

may time limit it, but for no less than five years.

Staff's labor cost estimates take into account: managerial and professional time for reviewing internal policies and determining compliance obligations; technical time for creating the notice and opt-out, in either paper or electronic form; and clerical time for disseminating the notice and opt-out.<sup>5</sup> In addition, staff's cost estimates presume that the availability of model disclosures and opt-out notices will simplify the compliance review and implementation processes, thereby significantly reducing the cost of compliance. Moreover, the Rule gives entities considerable flexibility to determine the scope and duration of the opt-out. Indeed, this flexibility permits entities to send a single joint notice on behalf of all of its affiliates.

**Estimated total average annual hours burden: 1,043,961 hours**

Based, in part, on industry data regarding the number of businesses under various industry codes, staff estimates that 1,101,780 non-GLBA entities under FTC jurisdiction have affiliates and would be affected by the Rule.<sup>6</sup> Staff further estimates that there are an average of 5 businesses per family or affiliated relationship, and that the affiliated entities will choose to send a joint notice, as permitted by the Rule. Thus, an estimated 220,356 non-GLBA business families may send the affiliate marketing notice. Staff also estimates that non-GLBA entities under the jurisdiction of the FTC would each incur 14 hours of burden during the prospective requested three-year PRA clearance period, comprised of a projected 7 hours of managerial time, 2 hours of technical time, and 5 hours of clerical assistance.

Based on the above, total burden for non-GLBA entities during the prospective three-year clearance period

<sup>5</sup> No clerical time was included in staff's burden analysis for GLBA entities as the notice would likely be combined with existing GLBA notices.

<sup>6</sup> This estimate is derived from an analysis of a database of U.S. businesses based on SIC codes for businesses that market goods or services to consumers, which included the following industries: transportation services; communication; electric, gas, and sanitary services; retail trade; finance, insurance, and real estate; and services (excluding business services and engineering, management services). See (<http://www.naics.com/search.htm>). This estimate excludes businesses not subject to the FTC's jurisdiction and businesses that do not use data or information subject to the rule. To the resulting sub-total (6,677,796), staff applies a continuing assumed rate of affiliation of 16.75 percent, see 69 FR 33324, 33334 (June 15, 2004), reduced by a continuing estimate of 100,000 entities subject to the Commission's GLBA privacy notice regulations, see *id.*, applied to the same assumed rate of affiliation. The net total is 1,101,780.

would be approximately 3,084,984 hours, cumulatively. Associated labor cost would total \$100,841,592.<sup>7</sup> These estimates include the start-up burden and attendant costs, such as determining compliance obligations. Non-GLBA entities, however, will give notice only once during the clearance period ahead. Thus, averaged over that three-year period, the estimated annual burden for non-GLBA entities is 1,028,328 hours and \$33,613,864 in labor costs.<sup>8</sup>

Entities that are subject to the Commission's GLBA privacy notice regulation already provide privacy notices to their customers.<sup>9</sup> Because the FACT Act and the Rule contemplate that the affiliate marketing notice can be included in the GLBA notices, the burden on GLBA regulated entities would be greatly reduced. Accordingly, the GLBA entities would incur 6 hours of burden during the first year of the clearance period, comprised of a projected 5 hours of managerial time and 1 hour of technical time to execute the notice, given that the Rule provides a model.<sup>10</sup> Staff further estimates that 3,350 GLBA entities under the FTC's jurisdiction would be affected,<sup>11</sup> so that the total burden for GLBA entities

<sup>7</sup> The associated labor cost is based on the labor cost burden per notice by adding the hourly mean private sector wages for managerial, technical, and clerical work and multiplying that sum by the estimated number of hours. The classifications used are "Management Occupations" for managerial employees, "Computer and Mathematical Science Occupations" for technical staff, and "Office and Administrative Support" for clerical workers. See National Compensation Survey: Occupational Earnings in the United States 2008, U.S. Department of Labor released August 2009, Bulletin 2720, Table 3 ("Summary: Full-time civilian workers: Mean and median hourly, weekly, and annual earnings and mean weekly and annual hours") (<http://www.bls.gov/ncs/ocs/sp/ncb0717.pdf>). The respective private sector hourly wages for these classifications are \$43.60, \$35.84, and \$16.15. Estimated hours spent for each labor category are 7, 2, and 5, respectively. Multiplying each occupation's hourly wage by the associated time estimate, labor cost burden per notice equals \$457.63. This subtotal is then multiplied by the estimated number of non-GLB business families projected to send the affiliate marketing notice (220,356) to determine cumulative labor cost burden for non-GLBA entities (\$100,841,592).

<sup>8</sup>  $3,084,984 \text{ hours} \div 3 = 1,028,328$ ;  $\$100,841,592 \div 3 = \$33,613,864$ .

<sup>9</sup> Financial institutions must provide a privacy notice at the time the customer relationship is established and then annually so long as the relationship continues. Staff's estimates assume that the affiliate marketing opt-out will be incorporated in the institution's initial and annual notices.

<sup>10</sup> As stated above, no clerical time is included in the estimate because the notice likely would be combined with existing GLBA notices.

