

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.

**Proposed Project: Ryan White HIV/AIDS Treatment Modernization Act of 2006: Data Report Form: (OMB No. 0915-0253)—Extension**

The Ryan White HIV/AIDS Program Annual Data Report (or the Ryan White Data Report, formerly called the CARE Act Data Report [CADR]) was initially created in 1999 by HRSA's HIV/AIDS Bureau. Grantees and their subcontracted service providers who are funded under Parts A, B, C, and D, and the Part F Minority AIDS Initiative of Title XXVI of the Public Health Service Act (the Ryan White HIV/AIDS Program), submit the report, which has been revised to more closely resemble the data requested in the client-level

data collection instrument that these grantees and providers are now also required to submit. All parts of the Ryan White HIV/AIDS Program specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Because client-level data reporting requirements are relatively new for the Ryan White HIV/AIDS Program grantees, the grantees are still required to report aggregate data in the Ryan White Data Report to HRSA annually. The more mature aggregate reporting requirements provide accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the services provided, and the clients served, which continue to be critical to the implementation of the legislation and necessary for HRSA to fulfill its responsibilities. The Ryan White Data Report has seven different sections containing information about the service providers; demographic information about the clients served; information about the type of core and support

services provided and the number of clients served; information about counseling and testing services; clinical information about clients who received outpatient/ambulatory medical care; demographic tables for Parts C and D; and information about health insurance services.

The primary purposes of the Ryan White Data Report are to: (1) Characterize the organizations where clients receive services; (2) provide information on the number and characteristics of clients who receive Ryan White HIV/AIDS Program services; and (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected in the Ryan White Data Report is critical for HRSA, State and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The response burden for grantees is estimated as:

Program under which grantee is funded	Number of respondents	Responses per grantee	Hours per hours	Total response burden
Part A .....	56	1	40	2,240
Part B .....	59	1	40	2,360
Part C .....	354	1	20	7,080
Part D .....	98	1	20	1,960
Subtotal .....	567	.....	.....	13,640

The response burden for service providers is estimated as:

Program under which provider is funded	Number of respondents	Responses per provider	Hours per hours	Total response burden
Part A Only .....	685	1	26	17,810
Part B Only .....	558	1	26	14,508
Part C Only .....	95	1	44	4,180
Part D Only .....	59	1	42	2,478
Funded under more than one program .....	683	1	50	34,150
Subtotal .....	2,080	.....	.....	73,126
Total for Both Grantees & Providers .....	2,647	.....	.....	86,766

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 20, 2010.  
**Sahira Rafiullah,**  
*Director, Division of Policy and Information Coordination.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30-Day-10-0215]

**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](mailto: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**

Application Form and Related Forms for the Operation of the National Death Index, (OMB No. 0920-0215, Expiration 12/31/2010)—Extension—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.), 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.

The National Death Index (NDI) is a national data base containing identifying death record information submitted annually to NCHS by all the state vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the states and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the states. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death for the years 1979-2007. Health researchers must complete administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file. A three-year clearance is requested. There is no cost to respondents except for their time. The total estimated annual burden hours are 182.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Researchers in Government, Universities, and Private Industry.	Application Form .....	50	1	2.5
Health Researchers in Government, Universities, and Private Industry.	Repeat Request Form .....	70	1	18/60
Health Researchers in Government, Universities, and Private Industry.	Data Transmittal Form .....	120	1	18/60

Dated: September 20, 2010.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-10-0743]

**Agency Forms Undergoing Paperwork Reduction Act Review**

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**Proposed Project**

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920-0743, Exp. 10/31/2010)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Substantial evidence demonstrates the health benefits of breastfeeding. Breastfeeding mothers have lower risks of breast and ovarian cancers and type 2 diabetes, and breastfeeding better protects infants against infections, chronic diseases like diabetes and obesity, and even childhood leukemia and sudden infant death syndrome (SIDS). However, the groups that are at higher risk for diabetes, obesity, and poor health overall persistently have the lowest breastfeeding rates. Public health priorities for the U.S. include increasing the overall rate of breastfeeding, and reducing variation in breastfeeding rates across population subgroups.

The health care system is one of the most important and effective settings to improve breastfeeding. In 2007, CDC

conducted the first national survey of Maternity Practices in Infant Nutrition and Care (known as the mPINC Survey) in health care facilities (hospitals and free-standing childbirth centers) to provide baseline information. The survey was designed to provide baseline information and to be repeated again every two years. The second iteration of the survey was conducted in 2009. The survey inquired about patient education and support for breastfeeding throughout the maternity stay as well as staff training and maternity care policies. Each responding organization received a customized Benchmark Report as well as other feedback to use in self-assessment and quality improvement activities.

CDC proposes to repeat the mPINC in 2011 using previously fielded questions and methodology. In addition to all facilities that participated in 2007 or 2009, the 2011 survey will include those that were invited but did not participate in 2007 or 2009 and any that are new since then. All birth centers and hospitals with ≥1 registered maternity bed will be screened via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact.