

AoA'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 respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Certification on Maintenance of Effort under Title III and Certification of Long-Term Care Ombudsman Program Expenditures provides statutorily required information regarding State's contribution to programs funded under the Older Americans Act and conformance with legislative requirements, pertinent Federal regulations and other applicable instructions and guidelines issued by Administration on Aging (AoA). This information will be used for Federal oversight of Title III Programs and Title VII Ombudsman Program expenditures.

AoA estimates the burden of this collection of information as follows: 56 State Agencies on Aging respond annually which should be an average burden of one half (1/2) hour per State agency per year or a total of twenty-eight hours for all State agencies annually. The proposed data collection tools may be found on the AoA Web site for review at [http://www.aoa.gov/AoARoot/AoA\\_Programs/Tools\\_Resources/Cert\\_Forms.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/Cert_Forms.aspx).

Dated: March 23, 2011.

**Kathy Greenlee,**

*Assistant Secretary for Aging.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[60Day-11-11DU]

#### **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 project or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at 404-639-5960 or send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

The National Survey of Prison Healthcare (NSPH) — New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes data collection from identified respondents at the Department of Corrections within each state in the United States and the Federal Bureau of Prisons.

Few national level data exist concerning the administration of health care services in correctional facilities in the United States. National-level data from the health care providers within prison systems are important for a myriad of purposes related to improving prison health and health care. To remedy this gap in knowledge regarding the capacity of prison facilities to deliver medical and mental health services, NCHS in partnership with the Bureau of Justice Statistics (BJS) plans to conduct the National Survey of

Prison Healthcare (NSPH). This collection aims to: provide an overall picture of the global structure of healthcare services in prisons in the United States; close gaps in available information about availability, location and capacity of healthcare services provided to inmates; and identify extent to which electronic medical records are utilized within the correctional healthcare system.

NSPH will be a mail survey to a prison official in the Department of Corrections (DOC) within each of the 50 States and Federal Bureau of Prisons (BOP) and will seek facility-level information on the types of healthcare services delivered and the mechanisms used to deliver these services. Following a small pilot test of the questionnaire with 9 prison officials, NSPH will be administered in Fall 2011.

NSPH will collect data on healthcare services including the extent to which services are contracted; staffing; locations (*i.e.*, on- or off-site) of healthcare services and specialty healthcare services; and the types of medical, dental, mental health, and pharmaceutical services provided to inmates. NSPH will collect data on intake physical and mental health assessments practices for inmates; credentials of staff performing screenings; vaccinations against major infectious diseases; and smoking allowances. Discharge planning data collected includes the availability of bridge medications, Medicaid re-enrollment processes, and the number of inmates with mental illness linked to housing prior to release. NSPH will also collect data on how DOCs maintain health records including the format (paper and/or electronic) of specific types of health records.

Potential users of the data collected through NSPH are policy makers, correctional healthcare researchers, mental health researchers, and corrections administrators. Valid and current data on infrastructure, capacity and utilization of healthcare are essential to supporting research and studying the effects of changes in correctional healthcare. Other potential users of these data include universities, research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no cost to respondents other than their time to participate.

## ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Prison official in DOC .....	NSPH Questionnaire .....	17	1	4	68
Total .....	.....	.....	.....	.....	68

**Daniel Holcomb,**

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**

[Docket Number NIOSH-227]

**Request for Information on Conditions Relating to Cancer To Consider for the World Trade Center Health Program**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice and extension of public comment period.

**SUMMARY:** On March 8, 2011, the Director of the National Institute of Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) published a notice in the **Federal Register** (76 FR 12740) requesting information from the public on three questions regarding conditions relating to cancer for consideration under the World Trade Center Health Program. Written comment was to be received by March 31, 2011. NIOSH has received comment about extending the request for information to include persons living and working in the affected area. In consideration of that comment, the Director of NIOSH is modifying one of the questions posed in the **Federal Register** and extending the public comment period to April 29, 2011.

**DATES:** Written or electronic comments must be received on or before April 29, 2011. Please refer to **SUPPLEMENTARY INFORMATION** for additional information.

**ADDRESSES:** You may submit comments, identified by docket number NIOSH-227, by any of the following methods:

- **Mail:** NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676

Columbia Parkway, Cincinnati, OH 45226.

- **Facsimile:** (513) 533-8285.
- **E-mail:** [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov).

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226. The comment period for NIOSH-227 will close on April 29, 2011. All comments received will be available on the NIOSH Docket Web page at <http://www.cdc.gov/niosh/docket>, and comments will be available in writing by request. NIOSH includes all comments received without change in the docket and the electronic docket, including any personal information provided.

**FOR FURTHER INFORMATION CONTACT:** Dori Reissman, M.D., NIOSH, Patriots Plaza Suite 9200, 395 E. St., SW., Washington, DC 20201, telephone (202) 245-0625 or e-mail [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The Director of the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) serves as the World Trade Center (WTC) Program Administrator for certain functions related to the WTC Health Program established by the James Zadroga 9/11 Health and Compensation Act (Pub. L. 111-347). In accordance with Section 3312(a)(5)(A) of that Act, the WTC Program Administrator is conducting a review of all available scientific and medical evidence to determine if, based on the scientific evidence, cancer or a certain type of cancer should be added to the applicable list of health conditions covered by the World Trade Center Health Program.

The WTC Program Administrator is requesting information on the following: (1) Relevant reports, publications, and case information of scientific and medical findings where exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001 terrorist attacks, is substantially likely to be a significant factor in aggravating, contributing to, or causing cancer or a type of cancer; (2) clinical findings from the Clinical Centers of Excellence providing monitoring and treatment services to

WTC responders (*i.e.*, those persons who performed rescue, recovery, clean-up and remediation work on the WTC disaster sites) and community members directly exposed to the dust cloud, *gases and vapors* on 9/11/01 and those living and working in the affected area; and (3) input on the scientific criteria to be used by experts to evaluate the weight of the medical and scientific evidence regarding such potential health conditions.

Dated: March 22, 2011.

**John Howard,**

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Administration for Children and Families**

[OMB No. 0980-0162]

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects/Title:* State Developmental Disabilities Council 5-Year State Plan.

**Description**

A Plan developed by the State Council on Developmental Disabilities is required by Federal statute. Each State Council on Developmental Disabilities must develop the plan, provide for public comments in the State, provide for approval by the State's Governor, and finally submit the plan on a five-year basis. On an annual basis, the Council must review the plan and make any amendments. The State Plan will be used (1) by the Council as a planning document; (2) by the citizenry of the State as a mechanism for commenting on the plans of the Council; and (3) by the Department as a stewardship tool, for ensuring compliance with the Developmental Disabilities Assistance and Bill of Rights Act, as one basis for providing technical assistance (*e.g.*, during site visits), and