## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology HIT Standards Committee's Workgroup Meetings; Notice of Meetings

**AGENCY:** Office of the National Coordinator for Health Information Technology, HHS.

**ACTION:** Notice of meetings.

This notice announces forthcoming subcommittee meetings of a Federal advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meetings will be open to the public via dial-in access only.

*Name of Committees:* HIT Standards Committee's Workgroups: Clinical Operations, Vocabulary Task Force, Implementation, and Privacy & Security workgroups.

*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 HIT Standards Committee Workgroups will hold the following public meetings during January 2011: January 10 and 11 Implementation Workgroup hearing on adoption experience, 1 p.m. to 4 p.m. on Jan 10, 9 a.m. to 5 p.m./ET on Jan 11; January 13th Clinical Operations Workgroup, 1 p.m. to 2:30 p.m./ET; and January 25th Clinical Operations Workgroup, 1 p.m. to 3 p.m./ET.

*Location:* All workgroup meetings will be available via webcast; visit *http://healthit.hhs.gov* for instructions on how to listen via telephone or Web. Please check the ONC Web site for additional information as it becomes available. 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 these meetings. A notice in the **Federal Register** about last minute modifications that affect a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

*Agenda:* The workgroups will be discussing issues related to their specific subject matter, e.g., clinical operations vocabulary standards, implementation opportunities and challenges, and privacy and security standards activities. If background materials are associated with the workgroup meetings, they will be posted on ONC's Web site prior to 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 workgroups. Written submissions may be made to the contact person on or before two days prior to the workgroups' meeting date. Oral comments from the public will be scheduled at the conclusion of each workgroup meeting. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public session, ONC will take written comments after the meeting until close of business on that day.

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. 92–463, 5 U.S.C., App. 2).

Dated: January 3, 2011.

**Judith Sparrow,**

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

[FR Doc. 2011–190 Filed 1–7–11; 8:45 am]

**BILLING CODE 4150–45–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–11–11BD]**

### 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**

Fetal-Infant Mortality Review—Human Immunodeficiency Virus Prevention Methodology (FHPM)—New—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis, as well as for community-based HIV prevention activities, syphilis, and tuberculosis elimination programs. Remarkable progress has been made in preventing mother-to-child transmission of HIV in recent years, following the introduction of antiretroviral therapy for the prevention of mother-to-child transmission in 1994. The number of infants perinatally infected with HIV has decreased dramatically: from 1,650 cases in 1991 to approximately 240–247 cases in 2005.

Despite advances in interventions for the prevention of mother-to-child transmission of human immunodeficiency virus type 1, including antiretroviral drugs, elective cesarean delivery, and avoidance of breastfeeding, between 100 and 200 infants are perinatally infected with HIV in the United States each year. Many of these cases result from missed prevention opportunities, such as prenatal HIV testing, prenatal care, or antiretroviral prophylaxis.

The Fetal-InfantMortality Review-HIV Prevention Methodology (FHPM) is designed to identify and address missed prevention opportunities at the community level. FHPM was first piloted at 3 sites, which developed the data collection instruments collaboratively with CityMatCH and CDC; CDC did not dictate the data collection method. FHPM is currently a CDC NCHHSTP funded extramural project at 10 sites, conducted in partnership with the National Fetal and Infant Mortality Review Program,

CityMatCH, and participating communities. This request is for 3-years.

The original Fetal-Infant Mortality Review (FIMR) methodology was an approach designed to lead to community-level improvements in infant health outcomes. The methodology consists of four steps: Data gathering, case review, community action, and changes in community systems.

The FHPM has adapted the steps of FIMR in order to evaluate and address the causes of perinatal HIV transmission. This is the first program to approach perinatal HIV prevention using a community-based systems investigation and improvement strategy.

During FHPM's first step of the methodology, cases of perinatal HIV will be identified based on a pre-established case definition, and will be prioritized for community review.

