Dated: February 19, 2010.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2010–4069 Filed 2–25–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0761]

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 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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Randomized Controlled Trial of Routine Screening for Intimate Partner Violence—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests OMB approval of revisions to a currently approved collection entitled "Randomized Controlled Trial of Routine Screening for Intimate Partner Violence" (approved 01/24/2008; expiration date 01/29/2011). The proposed changes are a result of findings from the Pretest that showed high numbers of Spanish speakers at recruitment clinics, a higher prevalence of reported exposure to intimate partner violence (IPV), and redundancy of the 20-item mental health scale with other measures being used. As a result, we are requesting approval to extend trial inclusion criteria to Spanish speakers, a reduction in sample size, and deletion of a 20-question mental health scale. These last two changes will result in a decrease in burden to respondents. In addition, we are requesting an extension of three years to complete this information collection. The overarching purpose of the information collection has not changed nor are there substantial changes to the study methods.

The revisions requested will reduce annual burden by 410 hours. Deletion of the mental health scale will reduce the burden response by 2 minutes; the reduction of sample size will reduce number of respondents; and extension of information collection time will decrease annualized burden. The Pretest has already been conducted and the estimates of burden for the interview in the Main Study are based on results from the Pretest. Based on our new sample size estimates adjusted as a result of findings in the Pretest, in the Main Study, we will approach an estimated total of 3340 women to establish eligibility and recruit about 2675 (total) women. The annualized average response burden equals 308 hours, which is a reduction of 410 burden hours.

There is no cost to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ response (in hours)
Women Seeking Health Care Services.	Eligibility Script for Pretest	70	1	1/60
	Baseline Questionnaire Pretest	65	1	15/60
	Follow-up Questionnaire Pretest	59	1	12/60
	Eligibility Script for Main Study	668	1	1/60
	Baseline Questionnaire Main Study	535	1	16/60
	Follow-up Questionnaire Main Study (estimated 30% lost to follow-up).	356	1	21/60

Dated: February 22, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–4001 Filed 2–25–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10184]

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:* Eligibility Error Rate Measurement in Medicaid and the Children's Health Insurance Program; *Use:* The collection of information is necessary for CMS to produce national error rates for Medicaid and CHIP as required by Public Law 107–300, the IPIA of 2002. The collection of information is also necessary to implement provisions from the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111–3) with regard to the Medicaid Eligibility Quality Control (MEQC) and Payment Error Rate Measurement (PERM) programs. The information collected from the States selected for review will be used by CMS to ensure States use a statistically sound sampling methodology, to ensure the States complete reviews on all cases sampled, and will be used by the federal contractor to calculate State and national Medicaid and CHIP eligibility error rates. *Form Number:* CMS–10184 (OMB#: 0938–1012); *Frequency:* Reporting—Occasionally; *Affected Public:* State, Local, Tribal Governments; *Number of Respondents:* 34; *Total Annual Responses:* 53; *Total Annual Hours:* 942,764. (For policy questions regarding this collection contact Jessica Woodard at 410–786–9249. For all other issues call 410–786–1326.)

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/PaperworkReductionActof1995,* 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.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *March 29, 2010:*

OMB, Office of Information and Regulatory Affairs,

Attention: CMS Desk Officer,

Fax Number: (202) 395–6974,

E-mail: OIRA_submission@omb.eop.gov.

Dated: February 22, 2010.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2010–4020 Filed 2–25–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–10–10BR]

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 Maryam I. Daneshvar, CDC Acting 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

Evaluation and Development of Hearing Loss Interventions—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–596, Sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1970) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This research relates to reducing the incidence of noise induced hearing loss in the coal mining industry through improved development and dissemination of hearing loss prevention products. The overall objective of this project is to improve the effectiveness of hearing loss prevention research products through development, refinement, promotion, and long term evaluation. Research products developed in previous projects and new products developed in current projects will be evaluated and promoted for industry-wide adoption and impact.

Noise-induced hearing loss (NIHL) is the most common occupational illness in the United States today, with 30 million workers exposed to excessive noise levels. Mining has the highest prevalence of hazardous noise exposure of any major industry sector (Tak, Davis, & Calvert, 2009) and is second only to the railroad industry in prevalence of workers reporting hearing difficulty (Tak & Calvert, 2008). The Hearing Loss Prevention Branch at NIOSH Office of Mine Safety and Health Research (OMSHR) has developed multiple hearing loss prevention research products with the intent of controlling noise exposure and reducing the occurrence of NIHL in mining. However, many of the products are not widely used in industry. The current project has several goals related to determining the effectiveness of our products and developing additional products; however it is also necessary to determine why the products are not receiving greater field utilization so that we can amend the procedure for dissemination and to assure that future products are transferred to industry in a more efficient manner.

The outcomes of this project will include a culmination of various physical measures such as noise dosimetry, noise measures, and audiometry. These are common industry hygiene methods that typically do not require special approval. However, it will also be necessary to conduct semi-structured interviews and questionnaire-based assessments with various mine personnel who are using NIOSH-developed noise controls to gain an understanding of the barriers to acceptance. Employees will be asked about their motivation to implement noise controls, their attitude towards the specific control being assessed, their attitude toward safety, and the methods they use to find and implement health and safety information. These interviews will take place with health