inherent complexity of the topic. The term "mixture" can be broadly interpreted and can refer to a substance with variable composition or to mixtures resulting from combined exposures. For the purposes of this RFI, "mixtures" pertains to any set of multiple environmental exposures (chemical or non-chemical) that may contribute jointly to adverse human health outcomes, irrespective of whether people are exposed to the substances at the same/different times or through similar/distinct sources or routes.

Continuous human exposure to complex and dynamic mixtures precludes directly testing the toxicity of each possible exposure combination. Therefore, predictive models of mixture toxicity must be developed and validated in order to characterize the hazard associated with complex exposures. In order to develop these models, a better understanding is required of both the composition of real-world exposures and the fundamental principles of chemical interactions. Combinatorial or statistical approaches are needed to address the potential interactions of complex exposures. Moreover, these approaches should be used to move beyond assessment of individual chemicals and further our understanding of the impacts of realistic exposures.

Information gathered through this RFI will be used in planning a workshop on mixtures to be held in late summer 2011. The date and location have not yet been determined, but when set, will be announced in the **Federal Register**. The overarching goals of this workshop are to foster discussion on the approaches, infrastructure, and resources needed to make progress and to identify new scientific opportunities by applying innovative tools to the field of mixtures research. Additionally, the workshop should provide opportunities for development of collaborations and foster multidisciplinary interactions among the mixtures scientific community. The workshop will bring together experts from multiple disciplines including, but not limited to, exposure assessment, risk assessment, biostatistics, toxicology, biology, regulatory science, and epidemiology.

Information Requested

DERT and the NTP request information on the challenges and potential solutions in mixtures research. Responses to any or all of the questions below are invited from interested individuals/groups, including, but not limited to, the environmental health research community, health professionals, educators, policy makers, industry, and the public.

- What are the underlying scientific knowledge gaps for assessing the effects of mixtures on human health?
- What are the scientific issues encountered in performing risk assessments of mixtures that can be addressed by new research?
- What types of scientific data (*e.g.,* mechanistic, epidemiological) are needed to address these underlying knowledge gaps?
- What are the new technologies and innovative approaches that could be leveraged to address these underlying knowledge gaps?

All responses to information requested in this RFI are optional. The information collected will be analyzed and considered for use in the further development of the workshop. The summarized data (without identifiers) may appear in future reports. Although the NIH will provide safeguards to prevent the release of identifying information, there is no guarantee of confidentiality. This RFI is for planning purposes only and shall not be construed as a solicitation for applications or as an obligation on the part of the Government. The Government will not pay for the preparation of any information submitted or for the Government's use of that information. Acknowledgement of receipt of responses will be provided through the Web site (*http://ntp.niehs.nih.gov/go/rfimix*), but respondents will not be notified of the Government's assessment of the information received. No basis for claims against the Government shall arise as a result of responses to this RFI, or in the Government's use of such information as part of its evaluation process.

Dated: February 28, 2011.

Linda S. Birnbaum,

Director, National Institute of Environmental Health Sciences and National Toxicology Program.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11BH]

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

The Division of Behavior Surveillance (DBS) Gulf States Population Survey—New—Public Health Surveillance Program Office (PHSPO), Office of Surveillance, Epidemiology, and Laboratory Services (OSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On April 20, 2010, the BP Deepwater Horizon oil rig exploded in the Gulf of Mexico spilling more than 4.9 million barrels of oil into the Gulf. The lives and livelihoods of persons residing in the Gulf coastal communities were affected by this event due to loss of work, disruption in the fishing and tourism industries, and the effect on the physical environment in which they live.

An ongoing public health concern following the spill is the effect on the mental and behavioral health of populations living in and around the Gulf region and access to the mental health services required to meet that need.

On October 7, 2010 the Office of Management and Budget (OMB) granted emergency clearance (OMB control # 0920–0868, expiration date April 30, 2011) to CDC's Public Health Surveillance Program Office (PHSPO), Division of Behavioral Surveillance (DBS) to conduct a survey to monitor the mental and behavioral health status of this affected population. Data collection for the DBS Gulf States Population Survey began on December 14, 2010 and will continue monthly for a one-year period. No data were collected from October 2010 to December 13, 2010, because the sampling and data collecting contracts had not been awarded.

