EXHIBIT 2. ESTIMATED ANNUALIZED COST BURDEN—Continued

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Total	7,200	2,400	na	46,944

*Based upon the average wages, ''National Compensation Survey: Occupational Wages in the United States, May 2007,'' U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

The total cost to the Federal Government for developing the Health Information Technology questions, and testing them within the CAHPS® Clinician & Group Survey, Adult Primary Care Questionnaire, is $780,000, including the cost of reviewing the literature, conducting focus groups and cognitive interviews, field testing the instrument, analyzing the data, finalizing the survey, preparing reports, writing papers for journal submission, and project management (see Exhibit 3). Data collection will not exceed one year.

EXHIBIT 3. ESTIMATED ANNUAL COST

Cost component	Total cost
Review of literature	$35,000
Focus groups	60,000
Cognitive interviews	80,000
Field test	260,000
Data analyses	80,000
Finalize survey	50,000
Preparation of reports and journal papers	85,000
AHRQ project management	130,000
Total	780,000

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 4, 2009.

Carolyn M. Clancy,

Director.

[FR Doc. E9–14080 Filed 6–15–09; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''*2010–2011 Medical Expenditure Panel Survey Insurance Component.''* In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by August 17, 2009.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

2010–2011 Medical Expenditure Panel Survey Insurance Component

AHRQ seeks to renew the Medical Expenditure Panel Survey Insurance Component (MEPS–IC) for calendar years 2010 and 2011. The MEPS–IC, an annual survey of the characteristics of employer-sponsored health insurance, was first conducted by AHRQ in 1997 for the calendar year 1996. The survey has since been conducted annually for calendar years 1996 through 2009, except for 2007. A change from prior year collection to calendar year collection in 2008 meant that no data were collected for the 2007 calendar year, but the change has allowed for much earlier release of the survey results for the 2008 calendar year forward. AHRQ is authorized to conduct the MEPS–IC pursuant to 42 U.S.C. 299b-2.

Employment-based health insurance is the source of coverage for over 90 million workers and their family members, and is a cornerstone of the current U.S. health care system. The MEPS–IC measures the extent, cost, and coverage of employment-based health insurance. Statistics are produced at the National, State, and sub-State (metropolitan area) level.

The MEPS–IC is designed to provide data for Federal policymakers evaluating the effects of National and State health care reforms. It also provides descriptive data on the current employment-based health insurance system and data for modeling the differential impacts of proposed health policy initiatives. The MEPS–IC also supplies critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product. Data to be collected from each employer will include a description of the organization (*e.g.,* size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs and costs to employees. This survey will be conducted for AHRQ by the Bureau of the Census using an annual sample of employers selected from Census Bureau lists of private sector employers and governments.

The MEPS–IC is one of three components of the MEPS. The others are the Household and Medical Provider Components:

- MEPS Household Component is a sample of households participating in the National Health Interview Survey in the prior calendar year. These households are interviewed 5 times over a 2½ year period for MEPS. The 5 interviews yield two years of information on use of and expenditures for health care, sources of payment for that health care, insurance status, employment, health status and health care quality.
- MEPS Medical Provider Component collects information from medical and financial records maintained by hospitals, physicians, pharmacies, health care institutions, and home health agencies named as sources of care by household respondents.

This clearance request is for the MEPS–IC only.

Method of Collection

Data collection for the MEPS–IC takes place in three phases at each sample establishment: Prescreening interview, questionnaire mailout, and nonresponse follow-up. An establishment is a single location of a private sector or State and local government employer.

First, a prescreening interview is conducted by telephone. For those establishments that offer health insurance, its goal is to obtain the name and title of an appropriate person in each establishment to whom a MEPS–IC questionnaire will be mailed. For establishments which do not offer health insurance, a brief set of questions about establishment characteristics is administered at the end of the prescreening interview to close out the case. This step minimizes burden for many small establishments that do not offer health insurance.

The next phase, questionnaire mailout, makes use of two forms—one requests establishment-level information (*e.g.,* total number of employees) and the other requests plan-level information (*e.g.,* the plan premium for single coverage) for each plan (up to four) offered by the establishment.