<sup>11</sup> Based on the previously stated estimates of 100,000 GLBA business entities at an assumed rate of affiliation of 16.75 percent (16,750), divided by the presumed ratio of 5 businesses per family, this yields a total of 3,350 GLBA business families subject to the Rule.

during the first year of the clearance period would approximate 20,100 hours and \$850,364 in associated labor costs.<sup>12</sup> Allowing for increased familiarity with procedure, the PRA burden in ensuing years would decline, with GLBA entities each incurring an estimated 4 hours of annual burden (3 hours of managerial time and 1 hour of technical time) during the remaining two years of the clearance, amounting to 13,400 hours and \$558,244 in labor costs in each of the ensuing two years. Thus, averaged over the three-year clearance period, the estimated annual burden for GLBA entities is 15,633 hours and \$655,618 in labor costs.

Cumulatively for both GLBA and non-GLBA entities, the average annual burden over the prospective three-year clearance period is 1,043,961 burden hours and \$34,269,482 in labor costs. GLBA entities are already providing notices to their customers so there are no new capital or non-labor costs, as this notice may be consolidated into their current notices. For non-GLBA entities, the Rule provides for simple and concise model forms that institutions may use to comply. Thus, any capital or non-labor costs associated with compliance for these entities are negligible.

**Willard K. Tom**

*General Counsel*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Seeking Public Comment on Draft National Health Security Strategy Biennial Implementation Plan

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice.

**Authority:** Public Health Service Act, 42 U.S.C. 300hh-1.

**SUMMARY:** To help the Nation achieve national health security and to implement the first quadrennial *National Health Security Strategy (NHSS) of the United States of America (2009)* and build upon the *NHSS Interim Implementation Guide for the National Health Security Strategy of the United States of America (2009)* the U.S. Government has drafted a *NHSS Biennial Implementation Plan (BIP)*.

<sup>12</sup>  $3,350 \text{ GLBA entities} \times [(\$43.60 \times 5 \text{ hours}) + (\$35.84 \times 1 \text{ hour})] = \$850,364$ .

This document is intended to describe the priority activities to occur during fiscal years 2011 and 2012 of implementation so that all sectors and segments of the Nation are working collectively and leveraging resources to achieve the same outcomes. The activities include responsible entities, timelines and measures. The target audience for the BIP is the Nation (individuals, families, communities including all sectors and governments, states and the Federal Government). It also outlines a framework for evaluation of impact of the NHSS.

This document is submitted for public consideration and comment for a period of 30 calendar days at <http://www.phe.gov/preparedness/planning/authority/nhss/comments/>. The Office of the Assistant Secretary of Preparedness and Response (ASPR) within the Department of Health and Human Services (HHS) is submitting this document for public consideration as the lead agency in a broad interagency process to draft the guidance.

**DATES:** The public is encouraged to submit written comments on this proposed document. Comments may be submitted to HHS/ASPR in electronic form at the HHS/ASPR e-mail address and URL shown below. All comments should be submitted by August 25, 2010. All written comments received in response to this notice will be available for review by request. This document is available in hard-copy for all those that request it from the Federal point of contact.

**FOR FURTHER INFORMATION CONTACT:** Lisa Kaplowitz, Deputy Assistant Secretary, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Washington, DC 20201; phone: 202-205-2882; <http://www.phe.gov/preparedness/planning/authority/nhss/comments/>; e-mail address: [nhss@hhs.gov](mailto:nhss@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The *National Health Security Strategy (2009)* can be found at: <http://www.phe.gov/preparedness/planning/authority/nhss/Pages/default.aspx>.

Dated: July 16, 2010.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Children's Hospital Graduate Medical Education (CHGME) Payment Program Annual Report (OMB No. 0915-0313)—Extension**

The CHGME Payment Program was enacted by Public Law 106-129 to provide Federal support for graduate medical education (GME) to freestanding children's hospitals, similar to Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect

medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

The CHGME Payment Program was reauthorized for a period of five years in October 2006 by Public Law 109-307. The reauthorizing legislation requires that participating children's hospitals provide information about their residency training programs in an annual report that will be an addendum to the hospitals' annual applications for funds.

Data are required to be collected on the (1) types of training programs that the hospital provided for residents such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties including both medical subspecialties certified and non-medical subspecialties; (2) the number of training positions for residents, the number of such positions recruited to fill, and the number of positions filled; (3) the types of training that the hospital provided for residents related to the health care needs of different populations such as children who are underserved for reasons of family income or geographic location, including rural and urban areas; (4) changes in residency training including changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes and changes for purposes of training residents in the measurement and improvement and the quality and safety of patient care; and (5) the numbers of residents (disaggregated by specialty and subspecialty) who completed training in the academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located.

Form name	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Screening Instrument (HRSA 100-1) .....	56	1	56	9.2	515.2
Annual Report: Hospital and Program-Level Information (HRSA 100-2 and 3) .....	56	1	56	78.7	4407.2
<b>Total</b> .....	<b>56</b>	<b>.....</b>	<b>56</b>	<b>87.9</b>	<b>4922.4</b>

Written comments and recommendations concerning the proposed information collection should

be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)

or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."