Appendix B

60 Day Federal Register Notice (FRN)

ACTION: Notice of meeting.

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Standards Committee.

General Function of the Committee: To provide recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee.

Date and Time: The meeting will be held on February 24, 2010, from 9 a.m. to 4 p.m./Eastern Time.

Location: The Omni Shoreham Hotel, 2500 Calvert Street, NW., Washington, DC. The hotel telephone number is 202–234–0700.

Contact Person: Judy Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202–205–4528, Fax: 202–690–6079, e-mail: *judy.sparrow@hhs.gov*. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear comments from its workgroups, including the Clinical Operations, Clinical Quality, Privacy & Security, and Implementation Workgroups, on the Interim Final Rule (IFR) on Standards, Implementation Specifications, and Certification Criteria for EHRs, and on the Notice of Proposed Rulemaking (NPRM) on EHR Incentive Program for Medicare and Medicaid. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posed on ONC's Web site after the meeting, at *http://healthit.hhs.gov*.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before February 16, 2010. Oral comments from the public will be scheduled between approximately 3 p.m. and 3:30 p.m./Eastern Time. Time allotted for each presentation will be limited to three minutes each. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public hearing session, ONC will take written comments after the meeting until close of business.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://healthit.hhs.gov* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App. 2).

Dated: January 27, 2010.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2010–2214 Filed 2–2–10; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-10–09AL]

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

Environmental Health Impacts on Women and Children in Low-income Multifamily Housing—NEW—National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Green building principles and practices have been shown to reduce energy consumption, but their efficacy in reducing environmental agents such as pesticides, volatile organic compounds (VOCs), fungi, and indoor allergens is not clear. Furthermore, little research has been conducted on health impacts that might be related to green buildings, especially on a nationwide scale. Three main goals of this study are: (1) To compare levels of certain environmental chemical and biological agents in green vs. traditional, multi-family, low-income housing; (2) to ascertain differences in the health of the residents in these homes; and (3) to assess the economic impacts of the "greening" of housing—particularly those related to health. These goals will be accomplished in ongoing low-income multi-family building renovation programs sponsored by the Department of Housing and Urban Development (HUD). In partnership with HUD, the CDC will leverage this opportunity to collect survey and biomarker data from residents and to collect environmental measurements in their homes in order to evaluate associations between green housing and health (notably childhood asthma morbidity and premature/low birth weight outcomes).

This study directly supports the Healthy Homes' health protection goal of the Centers for Disease Control and Prevention (CDC). This investigation is also consistent with CDC's Health Protection Research Agenda, which

calls for research to identify the major environmental causes of disease and disability and related risk factors.

Indoor allergens such as those from cockroaches, dust mites, mice, and fungi have been associated with childhood asthma. Also, VOCs and pesticides have been associated with adverse birth outcomes (e.g., low birth weight and prematurity). Given that green principles such as improvement of ventilation systems and elimination of spray pesticides can directly affect the concentrations of chemical and biological agents in air, residents in green housing should theoretically have better health outcomes (e.g., asthma and birth outcomes). Better health outcomes will, in turn, lead to lower healthcare utilization resulting in overall costs to society.

Participants will include pregnant women and children living in HUD-subsidized housing that has either been rehabilitated in a green (e.g., case) or a traditional manner (e.g., control) from study sites across the United States. Pregnant women and children with asthma (ages 7–12 years) will donate blood samples (for assessment of allergy) and urine samples (for assessment of pesticide and VOC exposures). The children with asthma (ages 7–12 years) will be also tested for lung function and lung inflammatory markers. Questionnaires regarding home characteristics and respiratory symptoms will be administered at 3-month intervals over a 1-year period. Environmental sampling of the air and dust in the participants' homes will be conducted over a 1-year period (once in the home before rehabilitation (baseline 1), and then at three time points after rehabilitation has been completed: baseline 2, 6 months, and 12 months). Environmental sampling includes measurements of air exchange rate, pesticides, VOCs, indoor allergens, fungi, temperature, humidity, and particulate matter.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Forms	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Mothers of enrolled children.	Screening questionnaire	800	1	10/60	133
	Baseline Questionnaire (Home Characteristics)	688	1	15/60	172
	Baseline Questionnaire (for Mother)	688	1	15/60	172
	Baseline Questionnaire (for Children with asthma 7–12 years).	688	1	15/60	172
	Baseline Questionnaire (for Children 0–6 years)	688	1	15/60	172
	3- and 9-month Phone contact	688	2	5/60	115
	6- and 12-month Follow-up Questionnaire (for environment).	688	2	10/60	229
	6- and 12-month Follow-up Questionnaire (for women).	688	2	10/60	229
	6- and 12-month Follow-up Questionnaire (for Children with asthma 7–12 years).	688	2	10/60	229
	6- and 12-month Follow-up Questionnaire (for children 0–6).	688	2	10/60	229
	Time/Activity form (for Children with asthma 7–12 years).	688	4	5/60	229
	Time/Activity form (for Children 0–6 years)	688	4	5/60	229
	Time/Activity form (for Pregnant women or mothers).	688	4	5/60	229
Pregnant women	Screening questionnaire	800	1	10/60	133
	Baseline Questionnaire (Home Characteristics)	688	1	15/60	172
	Baseline Questionnaire (for Pregnant woman)	688	1	15/60	172
	3- and 9-month Phone contact	688	2	5/60	115
	6- and 12-month Follow-up Questionnaire (for environment).	688	2	10/60	229
	6- and 12-month Follow-up Questionnaire (for women).	688	2	10/60	229
	Post-delivery questionnaire	688	1	5/60	57
	Time/Activity form (for Pregnant women or mothers).	688	4	5/60	229
Total					3,875

