

in this country have the disorder. Asthma accounts for 13.3 million health care visits and more than 3,400 deaths per year. Except for a few cases linked to occupational exposures, the causes of asthma remain unknown, and there exists no cure. In the absence of means to eliminate the disorder, treatment to minimize the frequency and intensity of asthmatic attacks is of paramount importance and patients must take action at appropriate times. Several treatment tools are available, including the use of corticosteroids and control of exposure to allergens and irritants. Thus, the education provided by health care providers to asthmatic patients forms a critical link in efforts to control asthma.

Anecdotal evidence suggests that there is substantial variability, in type

and amount, in patient education. Some causes of this are suspected: Billing codes for asthma education are not universally present and the degree of health literacy among patients varies and is likely not universally sufficient. Nevertheless, in large part, the factors influencing asthma education by health care providers are unknown. To help address this situation, the Air Pollution and Respiratory Health Branch of CDC wishes to conduct a study to identify barriers to, and facilitators of, asthma education among health care providers. The target audiences for the study are primary care physicians who routinely provide an initial diagnosis of asthma and nurses who routinely provide asthma education to patients. The overall objectives of this study are to explore practices, barriers, and

facilitators regarding provisions of control education to people diagnosed with asthma and to explore the practices, barriers, and facilitators to routine development and use of written asthma action plans.

The target audiences for the study are physicians and nurses. Up to eight physicians will be selected for individual 30-minute interviews per city. A total of three cities will be visited.

Data from the nurses will be collected by means of a 60-minute focus group session. Up to four participants will be selected for each focus group, and a total of two focus groups will be held in each city. A total of three cities will be visited.

There is no cost to the physicians and the nurses except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Type of data collection	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
Physicians	Interview	24	1	0.5	12
Nurses	Focus Group	24	1	1	24
Total	36

Dated: October 29, 2010.

Carol E. Walker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: National Medical Support Notice—NPRM.

OMB No.: 0970-0222.

Description: The information collected by State IV-D Child Support Enforcement agencies is used to complete the National Medical Support Notice (NMSN), which is sent to employers of employee/obligors and used as a means of enforcing the healthcare coverage provision in a child support order. Primarily, the information the State Child Support enforcement agencies use to complete the NMSN is information regarding appropriate persons, which is necessary for the enrollment of the child in employment-related health care coverage, such as the employee/obligors name, address, and Social Security Number; the employer's name and address; the name and address of the

alternate recipient (child); and the custodial parent's name and address. The employer forwards the second part of the NMSN to the group health plan administrator, which contains the same individual identifying information. The plan administrator requires this information to determine whether to enroll the alternate recipient in the group health plan. If necessary, the employer also initiates withholding from the employee's wages for the purpose of paying premiums to the group health plan for enrollment of the child.

Respondents: State and Territory agencies administering the child Support Enforcement program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
National Medical Support Notice	54	97,775	0.17	897,574.50
Estimated Total Annual Burden Hours:	897,574.50

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and

Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be

identified by the title of the information collection. E-mail address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, E-mail: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Dated: November 2, 2010.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-10GT]

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 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Behavioral Assessment Component of the Behavioral Assessment and Rapid Testing (BART) Project—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This Behavioral Assessment and Rapid Testing project involves conducting behavioral assessments and rapid HIV testing at a variety of events serving groups at high risk for acquiring or transmitting HIV infection. Behavioral assessments will be conducted using one protocol and one research agenda but at events serving different minority and hard-to-reach populations. This project will address the increasing rates of HIV infection among African Americans (AAs) and men who have sex with men as well as the need for early detection and linkage to health care for HIV-infected persons. The behavioral assessment component will provide the opportunity to describe the risk profiles and prevalence of unrecognized infection among individuals reachable for HIV counseling and testing at these events. Collected data will be used to develop

risk reduction interventions that are appropriate for the attendees of future events that attract persons who may be at high risk for HIV infection.

The purpose of the proposed data collection is to collect behavioral data at selected public events serving specific high-risk populations and to increase the proportion of at-risk persons who are aware of their HIV status. This project seeks to improve HIV prevention by collecting information from persons who do not access HIV testing in fixed testing venues or do not test as frequently as is recommended. The behavioral assessment component of the project addresses the need for increased behavioral data among some high-risk groups that are more difficult to access or represent increasingly greater proportions of the HIV epidemic.

A convenience sample will be used to select attendees at (1) Gay Pride; (2) Minority Gay Pride; (3) black spring break; and (4) cultural and social events attracting large numbers of African Americans.

Trained interviewers will select and approach event attendees. A screener questionnaire will be used to determine participation eligibility and obtain oral consent. Approximately 7,000 individuals will be approached and screened (through a 2-minute interview) for eligibility to participate each year. Approximately 5,600 individuals are expected to be eligible and participate in the 5- to 15-minute behavioral assessment interview each year. There is no cost to respondents other than their time. The estimated annual burden is 1,633 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Form	No. of respondents	No. of responses per respondent	Average burden per response (hours)
Event attendees	Eligibility Screener	7,000	1	2/60
Event attendees	Behavioral Assessment	5,600	1	15/60

Dated: November 1, 2010.

Carol Walker,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-27982 Filed 11-4-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-0210]

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 email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information