

ANNUALIZED BURDEN TABLE—Continued

| Questionnaire (respondent) | Number of respondents | Number of responses per respondent | Average burden per respondent in hours | Total burden in hours |
|--|--------------------------|---|---|--------------------------|
| Family Core (adult family member) | 55,000 | 1 | 23/60 | 21,083 |
| Adult Core (sample adult) | 44,000 | 1 | 15/60 | 11,000 |
| Child Core (adult family member) | 17,000 | 1 | 10/60 | 2,833 |
| Child/Teen Record Check (medical provider) | 10,000 | 1 | 5/60 | 833 |
| Supplements (adult family member) | 60,000 | 1 | 12/60 | 12,000 |
| Multi-mode study (adult family Member) | 5,000 | 1 | 30/60 | 2,500 |
| Reinterview Survey | 5,000 | 1 | 5/60 | 417 |
| Total Burden Hours | | | | 51,666 |

Dated: June 21, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–15749 Filed 6–26–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2012–0004]

Draft Public Health Action Plan—A National Public Health Action Plan for the Detection, Prevention, and Management of Infertility

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Extension of public comment period.

SUMMARY: On May 16, 2012, the Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) published a notice in the **Federal Register** requesting public comment on the draft *National Public Health Action Plan for the Detection, Prevention, and Management of Infertility* (77 FR 28883). Written and electronic comments were to be received on or before June 15, 2012. HHS/CDC has received a request asking for a 30 day extension of the comment period. In consideration of this request, HHS/CDC is extending the comment period to July 16, 2012.

DATES: Written comments must be received on or before July 16, 2012. Please refer to **SUPPLEMENTARY INFORMATION** for additional information.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2012–0004 by any of the following methods:

Internet: Access the Federal eRulemaking portal at <http://www.regulations.gov>. Follow the instructions for submitting comments.

Mail: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, Attn: National Public Health Action Plan for the Detection, Prevention, and Management of Infertility, Docket No. CDC–2012–0004, 4770 Buford Highway NE., Mailstop K–34, Atlanta, Georgia 30341.

All relevant comments received will be posted publicly without change, including any personal or proprietary information provided. To download an electronic version of the plan, please access <http://www.regulations.gov>.

Written comments, identified by Docket No. CDC–2012–0004, will be available for public inspection Monday through Friday, except for legal holidays, from 9 a.m. until 5 p.m., Eastern Daylight Time, at 2900 Woodcock Blvd., Atlanta, Georgia 30341. Please call ahead to (770) 488–5200 and ask for a representative from the Division of Reproductive Health to schedule your visit. Comments may also be viewed at www.regulations.gov.

FOR FURTHER INFORMATION CONTACT: Denise Jamieson, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 4770 Buford Highway NE., Mailstop K–34, Atlanta, Georgia 30341, (770) 488–5200.

SUPPLEMENTARY INFORMATION: In 2007, a CDC-wide ad hoc workgroup formed to examine the full scope of infertility activities across the agency. This workgroup conducted an assessment to identify gaps and opportunities in public health surveillance, research, communications, programs, and policy development, which led to the 2010 publication of a white paper outlining the need for a national plan, with a public health focus, on infertility

prevention, detection, and management. In consultation with many governmental and nongovernmental partners, CDC developed the National Public Health Action Plan for the Detection, Prevention and Management of Infertility. Addressing both male and female infertility, the plan outlines and summarizes actions needed to promote, preserve, and restore the ability of women in the United States to conceive, carry a pregnancy to term, and deliver a healthy infant. This goal extends beyond simply addressing the inability to conceive but also focuses on reducing the burden of impaired fecundity by promoting behaviors that maintain fertility; by promoting prevention, early detection, and treatment of medical conditions; and by reducing environmental and occupational threats to fertility. Given the public health focus of this action plan, promoting healthy pregnancy outcomes associated with treating and managing infertility is also important, as is improving the efficacy and safety of infertility treatment.