Dated: January 27, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–2275 Filed 2–2–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Protection and Advocacy for Individuals With Mental Illness (PAIMI) Final Rule, 42 CFR Part 51 (OMB No. 0930–0172)—Extension

These regulations meet the directive under 42 U.S.C. 10826(b) requiring the Secretary to promulgate final regulations to carry out the PAIMI Act. The regulations contain information collection requirements. The Act authorizes funds to support activities on behalf of individuals with significant (severe) mental illness (adults) or emotional impairment (children/youth) [42 U.S.C. 10802(4)]. Only entities that are designated by the governors of each State, the District of Columbia (Mayor), five (5) jurisdictions (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, The Commonwealth of Puerto Rico, and the U.S. Virgin Islands), and the American Indian Consortium (the Tribal Councils of the Hopi and Navajo Nations in the Southwest) to protect and advocate the rights of persons with developmental disabilities under Title I, Subtitle C—Protection and Advocacy of Individual Rights of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 [42 U.S.C. 150041 *et seq.*], are eligible to receive PAIMI Program grants [42 U.S.C. 10802 (2)]. These grants are based on a formula prescribed by the Secretary [42 U.S.C. at 10822(a)(1)(A)].

On January 1, each eligible State protection and advocacy (P&A) system is required to prepare a report that describes its activities, accomplishments, and expenditures to protect the rights of individuals with mental illness supported with payments from PAIMI Program allotments during the most recently completed fiscal year. The PAIMI Act at 42 U.S.C. 10824(a) requires that each P&A system transmit a copy of its annual report to the Secretary (via SAMHSA/CMHS) and to the State Mental Health Agency where the system is located. These annual PAIMI Program Performance Reports (PPR) to the Secretary must include the following information:

- The number of (PAIMI-eligible) individuals with mental illness served;
- A description of the types of activities undertaken;
- A description of the types of facilities providing care or treatment to which such activities are undertaken;
- A description of the manner in which the activities are initiated;
- A description of the accomplishments resulting from such activities;
- A description of systems to protect and advocate the rights of individuals with mental illness supported with payments from PAIMI Program allotments;
- A description of activities conducted by States to protect and advocate such rights;
- A description of mechanisms established by residential facilities for individuals with mental illness to protect such rights;
- A description of the coordination among such systems, activities and mechanisms;
- Specification of the number systems that are public and nonprofit systems established with PAIMI Program allotments;
- Recommendations for activities and services to improve the protection and advocacy of the rights of individuals with mental illness and a description of the need for such activities and services that were not met by the State P&A systems established under the PAIMI Act due to resource or annual program priority limitations.

** [The PAIMI Rules [42 CFR 51.32(b)] state that P&A systems may place restrictions on case or client acceptance criteria developed as part of its annual PAIMI priorities. Each P&A system is required to inform prospective clients of any such restrictions when he/she requests a service].

This PAIMI PPR summary must include a separate section, prepared by the PAIMI Advisory Council (PAC) that describes the council's activities and its assessment of the operations of the State P&A system [42 U.S.C. 10805(7)].

The estimated annual burden under the PAIMI Final Rule is summarized below:

42 CFR citation	Number of respondents	Responses per respondent	Burden/ response (hrs.)	Total hour burden
*51.8(a)(2) Program Performance Report	57	1	26	(1482)
*51.8(8)(a)(8) Advisory Council Report	57	1	10	(570)
51.10 Remedial Actions:.				
Corrective Action Plan	7	1	8	56
Implementation Status Reports	7	3	2	42
51.23(c) Reports, materials and fiscal data provided to the PAC	57	1	1	57
51.25(b)(3) Grievance Procedure	57	1	0.5	29
†51.43 Written denial of access by P&A system	.....	.....	.....	.....
Total	57	.....	.....	184

*Responses and burden hours associated with these reports were approved under OMB Control No. 0930–0169.

Written comments and recommendations concerning the proposed information collection should be sent by March 5, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–5806.