Data for selected cases will be collected from a variety of sources, including medical, public health, and case management records, and then de-identified. A maternal interview will only be conducted if consent is provided by the woman. Data collection can proceed using hospital records if there is no consent for an interview. Data collected during interviews with consenting women will be de-identified. There will be no cost to participants beyond their time, and women can decline to be interviewed.

The maternal interview is the only portion of the project which interacts with individual patients. As is the case for all data collected by FHPM, the intent for the data is for local use to understand and improve local systems. Face-to-face interviews will average 1.5 hours in duration and will not need to be repeated, unless a woman has a second pregnancy and is selected for case review under the priority assessment, and consents to participate a second time. Each of the 10 FHPM sites will conduct 30 maternal interviews annually. The number of elements in the interview is presently being reduced. When the FIMR–HIV Data System (FHDS) is implemented (see below), each of these 10 sites will be asked to send its data to the FHDS.

After the data collection phase, a multidisciplinary case review team (CRT) will conduct a regularly scheduled case review session. The recommendations and findings of the CRT will then be passed on to a Community Action Team (CAT), a diverse, broad-based group of community leaders and representatives capable of defining and initiating changes in the local systems.

Since 2009, partner organizations have been funded to operate FHPM in 10 sites. Sites have been collecting and evaluating data on mother-to-child transmissions in their communities since 2010. Currently de-identified FHPM data is stored electronically at participating sites. This data has been collected by local health agencies for local public health action and programming. NCHHSTP also plans to launch the FIMR–HIV Data System (FHDS) in 2011, which would provide a centralized, Web-based data system that could be accessed and utilized by all participating sites and partner organizations. This Information Collection Request is being submitted since the FHDS since FHDS will be managed by CDC, thus centralizing the data and allowing aggregated analysis.

NCHHSTP is considering ways to eliminate perinatal HIV transmission in the U.S., and has incorporated FHPM into a framework to do so.

Data collected by FHPM will primarily serve to inform and improve local health systems in order to prevent future perinatal HIV transmissions. This data will provide a clearer picture of the systems-level strengths and weaknesses in participating communities. There will be no cost to participants other than their time.

Estimated Annualized Burden Hours

| Form name | Respondents | Number of respondents | Number of responses per respondent | Average burden response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| Face-to-Face Maternal Interview Form. | Sites participating in FHPM ..... | 10 | 30 | 1.5 | 450 |

Dated: December 30, 2010.

**Carol E. Walker,**

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

[FR Doc. 2011–280 Filed 1–7–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[Docket Number NIOSH–189]**

### Request for Information on 2,3-Pentanedione and Other Alpha-Diketones Used As Diacetyl Substitutes

**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 of public comment period.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) intends to evaluate the scientific data on 2,3-pentanedione (CAS #600–14–6, also known as pentane-2,3-dione; acetyl propionyl) and other alpha-diketones and develop appropriate communication documents, such as a Current Intelligence Bulletin, Criteria Document and/or other informational products, and potentially establish a Recommended Exposure Limit (REL) for diacetyl substitutes. NIOSH is requesting information on the following: (1) Published and unpublished reports and findings from *in vitro* and *in vivo* toxicity studies with 2,3-pentanedione, and other alpha diketones, (2) information on possible health effects observed in workers exposed to 2,3-pentanedione, and other alpha-diketones, (3) information on workplaces and products in which 2,3-pentanedione and other alpha-diketones can be found, (4) description of work tasks and scenarios with a potential for exposure to 2,3-pentanedione and other alpha-diketones, (5) workplace exposure data, and (6) information on control measures (*e.g.,* engineering controls, work practices, personal protective equipment) that are being used in workplaces where potential exposures to 2,3-pentanedione and other alpha diketones occur.

*Public Comment Period:* Comments must be received by February 9, 2011.

**ADDRESSES:** You may submit comments, identified by docket number NIOSH–189 by any of the following methods: