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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[30Day-14-0881]

**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*. 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

Data Calls for the Laboratory Response Network—Extension—(OMB No. 0920-0881, expires 3/31/14)—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Laboratory Response Network (LRN) was established by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to Federal departments and agencies. The LRN’s mission is to maintain an

integrated national and international network of laboratories that can respond to acts of biological, chemical, or radiological terrorism and other public health emergencies. Federal, State, and local public health laboratories voluntarily join the LRN.

The LRN Program Office maintains a database of information for each member laboratory that includes contact information as well as staff and equipment inventories. However, semiannually or during emergency response, the LRN Program Office may conduct a Special Data Call to obtain additional information from LRN Member Laboratories in regards to biological or chemical terrorism preparedness. Special Data Calls may be conducted via queries that are distributed by broadcast emails or by survey tools (i.e. Survey Monkey). This is a request for an extension to this generic clearance. The only cost to respondents is their time to respond to the data call. The total annual burden hours requested is 400 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Public Health Laboratorians	Special Data Call	200	4	30/60

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**DEPARTMENT OF HEALTH AND
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[30Day-14-13AFV]

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comments should be received within 30 days of this notice.

Proposed Project

The National Ambulatory Medical Care Survey (NAMCS) National Electronic Health Record Survey (NEHRS)—New—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 “utilization of health care” in the United States. NAMCS NEHRS has been conducted annually since 2008 as a mail survey supplement under NAMCS. Questions in NAMCS NEHRS have been asked in NAMCS starting in 2001. NCHS is seeking OMB approval to make NAMCS NEHRS as an independent survey for the next three years.

The purpose of NEHRS is to measure progress toward goals for electronic health records (EHRs) adoption. NAMCS NEHRS target universe consists

of all non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care.

NAMCS NEHRS was initiated as a mail survey supplement under NAMCS. NAMCS NEHRS is the principal source of data on national and state-level EHR adoption in the United States. In 2008 and 2009, the sample size was 2,000 physicians annually. Starting in 2010, the annual sample size was increased five-fold, from 2,000 physicians to 10,302 physicians. The increased sample size allows for more reliable national estimates as well as state-level estimates on EHR adoption without having to be combined with NAMCS. For these reasons, it is our intent to have NEHRS stand as an independent survey, not as a supplement under NAMCS.

NAMCS NEHRS collects information on characteristics of physician practices, the capabilities of EHRs in those practices, and intent to apply for meaningful use incentive payments. These data, together with trend data, may be used to monitor the adoption of EHR as well as accessing factors associated with EHR adoption.

Additionally, half the sample will receive additional content related to effects that EHRs have on clinical workflow, efficiencies, and may address issues of access, quality, and costs of associated with the delivery of health care. Subsequent years of the entire 2014 NEHRS may receive longitudinal follow-up to evaluate the effect of EHR on the delivery of health care over time.

Users of NAMCS NEHRS data include, but are not limited to,

Congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

NAMCS NEHRS will survey 10,302 physicians a year, for eligibility. It is expected that all physicians will participate in an interview annually. In 2014, one-half of the physicians will

receive the regular NAMCS NEHRS and one-half of the physicians will receive an expanded NAMCS NEHRS. All the 2014 eligible physicians (10,302) will be asked to take the follow-up NAMCS NEHRS in 2015 and 2016.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 7,155.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Office-based physicians	Regular NAMCS NEHRS	8,585	1	20/60
	Expanded NAMCS NEHRS	1,717	1	30/60
	NAMCS NEHRS expansion (Follow-up)	6,868	1	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-14-13YQ]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Institutional Awareness and Commitment to Ensuring Safe, Stable,

and Nurturing Relationships and Environments for Children and Prevention Child Maltreatment—New—National Center for Injury Prevention and Control (NCIPC)—Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Safe, stable, nurturing relationships and environments set children on a positive trajectory for optimal child development and health, provide a buffer against the effects of adverse child experiences, are fundamental to healthy brain development and have a positive impact on a broad range of health problems across the life course. Promoting safe, stable, nurturing relationships and environments may also reduce child maltreatment which is a significant public health problem affecting physical and emotional health throughout the lifespan.

NCIPC has funded five state health departments in Fiscal Year 2014 to coordinate and manage existing and new partnerships with other sectors to promote safe, stable, nurturing relationships and environments for children; and work with partners to identify strategies across sectors that promote safe, stable, nurturing relationships and environments. CDC requests OMB approval for two years to collect information that will establish the baseline level of state health departments' and partners' awareness and commitment to ensuring safe,

stable, and nurturing relationships and environments for children and preventing child maltreatment.

Information will be collected over a 2-year period from 3 staff members from each of the 5 health departments (15 respondents), and 3 staff members from each of the 5 health departments' 10 partner organizations (150 respondents)—for a total of 165 respondents (83 respondents per year). Information will be collected once using SurveyMonkey®, an electronic web-based interface which is a secure Web site that meets the Safe Harbor and European Union data protection requirements. This ICR will only collect data pertaining to organizations. No individual identifiable information will be requested.

Each grantee will receive a personalized advance notification letter, followed by an email with a link to the SurveyMonkey® site. In turn, the grantee will send a personalized advance notification letter, followed by an email with a link to the SurveyMonkey® site to each new partner throughout the funding period. CDC will use this information to establish state health departments' and partners' level of awareness and commitment at the start of the funding period.

There are no costs to respondents other than their time. The total estimated annual burden hours are 39.