Using the existing capacity and infrastructure of the Behavioral Risk Factor Surveillance System (BRFSS), DBS implemented a standalone survey designed to monitor mental and behavioral health indicators in the adult population in selected coastal counties affected by the oil spill. The survey includes health related questions taken

from the ongoing BRFSS as well as additional questions taken from standardized scales or from other surveys designed to measure anxiety, depression, and potential stress-associated physical health effects.

The survey questionnaire was developed by DBS in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and state public health and mental health departments from Louisiana, Mississippi, Alabama, and Florida, where the survey is being conducted.

Coastal counties within 32 miles of an area where fishing was closed due to the Deepwater Horizon Event were selected for inclusion. These include the following Gulf coast counties:

Louisiana: Assumption Parish, Calcasieu Parish, Cameron Parish, Iberia Parish, Jefferson Parish, Jefferson Davis Parish, Lafourche Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. Mary Parish, St. Tammany Parish, Tangipahoa Parish, Terrebonne Parish, Vermilion Parish

Mississippi: Hancock County, Harrison County, Jackson County

Alabama: Baldwin County, Mobile County

Florida: Escambia County, Okaloosa County, Santa Rosa County, Walton County

Since the publication of the 60-day **Federal Register** Notice, DBS proposes to include the following modifications to the Gulf States Population Survey.

- Addition of a Spanish translation of the questionnaire.
- Minor modifications in the wording of some survey questions to improve respondent's understanding of the question.
- Extension of the sample area to the entirety of the four states (AL, FL, LA, MS), which will allow comparison of results from the Gulf Coast counties to non-Gulf Coast counties.
- Addition of cellular phones to the sampling frame. Extension of the sample area to the entirety of the four states (AL, FL, LA, MS) will allow DBS to sample cellular phone responses in addition to land-line telephones. This will improve the survey representativeness because those who have a cellular phone, but no land-line telephone, have a demographic profile that differs from those who do have land-line telephones.

The objective of the survey is to provide state health and mental health departments, SAMHSA, and other appropriate organizations data they need to assess the need for mental and behavioral health services in the selected counties and to inform the provision of those services.

The telephone survey will collect data from a random sample of telephone households which include landline and cellular phone telephones in the selected counties. Approximately 2,500 interviews will be completed each month in the targeted coastal areas and approximately 1,250 interviews will be completed in the comparison areas. Adults 18 years or older will be asked to take part in the survey, but only one adult per household will be interviewed. Potential respondents will be notified through an introductory script that participation is voluntary and they will not be compensated for participating. For those who agree to participate, interviews should last approximately 30 minutes.

Since the OMB emergency clearance for the DBS Gulf States Population Survey expires April 30, 2011, DBS is submitting and information collection request (ICR) to continue data collection for one year.

Preliminary data from the survey will be available to SAMHSA and participating states monthly (pending sample size). The final dataset and analyses will be provided to SAMHSA and participating states in January 2012.

There is no cost to respondents other than their time. The total estimated annual burden hours are 20,000.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Group	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Individuals	GSPS	Coastal Counties	30,000	1	30/60
		Comparison Group Counties	10,000	1	30/60

Catina Conner,

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

[FR Doc. 2011–5294 Filed 3–8–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10232 and CMS–R–211]

Agency Information Collection Activities: Proposed Collection; 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) 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 functions; (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:* Revision of currently approved collection; *Title of Information Collection:* State Plan Template to Implement Section 6062 of the Deficit Reduction Act; *Form No.:* CMS–10232 (OMB#: 0938–1045); *Use:* The Deficit Reduction Act (DRA) provides States with numerous flexibilities in operating their State Medicaid Programs. Section 6062 of the DRA (Opportunity for families of Disabled Children to Purchase Medicaid Coverage for Such Children) provides States the opportunity to provide Medicaid benefits to disabled children who would otherwise be ineligible because of family income that is above the State's highest Medicaid eligibility standards for children. States must establish a State Plan for medical assistance to implement this provision. To do this,