

SUPPLEMENTARY INFORMATION: The Office of the Surgeon General is developing a new system of records, 09–90–0160, “Medical Reserve Corps Unit Information, HHS/OPHS/OSG,” that will collect and maintain information about MRC units registered with the OSG/MRC program office. Information gathered will include unit demographics, contact information (regular and emergency), volunteer numbers, activity updates and samples of best practices/lessons learned. MRC unit leaders are asked to update this information at least quarterly. In addition, information pertaining to MRC members who are able and willing to be utilized outside their local jurisdiction will be collected (this subset of the MRC will be known as the “PHS Auxiliary”).

Appropriate safeguards are in place to protect the integrity and privacy of the system. Access to records is limited to MRC program staff, and contractors, consultants or grantees who have been engaged by the Department to assist with the MRC program and who need access to the records in order to perform the activity. All computer equipment and files are stored in areas where fire and life safety codes are strictly enforced, and computer networks and web-accessible systems are password protected.

It is anticipated that disclosure may be made to U.S. Government employees, as well as to contractors, consultants or grantees, who have been engaged by the Department to assist with the MRC program. Routine uses of the collected data will allow for the successful coordination of the program, and adequate reporting to applicable agencies/organizations.

This system of records is required to comply with the implementation directives of the Act, Public Law 108–20.

The following notice is written in the present tense, rather than in the future tense, in order to avoid the unnecessary expenditure of public funds to republish the notice after the system becomes effective.

Dated: June 23, 2006.

John O. Agwunobi,
ADM, USPHS, Assistant Secretary for Health.
 [FR Doc. E6–10346 Filed 6–30–06; 8:45 am]
BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–06–0278]

Agency Forms Undergoing Paperwork 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 e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Hospital Ambulatory Medical Care Survey [OMB No. 0920–0278]—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. The purpose of the NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians’ offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs) and

emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children’s general.

The NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920–0234) which provides similar data concerning patient visits to physicians’ offices. The NAMCS and NHAMCS are the principal sources of data on approximately 90 percent of ambulatory care provided in the United States.

The NHAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include patients’ demographic characteristics, reason(s) for visit, physicians’ diagnosis(es), diagnostic services, medications, and disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population. In addition, a Cervical Cancer Screening Supplement (CCSS) will be added to collect information on cervical cancer screening practices from hospital OPD clinics. It will allow the CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to evaluate cervical cancer screening methods and the use of human papilloma virus (HPV) tests.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 7,313.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Chief Medical Officer	Hospital Induction form (NHAMCS—101)
	Ineligible	50	1	15/60
Ancillary Service Executive	Eligible	420	1	1
	Ambulatory Unit Induction form (ED) (NHAMCS—101/U).	400	1	1
Ancillary Service Executive	Ambulatory Unit Induction form (OPD) (NHAMCS—101/U).	250	4	1

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Physician/Registered Nurse/Medical Record Clerk.	ED Patient Record form (NHAMCS—100 ED).	220	100	6/60
Medical Record Clerk	Pulling and re-filing ED Patient Record	180	100	1/60
Physician/Registered Nurse/Medical Record Clerk.	OPD Patient Record form (NHAMCS—100 OPD).	125	200	6/60
Medical Record Clerk	Pulling and re-filing OPD Patient Record	125	200	1/60
Physician	Cervical Cancer Screening Supplement (CCSS) (NHAMCS form 906).	200	1	15/60
Physician Assistant/Nurse Practitioner/Nurse Midwife.	Cervical Cancer Screening Supplement (CCSS) (NHAMCS form 906).	50	1	15/60

Dated: June 22, 2006.

Joan F. Karr,

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

[FR Doc. E6–10358 Filed 6–30–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–06–06BK]

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 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to 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

Assessment of Occupational Exposure Management—New—Division of Healthcare Quality Promotion (DHQP), National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), (CDC), defines its primary mission as the protection of patients and healthcare personnel through the promotion of safety, quality, and value in the healthcare delivery system. One priority is preventing transmission of blood borne pathogens to healthcare personnel during delivery of medical care. The purpose of this project is to conduct an assessment of personnel safety in healthcare settings in the United States, specifically management of occupational blood

exposures as part of a larger plan to prevent the transmission of bloodborne pathogens. While the United States Public Health Service protocols on management of occupational exposure are widely distributed, the awareness and implementation of these protocols by providers of health services are unknown.

CDC has undertaken the task of conducting a survey assessing occupational exposure management programs that will address safety for healthcare personnel. The survey is intended to assess surveillance reporting, laboratory diagnostic capacity, general policies on managing exposures, staffing health consultants, staff training, and provision of counseling for exposed workers. The results of the survey will be used to ensure that surveillance activities, reporting procedures for occupational exposures, on-site laboratory services, and occupational exposure management policies are consistent with national guidelines. Results will also be used to provide facilities with up-to-date information on infection control.

Respondents from each of the four healthcare settings will be asked to complete the survey. The anticipated number of respondents is shown below. Only one response is requested from each respondent. The estimated average length of time necessary to complete a survey is 20 minutes. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (hours)
Acute-Care Facilities	865	1	20/60	288
Ambulatory Surgery Centers	353	1	20/60	118
Long-term Care Facilities	3634	1	20/60	1211
Dialysis Centers	468	1	20/60	156