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

Requirement for a Special Permit to Import Cynomolgus, African Green, or Rhesus Monkeys into the United States (0920–0263)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

A registered importer must request a special permit to import Cynomolgus, African Green, or Rhesus Monkeys. To receive a special permit to import nonhuman primates the importer must submit to the Director of CDC, a written plan which specifies the steps that will be taken to prevent exposure of persons and animals during the entire importation and quarantine process for the arriving nonhuman primates.

Under the special permit arrangement, registered importers must submit a plan to CDC for the importation and quarantine if they wish to import the specific monkeys covered. The plan must address disease prevention procedures to be carried out in every step of the chain of custody of such monkeys, from embarkation in the country of origin to release from quarantine. Information such as species, origin and intended use for monkeys, transit information, isolation and quarantine procedures, and procedures for testing of quarantined animals is necessary for CDC to make public health decisions. This information enables CDC to evaluate compliance with the standards and to determine whether the measures being taken to prevent exposure of persons and animals during importation are adequate. Once CDC is assured, through the monitoring of shipments (normally no more than 2), that the provisions of a special permit plan are being followed by a new permit holder and that the use of adequate disease control practices is being demonstrated, the special permit is extended to cover the receipt of additional shipments under the same plan for a period of 180 days, and may be renewed upon request. This eliminates the burden on importers to repeatedly report identical information, requiring only that specific shipment itineraries and information on changes to the plan which require approval be submitted.

Respondents are commercial or not-for-profit importers of nonhuman primates. The burden represents full submission of information and itinerary/change information respectively. There are no costs to respondents except for their time to complete the requisition process.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Business (limited permit)	5	2	30/60	5
Businesses (extended permit)	1	3	10/60	.5
Organizations (limited permit)	3	2	30/60	3
Organizations (extended permit)	12	2	10/60	4
Total				12.5

Dated: January 21, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–1589 Filed 1–27–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–50 and CMS–10054]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medical Records Review under Inpatient PPS and Supporting Regulations in 42 CFR, Sections 412.40–412.52; *Form No:* CMS–R–50 (OMB# 0938–0359); *Use:* The Quality Improvement Organizations (QIOs) are authorized to conduct medical review activities under the Prospective Payment System (PPS). In order to conduct these review activities, CMS depends upon hospitals to make available specific records regarding care provided to Medicare beneficiaries. The Clinical Data Abstraction Centers (CDACs) obtain copies of medical records from which they abstract data to analyze patterns of care and outcomes for heart failure/myocardial infarction, pneumonia, diabetes and surgical infection; *Frequency:* When records are reviewed; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 6,100; *Total Annual Responses:* 397,500; *Total Annual Hours:* 11,925.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Recognition of Payment for New Technology Services for Ambulatory Payment Classifications (APCs) Under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR, Sections 413.65 and 419.42; *Form Number:* CMS–10054 (OMB# 0938–0860); *Use:* Information is necessary to determine eligibility of medical devices for establishment of additional device categories for payment under transitional pass-through payment

provisions as required by section 1833(t)(6) of the Social Security Act. Transitional pass-through payments have been made to hospitals for certain drugs, biologicals, and medical devices; *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 180.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 19, 2005.

John P. Burke, III,

CMS Paperwork Reduction Act Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group.

[FR Doc. 05–1481 Filed 1–27–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–1771, CMS–R–71 and CMS–222]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Attending Physicians Statement and Documentation of Medicare Emergency and Supporting Regulations in 42 CFR, Section 424.103; *Use:* Payment may be made for certain part A inpatient hospital services and part B outpatient provided in a nonparticipating U.S. or foreign hospital when services are necessary to prevent the death or serious impairment of the health of the individual. This collection is used to document the attending physician's statement that the hospitalization was required due to an emergency and give clinical support for the claim.; *Form Number:* CMS–1771 (OMB#: 0938–0023); *Frequency:* On Occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 50.

2. *Type of Information Collection Request:* Extension of a Currently Approved Collection; *Title of Information Collection:* Quality Improvement Organization (QIO) Assumption of Responsibilities and Supporting Regulations in 42 CFR Sections 412.44, 412.46, 431.630, 476.71, 476.73, 476.74, 476.78; *Form No.:* CMS–R–71 (OMB# 0938–0445); *Use:* This collection describes the review functions to be performed by the QIO. It outlines relationships among QIOs, providers, practitioners, beneficiaries, intermediaries, and carriers. QIOs assure that covered care provided to Medicare patients is reasonable, medically necessary, appropriate, and of a quality that meets professionally recognized standards of care, and that inpatient services could not be more appropriately provided on an outpatient basis or in a different type of facility.; *Frequency:* As Needed; *Affected Public:* Business or other for-profit; *Number of Respondents:* 6,036; *Total Annual Responses:* 6,036; Total Annual Hours: 81,818.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Independent Rural Health Center/Freestanding Federally Qualified Health Center Cost Report and Supporting Regulations in 42 CFR, Section 413.20 and 413.24; *Form No.:* CMS–222 (OMB#0938–0107); *Use:* The independent rural health clinic/freestanding federally qualified health center cost report is the cost report to be used by the mentioned clinics/centers to submit annual information. This information is used to achieve a settlement of costs for health care services rendered to Medicare beneficiaries. *Frequency:* Annually; *Affected Public:* Not-for-Profit institutions, Business or other for-profit, and State, local or tribal government; *Number of Respondents:* 3,000; *Total Annual Responses:* 3,000; *Total Annual Hours Requested:* 150,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS'' Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Reduction Act Reports Clearance Officer designated at the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Melissa Musotto, Room C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: January 19, 2005.

John P. Burke, III,

CMS Paperwork Reduction Act Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group.

[FR Doc. 05–1482 Filed 1–27–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–10132]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

Agency: Center for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid services (CMS), Department of Health