The document is organized into three chapters: “Detection of Infertility,” “Prevention of Infertility,” and “Management of Infertility.” Each chapter addresses the topic’s public health importance, existing challenges, and opportunities for action to decrease the impact of infertility on the public’s health. The suggested opportunities provide federal and other government agencies, professional and consumer organizations, and other partners and stakeholders a foundation and platform to work together to decrease the burden of infertility in the United States.

Since the draft plan was published on May 16, 2012, HHS/CDC has received a request to extend the comment period by an additional 30 days. HHS/CDC is committed to affording the public a meaningful opportunity to comment on the draft plan and welcomes comments.

HHS/CDC has posted the original notice and all related materials on www.regulations.gov.

Dated: June 20, 2012.

Kathleen Sebelius,

Secretary, Department of Health and Human Services.

[FR Doc. 2012-15642 Filed 6-26-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-033-A]

Revised Document Posted: NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2012

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of issuance of Final Guidance Publication.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the publication of the following document entitled "NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2012." NIOSH is making available a copy of Appendix A at <http://www.cdc.gov/niosh/docs/2012-150>.

Background: The NIOSH Alert: NIOSH published Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings in September 2004 (<http://www.cdc.gov/niosh/docs/2004-165/>). Appendix A of this Alert defined hazardous drugs and provided a list of drugs that were considered hazardous and required special handling. In 2010, NIOSH published an update to this list (<http://www.cdc.gov/niosh/docs/2010-167/>). Since publishing the 2010 update to the list, NIOSH reviewed approximately 70 new drugs that received FDA approval and approximately 180 drugs that received new special warnings (usually black box warnings) based on reported adverse effects in patients covering the time period from October 2007 to December 2009. From this list of approximately 250 drugs, NIOSH determined 26 drugs to have one or more characteristics of a hazardous drug. In addition, NIOSH removed 15 drugs from the 2012 list

because they did not meet the NIOSH definition, were no longer available in the U.S or were regulated by other government entities. NIOSH published this preliminary list for comment in NIOSH Docket Number 190.

After expert panel review, public review and comment, and review of the scientific literature, NIOSH has developed a revised list of hazardous drugs. Along with drugs initially identified in the 2010 Hazardous Drug List, NIOSH is adding a total of 26 new drugs to the 2012 NIOSH List of Hazardous Drugs and is deleting 15 drugs.

This guidance document does not have the force and effect of law.

FOR FURTHER INFORMATION CONTACT:

Barbara MacKenzie, NIOSH, Robert A. Taft Laboratories, 4676 Columbia Parkway, MS-C26, Cincinnati, OH 45226, Telephone (513) 533-8132, email hazardousdrugs@cdc.gov.

Dated: June 20, 2012.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-359 and -360]

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: Extension without change of a currently approved collection. **Title of Information Collection:** Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms. **Use:** CMS-359 serves as the application for facilities wishing to participate in the Medicare/Medicaid program as CORFs. The form initiates the process for obtaining a decision as to whether the conditions of participation are met. It also promotes data reduction (key punching) or introduction to and retrieval from the Medicare/Medicaid Automated Certification System, ASPEN, by the CMS Regional Offices (ROs). Should any question arise regarding the structure of the organization, this information is readily available without going through the process of completing the form again.

CMS-360 is used by the State survey agency to record data collected to determine provider compliance with individual conditions of participation and to report it to the Federal government. CMS has the responsibility and authority for certification decisions which are based on provider compliance with the conditions of participation. The information needed to make these decisions is available to CMS only through use of information abstracted from the survey checklists. The form is primarily a worksheet designed to facilitate keypunching into the ASPEN by the State Agency after the survey is completed.

Form Number: CMS-359 (CORF Eligibility Form) and CMS-360 (CORF Survey Report Form); OCN 0938-0267. **Frequency:** Occasionally. **Affected Public:** Private Sector (Business or other for-profits). **Number of Respondents:** 295. **Total Annual Responses:** 42. **Total Annual Hours:** 137. (For policy questions regarding this collection contact Georgia Johnson at 410-786-6859. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must