>         |

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. 2010-30869 Filed 12-7-10; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Assistant Secretary for Planning and Evaluation; Medicare Program; Meeting of the Technical Advisory Panel on Medicare Trustee Reports**

**AGENCY:** Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Technical

Advisory Panel on Medicare Trustee Reports (Panel). Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions and methods by which Trustees might

more accurately measure health spending. Although panelists are not limited in the topics they may discuss, the Panel is not expected to discuss or recommend changes in current or future Medicare provider payment rates or coverage policy.

**Meeting Dates:** December 13, 2010, 9:30 a.m. to 5 p.m. and December 14, 2010, 8:30 a.m.–1 p.m. *e.t.*

**ADDRESSES:** The meeting will be held at HHS Centers for Medicare and Medicaid Services headquarters located at 7500 Security Blvd., Baltimore, Maryland 21244, Conference Room B.

**Comments:** The meeting will allocate time on the agenda to hear public comments. In lieu of oral comments, formal written comments may be submitted for the record to Donald T. Oellerich, OASPE, 200 Independence Ave., SW., 20201, Room 405F. Those submitting written comments should identify themselves and any relevant organizational affiliations.

**FOR FURTHER INFORMATION CONTACT:** Donald T. Oellerich (202) 690–8410, [Don.oellerich@hhs.gov](mailto:Don.oellerich@hhs.gov). **Note:** Although the meeting is open to the public, procedures governing security procedures and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting must call or e-mail Dr. Oellerich by Thursday, December 9, 2010, so that their name may be put on a list of expected attendees and forwarded to the security officers at HHS Headquarters.

**SUPPLEMENTARY INFORMATION:** *Topics of the Meeting:* The Panel is specifically charged with discussing and possibly making recommendations to the Medicare Trustees on how the Trustees might more accurately estimate the long term rate of health spending in the United States. The discussion is expected to focus on highly technical aspects of estimation involving economics and actuarial science. Panelists are not restricted, however, in the topics that they choose to discuss.

**Procedure and Agenda:** This meeting is open to the public. The Panel will likely hear presentations from Medicare public trustees on issues they wish the panel to address. This may be followed by HHS staff presentations regarding long range growth. After any presentations, the Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

**Authority:** 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended.

The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: December 2, 2010.

**Sherry Glied,**

*Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2010–30838 Filed 12–7–10; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–11–0679]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

Division of Heart Disease and Stroke Prevention Management Information System—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC's Division of Heart Disease and Stroke Prevention (DHDSPP) is currently approved to collect progress and activity information from awardees funded through two programs: The National Heart Disease and Stroke Prevention Program (NHDSPP), and the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. Information is collected semi-annually through an electronic Management Information System (MIS). The current approval is scheduled to expire 5/31/2011 (OMB No. 0920–0679).

CDC plans to request OMB approval to continue information collection, with changes, for three years. A net reduction in the number of respondents will result in a net reduction in burden hours. Although there will be an increase in the number of state-based heart disease and stroke prevention (HDSP) programs funded through the NHDSPP, reporting requirements involving the MIS will be discontinued for awardees funded through the WISEWOMAN program. No changes are proposed to the information collection instrument, the burden per response, or the frequency of information collection.

In 1998, Congress provided CDC with initial funding to establish the NHDSPP, authorized under sections 301(a) and 317b(k)(2) of the Public Health Service (PHS) Act [42 U.S.C. 241(a) and 247b(k)(2)], as amended. The program currently supports population-based heart disease and stroke prevention efforts in selected States and the District of Columbia. As funding allows, CDC's strategic plan calls for expanding the program to health departments in all U.S. States and territories. CDC works with HDSP program awardees to implement and evaluate evidence-based public health prevention and control strategies that address risk factors and reduce disparities, disease, disability, and death from heart disease and stroke. Awardees are encouraged to work at the highest levels within priority environments to change policies and systems that will improve cardiovascular outcomes.

All HDSP program awardees are required to submit continuation applications and semi-annual progress reports to CDC. The DHDSPP MIS provides a standardized, electronic interface for the collection of this progress information, which includes work plans, objectives, partners, data sources, and policy and environmental assessments. The MIS also produces both state-specific and aggregate reports that are used for performance