Attachment 2a
Federal Register Notice: July 24, 2007

or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S.—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 *et seq.*, Pub. L. 99–252) requires each person who manufactures, packages, or imports smokeless tobacco (SLT) to provide the Secretary of Health and Human Services (HHS) with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. This legislation also authorizes HHS to undertake research, and submit an annual report to Congress (as deemed appropriate) discussing the health effects of the ingredients in smokeless tobacco products. HHS has delegated responsibility for the implementation of this Act to CDC's Office on Smoking and Health (OSH). The oral use of SLT represents a significant health risk which can cause cancer and a number of non-cancerous oral conditions, and can lead to nicotine addiction and dependence. Furthermore, SLT use is not a safe substitute for cigarette smoking. Estimated burden for testing and reporting of un-ionized nicotine, total moisture, and pH for smokeless tobacco is one response per year, averaging 1,713 hours to prepare, at a cost of $1,139 per respondent, for 11 companies. The total hourly burden would be 18,843 hours, with a total cost of $12,529. The only cost to respondents is their time to complete the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hours)
Smokeless Tobacco Products Manufacturers	11	1	1713	18,843

Dated: July 18, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–14273 Filed 7–23–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07BJ]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the 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. Written comments should be received within 60 days of this notice.

Proposed Project

Economic Analysis of the National Program of Cancer Registries—NEW—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Program of Cancer Registries (NPCR) is a nationwide, comprehensive federally sponsored public health program. Established by Congress through the Cancer Registries Amendment Act in 1992, and administered by the Centers for Disease Control and Prevention (CDC), the NPCR collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of initial treatment. Since the establishment of NPCR there has been no published systematic analysis of the true economic costs incurred by the program. As the program matures and gains national attention, and in light of the recent increases in total program funding as well as wide variations in the cost per case collected, there is now a greater need for an economic evaluation of the program.

The purpose of this task is to assess the costs, effectiveness, and cost-effectiveness of NPCR in collecting high quality data on cancer incidence, and to develop tools for making resource allocation decisions that will meet program priorities. Performing an assessment of the resources expended on NPCR in relation to the value created will provide critical information for improving program efficiency within the various components of the NPCR and potentially identifying economies of scale.

This task will involve collection and analysis of cost and effectiveness data from all 45 state registries, funded by NPCR, for three years. A pilot questionnaire was developed and piloted tested with 7 registries and information learn during the pilot testing was incorporated to develop a comprehensive cost collection tool. RTI International, the contractor hired by CDC will build a web based data collection tool to collect annual cost data from the 45 state registries. All data will be submitted electronically by grantees to reduce the respondent burden and errors. The contractor will also develop a user's manual to assist the grantees with completing their data submission.

Since certain program level data are already collected as part of NPCR Annual Program Evaluation Instrument (OMB i#0920–0706), the additional burden on grantees will be modest. Once the infrastructure is established to capture the cost data from the NPCR programs, the response burden is expected to be reduced even further. There are no costs to respondents except for their time to complete the questionnaire. All respondents will be using the same cost assessment tool. The only cost to the respondent is their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Health Officials—NPCR funded registries	45	3	22	2,970
Total				2,970

Dated: July 18, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07BK]

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Proposed Project

Transgender HIV Behavioral Survey (THBS)—New—National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to pilot a survey that will be used to monitor behaviors related to Human Immunodeficiency Virus (HIV) infection among transgender persons who are assigned a male sex at birth. The goal of the survey will be to obtain data from samples of transgender persons to (a) describe the prevalence in risk behaviors; (b) describe the prevalence of HIV testing and HIV infection; (c) describe the prevalence of the use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders. The objectives of the pilot will be to assess the content of the questionnaire as well as the efficiency and feasibility of the methods for sampling and recruiting transgender persons. This project addresses the goals of CDC's HIV Prevention Strategic Plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

Data will be collected through in-person and computer-assisted self interviews conducted in 4 Metropolitan Statistical Areas (MSA) throughout the United States. The MSA chosen will be among those currently participating in the National HIV Behavioral Surveillance system (see Federal Registry dated January 19, 2007: Vol. 72, No. 12, pages 2529–2530). A brief in-person screening interview will be used to determine eligibility for participation in the full survey. Data for the full survey will be collected using computer-assisted self interviews. Besides determining the content of the final survey instrument and the sampling methods, the data from the full survey will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, prior testing for HIV, and use of HIV prevention services. No other federal agency systematically collects this type of information from transgender persons at risk for HIV infection. This data will have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC will request a 2-year clearance for this information collection. CDC estimates that, in each year, THBS will involve eligibility screening of a total of 240 persons and will collect survey information from 200 eligible respondents. Thus, over the two year period 480 persons are estimated to complete the screener and 400 eligible respondents to complete the survey. Participation of respondents is voluntary and there is no cost to the respondents other than their time.