In the final phase, establishments which do not respond to the initial MEPS–IC mail questionnaire are mailed a nonresponse follow-up package. Those establishments which fail to respond to the second mailing are contacted for a telephone follow-up using computer-assisted interviewing.

Data collection for the largest private sector and government units, which have high survey response burdens, may differ somewhat from the above pattern.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to provide the requested data. The Prescreener questionnaire will be completed by 32,006 respondents and takes about 5½ minutes to complete. The Establishment questionnaire will be completed by 24,965 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 21,437 respondents and will require an average of 2.1 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total annualized burden hours are estimated to be 20,471 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be $546,576.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	32,006	1	0.09	2,881
Establishment Questionnaire	24,965	1	0.38	9,487
Plan Questionnaire	21,437	2.1	0.18	8,103
Total	78,408	na	na	20,471

Note: The total number of respondents increased from previous clearances not due to any increase in sample size, but due to a change in the way the number of respondents is reported. While now total respondents are the sum of respondents per form, previously they were reported as the number of unique establishments completing at least one form.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	32,006	2,881	26.70	$76,923
Establishment Questionnaire	24,965	9,487	26.70	253,303
Plan Questionnaire	21,437	8,103	26.70	216,350
Total	78,408	20,471	na	546,576

*Based upon the mean wage for Compensation, benefits, and job analysis specialists, civilian workers, National Compensation Survey: Occupational Earnings in the United States, 2007, U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost for this two year project. The annual cost to the Federal Government is estimated to be $10.3 million.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST ($ THOUSANDS)

Cost component	Total cost	Annualized cost
Project Development	$3,099	$1,550
Data Collection Activities	7,230	3,615
Data Processing and Analysis	7,230	3,615
Project Management	2,066	1,033
Overhead	1,033	517
Total	20,658	10,329

Note: Components may not sum to Total due to rounding.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research, quality improvement and information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 4, 2009.

Carolyn M. Clancy,

Director.

[FR Doc. E9–14079 Filed 6–15–09; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Emergency Review; Comment Request; NIH NCI Clinical Trials Reporting Program (CTRP) Database (NCI)

SUMMARY: In accordance with Section 3507(j) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to Emergency review and approve the information collection by July 1, 2009. Given the long term nature of this project and the Recovery Act timelines, the NCI has requested approval to conduct emergency processing of information collections pursuant to 5 CFR 1320.13. NIH cannot reasonably comply with the normal clearance procedures for information collection, because the use of regular procedures would delay the collection and hinder the agency in accomplishing its mission and meeting new statutory requirements, to the detriment of the public good. The NIH may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: NIH NCI Clinical Trials Reporting Program (CTRP) Database.

Type of Information Collection Request: Emergency.

Need and Use of Information Collection: The NCI is developing an electronic resource, the NCI Clinical Trials Reporting Program (CTRP) Database, to serve as a single, definitive source of information about all NCI-supported clinical research, thereby enabling the NCI to execute its mission to reduce the burden of cancer and to ensure an optimal return on the nation's investment in cancer clinical research. Information will be submitted by clinical research administrators as designees of clinical investigators who conduct NCI-supported clinical research. Deployment and extension of the CTRP Database, which will allow the NCI to consolidate reporting, aggregate information and reduce redundant submissions, is an infrastructure development project that will be enabled by public funds expended pursuant to the American Recovery and Reinvestment Act of 2009, Public Law 111–5 (''Recovery Act''). This information collection adheres to The Public Health Service Act, Section 407(a)(4) (codified at 42 U.S.C. 285a–2(a)(2)(D)), which authorizes and requires the NCI to collect, analyze and disseminate all data useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog, store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country.

Frequency of Response: Once per initial trial registration; four amendments per trial annually.

Affected Public: Individuals, business and other for-profits, and not-for-profit institutions.

Type of Respondents: Clinical research administrators on behalf of clinical investigators. The annual reporting burden is estimated at 33,000 hours (*see* Table below).

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.