

**Attachment 2: 60-Day Federal Register Notice**

**Asthma Education Study**

**November 17, 2011**

Project Officer: Scott A. Damon, MAIA, CPH, RPCV  
Centers for Disease Control and Prevention  
National Center for Environmental Health  
Division of Environmental Hazards and Health Effects  
Air Pollution and Respiratory Health Branch

President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. Bedison Bancshares, Inc., Platte City, Missouri; to become a bank holding company by acquiring 78.03 percent of the voting shares of The Citizens Bank of Oregon, Oregon, Missouri.

2. Wells Bancshares, Inc., Platte City, Missouri; to acquire 17.54 percent of the voting shares of Bedison Bancshares, Inc., Platte City, Missouri, and thereby indirectly acquire voting shares of The Citizens Bank of Oregon, Oregon, Missouri.

Board of Governors of the Federal Reserve System, November 2, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-28023 Filed 11-4-10; 8:45 am]

BILLING CODE 6210-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Submission for OMB Review; Comment Request; Request; OMB No. 0925-0177 "Special Volunteer and Guest Researcher Assignment," Form 590**

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the *Federal Register* on August 25, 2010, page 52351 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health 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 July 31, 2005, unless it displays a currently valid OMB control number.

**Proposed Collection:** Title: Special Volunteer and Guest Researcher Assignment for use in NIH facilities. **Type of Information Collection Request:** Reinstatement, OMB 0925-0177, Expiration Date July 31, 2005. **Need and Use of Information Collection Request:** Form Number: NIH-590. A single Form NIH-590 is completed by an NIH official for each Guest Researcher or Special Volunteer prior to his/her arrival at NIH. The information on the form is necessary for the approving official to reach a decision on whether

to allow a Guest Researcher to use NIH facilities, or whether to accept volunteer services offered by a Special Volunteer. If the original assignment is extended, another form notating the extension is completed to update the file. **Frequency of Response:** once. **Affected Public:** Individuals **Type of Respondents:** Non-federal scientific professionals and/or individuals. The annual Reporting burden is as follows: **Estimated Number of Respondents:** 1660; **Estimated Number of Responses per Respondent:** 1.0; **Average Burden Hours per Response:** 0.1; and **Estimated Total Annual Burden Hours Requested:** 166. The estimated annualized cost to respondents is \$2,275. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

**Request for Comments:** Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Mrs. Wanda Darwin, Office of Human Resources, Office of The Director, NIH, Building 31, Room 1C31E, One Center Drive, Bethesda, MD 20892-2269, or call non-toll-free number 301-402-2820, or E-mail your request, including your address to: *darwinw@od.nih.gov*.

**Comments Due Date:** Comments regarding this information collection are best assured of having their full effect if

received within 30 days of the date of this publication.

Dated: October 27, 2010.

**Wanda R. Darwin,**  
Human Resources Specialist, Office of  
Human Resources, National Institutes of  
Health.

[FR Doc. 2010-28068 Filed 11-4-10; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-11-11AN]

### 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 Carol E. Walker, 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

**Making Health Care Providers Better Asthma Educators—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).**

#### Background and Brief Description

Currently, 16.4 million non-institutionalized adults in the U.S. have asthma. In addition, 7 million children

in this country have the disorder. Asthma accounts for 13.3 million health care visits and more than 3,400 deaths per year. Except for a few cases linked to occupational exposures, the causes of asthma remain unknown, and there exists no cure. In the absence of means to eliminate the disorder, treatment to minimize the frequency and intensity of asthmatic attacks is of paramount importance and patients must take action at appropriate times. Several treatment tools are available, including the use of corticosteroids and control of exposure to allergens and irritants. Thus, the education provided by health care providers to asthmatic patients forms a critical link in efforts to control asthma.

Anecdotal evidence suggests that there is substantial variability, in type

and amount, in patient education. Some causes of this are suspected: Billing codes for asthma education are not universally present and the degree of health literacy among patients varies and is likely not universally sufficient. Nevertheless, in large part, the factors influencing asthma education by health care providers are unknown. To help address this situation, the Air Pollution and Respiratory Health Branch of CDC wishes to conduct a study to identify barriers to, and facilitators of, asthma education among health care providers. The target audiences for the study are primary care physicians who routinely provide an initial diagnosis of asthma and nurses who routinely provide asthma education to patients. The overall objectives of this study are to explore practices, barriers, and

facilitators regarding provisions of control education to people diagnosed with asthma and to explore the practices, barriers, and facilitators to routine development and use of written asthma action plans.

The target audiences for the study are physicians and nurses. Up to eight physicians will be selected for individual 30-minute interviews per city. A total of three cities will be visited.

Data from the nurses will be collected by means of a 60-minute focus group session. Up to four participants will be selected for each focus group, and a total of two focus groups will be held in each city. A total of three cities will be visited.

There is no cost to the physicians and the nurses except their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondent	Type of data collection	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
Physicians .....	Interview .....	24	1	0.5	12
Nurses .....	Focus Group .....	24	1	1	24
<b>Total .....</b>					<b>36</b>

Dated: October 29, 2010.  
 Carol E. Walker,  
 Acting Reports Clearance Officer, Centers for Disease Control and Prevention.  
 [FR Doc. 2010-27931 Filed 11-4-10; 8:45 am]  
 BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

Title: National Medical Support Notice—NPRM.  
 OMB No.: 0970-0222.

*Description:* The information collected by State IV-D Child Support Enforcement agencies is used to complete the National Medical Support Notice (NMSN), which is sent to employers of employee/obligors and used as a means of enforcing the healthcare coverage provision in a child support order. Primarily, the information the State Child Support enforcement agencies use to complete the NMSN is information regarding appropriate persons, which is necessary for the enrollment of the child in employment-related health care coverage, such as the employee/obligors name, address, and Social Security Number; the employer's name and address; the name and address of the

alternate recipient (child); and the custodial parent's name and address. The employer forwards the second part of the NMSN to the group health plan administrator, which contains the same individual identifying information. The plan administrator requires this information to determine whether to enroll the alternate recipient in the group health plan. If necessary, the employer also initiates withholding from the employee's wages for the purpose of paying premiums to the group health plan for enrollment of the child.

*Respondents:* State and Territory agencies administering the child Support Enforcement program.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
National Medical Support Notice .....	54	97,775	0.17	897,574.50
Estimated Total Annual Burden Hours: .....				897,574.50

**Additional Information**

Copies of the proposed collection may be obtained by writing to the Administration for Children and

Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be

identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).