

appointees will be sworn in by a Federal official. Each Panel member will then be given an opportunity to make a self introduction. The Panel will likely hear presentations from HHS staff introducing them to the topic. After any presentations, the Commission will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

**Authority:** 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended. The panel is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: November 9, 2010.

**Sherry Glied,**

*Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2010-29215 Filed 11-18-10; 8:45 am]

**BILLING CODE 4151-05-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

**Name:** National Committee on Vital and Health Statistics (NCVHS), Full Committee Meeting.

**Time and Date:** December 1, 2010, 9 a.m.–2:30 p.m., December 2, 2010, 9:30 a.m.–1 p.m.

**Place:** Marriott Washington Hotel, 1221 22nd Street, NW., Washington, DC 20037, (202) 872-1500.

**Status:** Open.

**Purpose:** At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the Committee will hear updates from the Department and the Office of the National Coordinator. There will also be a report on the NCVHS Executive Subcommittee's discussion of the Committee's review and decision-information flow process. In the afternoon there will be a discussion of a letter to the HHS Secretary regarding the quality measures roadmap.

On the morning of the second day there will be a review of the final letter to the Secretary regarding the quality measures roadmap. There will also be

an update from the Centers for Medicaid and Medicare Services (CMS) and an update on HHS Data Initiatives from the Department. Subcommittees will also present their reports.

The times shown above are for the full Committee meeting. Subcommittee breakout sessions can be scheduled for late in the afternoon of the first day and second day and in the morning prior to the full Committee meeting on the second day. Agendas for these breakout sessions will be posted on the NCVHS Web site (URL below) when available.

**Contact Person for More Information:** Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: November 15, 2010.

**James Scanlon,**

*Deputy Assistant Secretary for Planning and Evaluation—Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2010-29216 Filed 11-18-10; 8:45 am]

**BILLING CODE 4151-05-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS-10207, CMS-R-131, CMS-10215, CMS-724, CMS-10227, and CMS-10244]**

#### Agency Information Collection Activities: Submission for OMB Review; 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), Department of Health and Human Services, 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 function; (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:** Extension of a currently approved collection; **Title of Information Collection:** Physician Self-Referral Exceptions for Electronic Prescribing and Electronic Health Records; **Form Number:** CMS-10207 (OMB#: 0938-1009); **Use:** Section 101 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) directed the Secretary to create an exception to the physician self-referral prohibition in section 1877 of the Social Security Act for certain arrangements in which a physician receives compensation in the form of items or services (not including cash or cash equivalents) ("nonmonetary remuneration") that is necessary and used solely to receive and transmit electronic prescription information. Also, CMS created a separate regulatory exception for certain arrangements involving the provision of nonmonetary remuneration in the form of electronic health records software or information technology and training services necessary and used predominantly to create, maintain, transmit, or receive electronic health records.

The conditions for both exceptions require that arrangements for the items and services provided must be set forth in a written agreement, be signed by the parties involved, specify the items or services being provided and the cost of those items or services, and cover all of the electronic prescribing and/or electronic health records technology to be provided by the donating entity. CMS would use the collected information for enforcement purposes; specifically, if we were investigating the financial relationships between the donors and the physicians to determine whether the provisions in the exceptions were met. **Frequency:** Occasionally; **Affected Public:** Private Sector: Business or other for-profits and Not-for-profit institutions; **Number of Respondents:** 9,796; **Total Annual Responses:** 38,959; **Total Annual Hours:** 12,451.5. (For policy questions regarding this collection contact Kristin Bohl at 410-