

on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, including when a PSO chooses to voluntarily relinquish its status as a PSO for any reason.

**DATES:** The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12 Midnight ET (2400) on October 13, 2010.

**ADDRESSES:** Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

**FOR FURTHER INFORMATION CONTACT:**

Diane Cousins, RPh., Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; E-mail: [psa@AHRQ.hhs.gov](mailto:psa@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Background**

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery. HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule (PDF file, 450 KB. PDF Help) relating to the listing and operation of PSOs. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs. AHRQ has accepted a notification from Human Performance Technology Group, Inc., PSO number P0003, to voluntarily relinquish its status as a PSO. Accordingly, Human Performance Technology Group, Inc. was delisted effective at 12 Midnight ET (2400) on October 13, 2010.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: November 24, 2010.

**Carolyn M. Clancy,**

*Director.*

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**BILLING CODE 4160-90-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Patient Safety Organizations: Voluntary Delisting**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice of Delisting.

**SUMMARY:** AHRQ has accepted a notification of voluntary relinquishment from Sprixx, a component entity of Harbor Medical, Inc., of its status as a Patient Safety Organization (PSO). The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Public Law 109-41, 42 U.S.C. 299b-21-b-26, provides for the formation of PSOs, which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule), 42 CFR Part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, including when a PSO chooses to voluntarily relinquish its status as a PSO for any reason.

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Patient Safety Act and Patient Safety Rule (PDF file, 450 KB. PDF Help) relating to the listing and operation of PSOs. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs. AHRQ has accepted a notification from Sprixx, a component entity of Harbor Medical, Inc., PSO number P0005, to voluntarily relinquish its status as a PSO. Accordingly, Sprixx, a component entity of Harbor Medical, Inc., was delisted effective at 12:00 Midnight ET (2400) on October 13, 2010.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: November 24, 2010.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 2010-30266 Filed 12-2-10; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60 Day-11-0775]

**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 Carol Walker, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

Formative Research to Develop the Routine HIV Testing for Emergency Medicine Physicians, *Prevention Is Care (PIC)*, and Partner Services Social Marketing Campaigns—Extension—(0920–0775, exp. 4/30/2011), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

This project involves formative research to inform the development of three CDC-sponsored social marketing campaigns: Social Marketing Campaign to Make HIV Testing a Routine Part of Medical Care for Emergency Medicine Physicians (Routine HIV Testing), Prevention Is Care (PIC), and Partner Services (Partner Services). The goal of

the Routine HIV Testing Campaign is to increase HIV testing rates among individuals who receive care through the emergency department and the objective of the campaign is to make HIV testing a routine part of care provided by emergency medicine physicians. PIC entails encouraging primary care physicians (PCP) and Infectious Disease Specialists who deliver care to patients living with HIV to screen their HIV patients for HIV transmission behaviors and deliver brief messages on the importance of protecting themselves and others by reducing their risky behaviors. The long-term objective of the campaign is to establish PIC as the standard of care for persons living with HIV. The goal of the Partner Services component of the PIC social marketing campaign is to make HIV partner services a routine part of medical care. Partner services will greatly enhance the detection and early referral of individuals with HIV infection and will greatly reduce the number of new infections. The study

entails conducting interviews to test creative materials with a sample of emergency medicine physicians for Routine HIV Testing and with PCP and Infectious Disease Specialists for PIC and Partner Services. Findings from this study will be used by CDC and its partners to inform current and future program activities.

For Routine HIV Testing, we expect a total of 36 physicians to be screened annually for eligibility. Of the 36 physicians who are screened annually, we expect that 24 will participate in an interview annually.

For PIC, we expect a total of 81 physicians to be screened annually for eligibility. Of the 81 physicians who are screened, we expect that 54 will participate in an interview annually.

For Partner Services, we expect a total of 87 physicians to be screened annually for eligibility. Of the 87 physicians who are screened, we expect that 58 will participate in an interview annually.

There are no costs to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Emergency Medicine Physicians ..	Routine HIV Testing Screener .....	36	1	10/60	6
Emergency Medicine Physicians ..	Routine HIV Testing Interview .....	24	1	1	24
Emergency Medicine Physicians ..	Routine HIV Paper & Pencil Survey.	24	1	10/60	4
Prevention Is Care .....	PIC Screener .....	81	1	10/60	14
Prevention Is Care .....	PIC Interview .....	54	1	1	54
Prevention Is Care .....	PIC Paper & Pencil Survey .....	54	1	10/60	9
Partner Services .....	Screener .....	87	1	10/60	15
Partner Services .....	Interview .....	58	1	1	58
Partner Services .....	Paper & Pencil Survey .....	58	1	10/60	10
<b>Total .....</b>					<b>194</b>

Dated: November 29, 2010.

**Carol Walker,**

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

[FR Doc. 2010–30369 Filed 12–2–10; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR); Notice of National Conversation on Public Health and Chemical Exposures Leadership Council Meeting**

*Time and Date:* 9 a.m.–5 p.m. EST, Wednesday, December 15, 2010.

*Location:* Washington Plaza Hotel, 10 Thomas Circle, NW., Washington, DC 20005.

*Status:* Open to the public, on a first come, first served basis, limited by the space available. An opportunity for the public to listen to the meeting by phone will be available. For information on observing the meeting in person or by phone, see “contact for additional information” below.

*Purpose:* This is the seventh meeting of the National Conversation on Public Health and Chemical Exposures Leadership Council, which is convened by RESOLVE, a non-profit independent facilitator. The National Conversation on Public Health and Chemical Exposures is a collaborative initiative supported by NCEH/ATSDR and through which many organizations and individuals are helping develop an

action agenda for strengthening the Nation’s approach to protecting the public’s health from harmful chemical exposures. The Leadership Council provides overall guidance to the National Conversation project and is responsible for issuing the final action agenda. For additional information on the National Conversation on Public Health and Chemical Exposures, visit this Web site: <http://www.atsdr.cdc.gov/nationalconversation/>.

*Meeting agenda:* The purpose of the meeting is to discuss the draft action agenda.

*Contact for additional information:* If you would like to receive additional information on attending this meeting in person or listening by telephone, please