

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Vendors .....	1000	1	12/60	200
Grant Recipients .....	1667	1	10/60	279
Total .....				479

OS specifically requests comments on (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.

**Keith A. Tucker,**

*Information Collection Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-13-0212]

#### 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 (404) 639-7570 or send an email to [omb@cdc.gov](mailto: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

The National Hospital Care Survey (NHCS) (OMB No. 0920-0212, expiration date: 04/30/2014)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS),

acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request for the National Hospital Care Survey includes data collection from hospital inpatient departments; hospital ambulatory departments including emergency departments (ED), outpatient departments (OPD), and ambulatory surgery locations (ASLs); and freestanding ambulatory surgery centers (ASCs).

The National Center for Health Statistics' (NCHS) surveys on hospital care include the National Hospital Discharge Survey (NHDS) (OMB No. 0920-0212) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0234). NHDS, between 1965 and 2010, provided critical information on the utilization of the nation's non-Federal short-stay hospitals and on the nature and treatment of illness among the inpatient hospitalized population. NHAMCS has provided data annually since 1992 concerning the nation's use of hospital emergency and outpatient departments. Beginning in 2009 NHAMCS collected data on hospital-based ambulatory surgery locations, and in 2010 began collection of data from free-standing ambulatory surgery centers. NHAMCS data have been extensively used for monitoring changes and analyzing the types of outpatient care provided in the nation's hospitals.

The Drug Abuse Warning Network (DAWN) (OMB No. 0930-0078, expired 12/31/2011) collected specific information on drug-related visits to the ED. DAWN was previously funded by the Center for Behavioral Health Statistics & Quality (CBHSQ) of the Substance Abuse & Mental Health Services Administration (SAMHSA), DHHS.

NCHS is integrating the data collected from NHDS, NHAMCS, and DAWN into one survey called the National Hospital Care Survey (NHCS). This integration will increase the wealth and depth of data on health care utilization and allow for linkages to other data sources such

as the National Death Index and data from Centers for Medicare and Medicaid Services (CMS).

The recruitment of a sample of 500 hospitals for NHCS has been ongoing since May 2011. Participating hospitals are submitting inpatient level data in the form of electronic Uniform Bill (UB-04) administrative claims data as well as facility-level data. This activity continues in 2013 in addition to the sampled hospitals being asked to provide data on the utilization of health care provided in their EDs, OPDs and ASLs, thus integrating the NHDS, NHAMCS, and DAWN into NHCS. If funding becomes available, a new sample of freestanding ASCs will be recruited sometime within the 3-year clearance period.

NHCS will replace NHDS, NHAMCS, and DAWN, but continue to provide nationally representative data on utilization of hospital care and general purpose health care statistics on inpatient care as well as care delivered in EDs, OPDs, ASLs, and freestanding ASCs.

Facility-level, patient-level, discharge-level, and visit-level, data items will be collected from the recruited hospitals and freestanding ASCs in NHCS. Facility-level data items will include ownership, number of staffed beds, clinical capabilities, financial information, and electronic health record adoption. Patient-level data items will be collected for both inpatient and ambulatory components and include basic demographic information, personal identifiers, name, address, social security number (if available), and medical record number (if available). For the inpatient component, discharge-level data will be collected through the UB-04 claims and will include: admission and discharge dates, diagnoses, diagnostic services, and surgical and non-surgical procedures. For the ambulatory component, visit-level data will be collected through the UB-04 claims as well as through abstraction of a sample of medical records, which includes reason for visit, diagnosis, procedures, medications, and patient disposition.

We expect that the users of NHCS will be similar to the users of NHDS, NHAMCS, and DAWN data. These users include but are not limited to CDC, Congressional Research Office, Office of the Assistant Secretary for Planning and Evaluation (ASPE), National Institutes of Health, American Health Care Association, Centers for Medicare & Medicaid Services (CMS), Bureau of the Census, Office of National Drug Control

Policy, state and local governments, and nonprofit organizations. Other users of these data include universities, research organizations, many in the private sector, foundations, and a variety of users in the print media.

Data collected through NHCS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying

morbidity trends, and for research activities in the health field. Historically, NHDS and NHAMCS data have been used extensively in the development and monitoring of goals for the Year 2000, 2010, and 2020 Healthy People Objectives.

There is no cost to respondents other than their time to participate. The total burden is 7,224 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Department of Health Information Management (DHIM) or Health Information Technology (DHIT) staff Hospital CEO/CFO.	Initial Hospital Intake Questionnaire .....	133	1	1
Hospital CEO/CFO .....	Recruitment Survey Presentation .....	133	1	1
Hospital CEO/CFO .....	Annual Inpatient Hospital Interview .....	500	1	1
Hospital CEO/CFO .....	Annual Ambulatory Hospital Interview .....	500	1	1.5
Hospital Medical and Health Services Manager.	Ambulatory Unit Induction .....	2,000	1	15/60
Hospital DHIM or DHIT staff .....	Prepare and transmit UB-04 for inpatient and ambulatory.	500	4	1
Hospital Medical Record Clerk .....	Pulling and re-filing Patient Records (ED, OPD, and ASL).	1,125	100	1/60
FSASC Chief Executive Officer .....	Annual FSACS Interview .....	250	1	30/60
FSASC DHIM or DHIT .....	Prepare and transmit UB-04 .....	250	4	1
FSASC Medical Record Clerk .....	Pulling and re-filing Patient Records .....	125	100	1/60

**Kimberly S. Lane,**

*Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Healthcare Infection Control Practices Advisory Committee: Notice of Charter Renewal**

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Healthcare Infection Control Practices Advisory Committee, Department of Health and Human Services, has been renewed for a 2-year period through January 19, 2015.

For information, contact Jeffrey Hageman, M.H.S., Executive Secretary, Healthcare Infection Control Practices Advisory Committee, Department of Health and Human Services, 1600 Clifton Road NE., Mailstop A35, Atlanta, Georgia 30333, telephone 404/639-4951 or fax 404/639-2647.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Board of Scientific Counselors, National Center for Health Statistics: Notice of Charter Renewal**

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Center for Health Statistics, Department of Health and Human Services, has been renewed for a 2-year period through January 19, 2015.

For information, contact Virginia Cain, Ph.D., Designated Federal Officer, Board of Scientific Counselors, National Center for Health Statistics, Department of Health and Human Services, 3311 Toledo Road, Room 7204, Mailstop P08, Hyattsville, Maryland 20782, telephone 301/458-4395 or fax 301/458-4020.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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