

• Educate the public about the uses of personal health information and privacy and security protections available to them.

• Generate participation in HITECH programs (e.g. loans, grants, and contracts). Electronic health information

exchange promises an array of potential benefits for individuals and the U.S. health care system through improved health care quality, safety, and efficiency. At the same time, this environment also poses new challenges and opportunities for protecting health

information. Health information technology and electronic health information exchange may also provide individuals with new, more effective methods to engage with their health care providers and affect how their health information may be exchanged.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Form	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
In-depth interview screening	500	1	10/60	83
In-depth interview main interview	360	1	1	360
Focus group screening	800	1	10/60	133
Focus group main interview	400	1	2	800
Web-based message testing main interview	660	1	1	660
Omnibus survey questions main interview	4,000	1	10/60	667
Card sorting screening	400	1	10/60	67
Card sorting main interview	100	1	1.5	150
Total				2,920

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0220]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Voluntary Academic and Industry DHHS Partner Surveys—OMB No. 0990-0220—Extension—OS—Office of Grants and Acquisition Policy and Accountability.

Abstract: To comply with E.O. 12862 and 5 U.S.C. 305, the Department of Health and Human Services plans to continue surveying its grant recipients and contractors over a three year period to compile and evaluate their opinions about the Department's grants and acquisition processes, ultimately to improve our business processes. The survey is voluntary. This is an extension, without change, of a currently approved collection. The respondents are vendors and grant recipients. The purpose of the information collection is for program evaluation and program planning or management. The frequency of collection is every three years (36-month cycle). The questionnaire takes 10 to 15 minutes to complete.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Vendors	1,000	1	12	200
Grant Recipients	1,667	1	10	279
Total				479

Seleda Perryman,
*Office of the Secretary, Paperwork Reduction
 Act Reports Clearance Officer.*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0308; 30-
day notice]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement
 of section 3506(c)(2)(A) of the
 Paperwork Reduction Act of 1995, the
 Office of the Secretary (OS), Department
 of Health and Human Services, is
 publishing the following summary of a
 proposed collection 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.

To obtain copies of the supporting
 statement and any related forms for the
 proposed paperwork collections
 referenced above, e-mail your request,
 including your address, phone number,
 OMB number, and OS document
 identifier, to
Sherrette.funncoleman@hhs.gov, or call
 the Reports Clearance Office on (202)
 690-5683. Send written comments and
 recommendations for the proposed
 information collections within 30 days
 of this notice directly to the OS OMB
 Desk Officer; faxed to OMB at 202-395-
 5806.

Proposed Project: The Effect of
 Reducing Falls on Acute and Long-Term
 Care Expenses OMB No. 0990-0308—
 Extension—Assistant Secretary
 Planning Evaluation (ASPE).

Abstract: ASPE is conducting a
 demonstration and evaluation of a
 multi-factorial fall prevention program
 to measure its impact on health
 outcomes for the elderly as well as acute
 and long-term care use and cost. The
 study is being conducted among a
 sample of individuals with private long-
 term care insurance who are age 75 and
 over using a multi-tiered random
 experimental research design to
 evaluate the effectiveness of the
 proposed fall prevention intervention
 program. The project will provide
 information to advance Departmental
 goals of reducing injury and improving
 the use of preventive services to
 positively impact Medicare use and
 spending. The project began in spring
 2008 and is expected to be completed in
 spring 2013.

ESTIMATED ANNUALIZED BURDEN TABLE

Form name	Type of respondent	Number of respondents	Number re- sponses per respondent	Average bur- den per re- sponse (in hours)	Total burden hours
Initial Telephone Screen	Experimental Group	240	1	20/60	80
In-person interview	240	1	80/60	320
Jump start phone call	240	1	30/60	120
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Final In-person interview	177	1	80/60	236
Initial Telephone Screen	Active Control Group	240	1	20/60	80
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Total Burden Hours	1,274

Seleda Perryman,
*Office of the Secretary, Paperwork Reduction
 Act Reports Clearance Officer.*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Centers for Medicare & Medicaid Services; Delegation of Authority

Notice is hereby given that I have
 delegated to the Administrator, Centers
 for Medicare & Medicaid Services
 (CMS), or his or her successor, the
 authorities currently vested in the
 Secretary under section 1142(c)(6) [42
 U.S.C. 1320b-12(c)(6)] of Title XI of the
 Social Security Act (the Act), as

amended, to conduct and support
 supplementation and redesign of
 existing CMS data sets and databases,
 including the collection of new
 information, to enhance databases for
 research purposes, and the design and
 development of new databases that
 would be used in outcomes and
 effectiveness research as set out in
 section 1142(a) [42 U.S.C. 1320b-12(a)]
 of Title XI of the Act.

Limitations

The delegation of authority granted
 herein under section 1142(c)(6) [42
 U.S.C. 1320b-12] of the Act does not
 supersede previous delegations of this
 authority to the Director, Agency for
 Healthcare Research and Quality.

The delegation of authority granted
 herein under section 1142(c)(6) [42
 U.S.C. 1320b-12(c)(6)] of the Act, as

amended, is limited to the collection
 and maintenance of data related to CMS'
 programs.

The authority under section
 1142(c)(6) [42 U.S.C. 1320b-12] of the
 Act shall be exercised under the
 Department's policy on regulations and
 the existing delegation of authority to
 approve and issue regulations.

This delegation of authority may be
 re-delegated.

This delegation of authority is
 effective immediately.

I hereby affirm and ratify any actions
 taken by the Administrator, CMS, or his
 or her subordinates, which involved the
 exercise of the authority under section
 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of
 Title XI of the Act, as amended,
 delegated herein prior to the effective
 date of this delegation of authority.

Authority: 44 U.S.C. 3101.