plan for states and communities that receive Recovery Act funding through the CPPW initiative. Participation is required as a condition of receiving the cooperative agreement.

The case study information to be collected will assist the Federal government, state and local governments, and communities in planning future strategies designed to promote sustainable policy, systems and environmental changes that improve public health. Understanding the key variables and contextual factors that inhibit or accelerate successful implementation of these strategies will allow states and communities to anticipate such issues in advance, adapt their environment and context so it is more supportive, or choose only strategies that seem to map well to their current environment and context. As a result of the CPPW program, powerful models of success are expected to emerge that can be replicated in other states and communities.

The long-term goals of the CPPW are to modify the environmental determinants of risk factors for chronic diseases, prevent or delay chronic diseases, promote wellness in children and adults, and provide positive, sustainable health change in communities.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
CPPW Awardees, Community Partners, and Community Decision Makers ..	420	1	2.5	1,050

Dated: March 3, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–5157 Filed 3–9–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–09CO]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Increasing Adoption of CROPS by Farmers and Manufactures, New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There was an average of 200 tractor-related fatalities annually between 1992 and 2005 in the US, with tractor overturns accounting for 1,412 of these deaths. The majority could have been prevented with the use of a rollover protective structure (ROPS). It is estimated that about half of the 4.8 million tractors in the United States currently do not have ROPS installed. Earlier research indicated that adoption of retrofit ROPS technology for older tractors is impeded by the costs, complexity of this modification, usability and storage of the tractor after the retrofitting (installation), of a ROPS. To overcome these barriers, NIOSH designed a prototype of a cost-effective roll over protective structure (CROPS). Projected retrofit costs for CROPS are $800, compared to $1,200-$2,500 for ROPS; and the installation complexity is significantly reduced. NIOSH has CROPS prototype designs for five tractors: Ford 3000 series, Ford 4000 series, Ford 8N, Ford 4600 and Massey-Ferguson 135. However, this technology has not been transferred to the agricultural workplace, suggesting that the barriers to adoption and implementation are much more complex than previously believed.

With the assistance of State partners, the project will identify the study population—farmers in two selected States who use tractors for which a CROPS prototype has been developed by NIOSH. From this group of farmers a subset of farmers from the study population will be selected (18 in each State for a total of 36) to receive a CROPS at no charge. Each farmer will be asked to install the CROPS and provide an initial assessment of their perception of the utility and value of the device and allow others to observe the retrofit process. New York and Virginia were selected as States because of their high number of tractor roll over fatalities and established relationships with NIOSH, its partners, and access to farming communities. The State partners will schedule and arrange 18 demonstration projects within their respective States for a total of 36 tractor retrofit demonstrations. Attendance at these events is anticipated to be demonstrators, observers, community leaders and fabricators and is strictly voluntary. It is anticipated to have a minimum of 10 attendees identified and secured for each of the 36 demonstration projects. These attendees will be invited to observe installation of CROPS in the field and queried on their perception of the utility and value of the design. This will help identify barriers from and approaches for stimulating farmers to retrofit their tractors with Cost-Effective Roll-Over Protection Structures (CROPS) using stakeholder input. The surveys are expected to take about 15 minutes to complete.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 753.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Demonstrators	30	1	15/60
Demonstrators	30	1	15/60
Demonstrators	30	1	15/60
Demonstrators	30	1	3
Observers	170	1	15/60
Observers	170	1	15/60
Observers	170	1	15/60
Observers	170	1	3

Dated: March 4, 2010.

Maryam Daneshvar,

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

[FR Doc. 2010–5156 Filed 3–9–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Reinstatement of OMB No. 0925–0601/exp. 02/28/2010, