Attachment 5 Public Comment

**From:** jean public [mailto:jeanpublic1@gmail.com]
**Sent:** Monday, August 11, 2014 10:52 AM
**To:** OMB-Comments (CDC); americanvoices; vicepresident@whitehouse.gov; INFO; media; INFO@njtaxes.org; RUSH.HOLT
**Subject:** Fwd: LET THE LGBT FOLKS PAY FOR THIS STUDY - GET GEN POPULATION OFF THE HOOK FOR BEING GOUGED FOR THIS SELF INFLICTED DISEASE

DO THE STUDY IN 3 YEARS AND ONLY ONCE. I OPPOSE THIS OUT OF CONTROLK SPENDING ON THIS ISSUE. AMERICANS HAVE PAID AND PAID AND PAID FOR 50 YEARS FOR THIS. ITS TIME TO CUT THE COSTS. HOW ABOUT SOME LGBT MEMBERS RAISING FUNDS FOR THIE KIND OF STUDY. INSTEAD OF GENERAL TAXPAYERS, WHO ALWAYS GET THE BILL FOR A SUBSET OF PEOPLE WITH RISKY LIFESTYLES. THIS COMMENT IS FOR THE PUBLIC RECORD. PLEAES RECEIPT. JEAN PUBLIC WE NEED SMALELR CHEAPER GOVT INSTEAD OF THIS FREE SPENDING GROUP.

Subject: LET THE LGBT FOLKS PAY FOR THIS STUDY - GET GEN POPULATION OFF THE HOOK FOR BEING GOUGED FOR THIS SELF INFLICTED DISEASE
To: "JEANPUBLIC1@GMAIL.COM" <JEANPUBLIC1@gmail.com>

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[FR Doc No: 2014-18940]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-14-14ARJ]

Proposed Data Collections Submitted for Public Comment and

Recommendations

    The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden, invites the general

public and other Federal agencies to take this opportunity to comment

on proposed and/or continuing information collections, as required by

the Paperwork Reduction Act of 1995. To request more information on the

below proposed project or to obtain a copy of the information

collection plan and instruments, call 404-639-7570 or send comments to

Leroy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send

an email to omb@cdc.gov.

    Comments submitted in response to this notice will be summarized

and/or included in the request for Office of Management and Budget

(OMB) approval. 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; (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; and (e)

estimates of capital or start-up costs and costs of operation,

maintenance, and purchase of services to provide information. Burden

means the total time, effort, or financial resources expended by

persons to generate, maintain, retain, disclose or provide information

to or for a Federal agency. This includes the time needed to review

instructions; to develop, acquire, install and utilize technology and

systems for the purpose of collecting, validating and verifying

information, processing and maintaining information, and disclosing and

providing information; to train personnel and to be able to respond to

a collection of information, to search data sources, to complete and

review the collection of information; and to transmit or otherwise

disclose the information. Written comments should be received within 60

days of this notice.

Proposed Project

    Clinic Context Matters Study-New-National Center for HIV/AIDS,

Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease

Control and Prevention (CDC).

Background and Brief Description

    The daily use of specific antiretroviral medications by persons

without HIV infection, but at high risk of sexual or injection exposure

to HIV, has been shown to be a safe and effective HIV prevention

method. The Food and Drug Administration approved the use of

Truvada[supreg] for preexposure prophylaxis (PrEP) in July 2012 and CDC

has issued Public Health Service clinical practice guidelines for its

use. Because approximately 50,000 new HIV infections continue to occur

each year, with rates of HIV infection increasing most rapidly for

young MSM and because severe disparities in HIV infection continue

among African-American men and women, incorporation of PrEP into HIV

prevention is important. However, as a prevention tool in very early

stages of introduction and use, there is much we need to learn about

how to implement PrEP in a real-world setting.

    CDC is requesting OMB approval to collect data over a 3-year period

that will be used to conduct research among clinicians about their

knowledge, attitudes, and practices related to a new intervention

(PrEP) over the period of its initial introduction in their clinics.

The knowledge gained will be used to refine measurement instruments and

methods (for example, identify modifications to questions in the

current surveys that are unclear to participants), develop training and

educational resources and tools for use by CDC/DHAP (Division of HIV/

AIDS Prevention)-funded partners, and other organizations supporting

delivery of PrEP in clinical settings.

    The project will be conducted in clinics in each of four cities

(Houston, Newark, Chicago, and Philadelphia) where PrEP has recently

become available through a local community health center.

    Once per year for 3 years, CDC will conduct an online survey of

clinicians at participating clinics to collect data on the demographics

of the respondents and their knowledge, attitudes, practices, and

organizational factors related to PrEP and its delivery in their

clinics. Surveys will be administered through an online survey Web

site.

    There are no costs to respondents other than their time.

                                        Estimated Annualized Burden Hours

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                                                                     Number of                         Total

      Type of respondent            Form name        Number of     responses per   Average hours     response

                                                    respondents     respondent     per response    burden hours)

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Clinician.....................  Clinician                    175               1           30/60              88

                                 Consent and

                                 Interview.

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    Total.....................  ................  ..............  ..............  ..............              88

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Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific

Integrity, Office of the Associate Director for Science, Office of the

Director, Centers for Disease Control and Prevention.

[FR Doc. 2014-18940 Filed 8-8-14; 8:45 am]

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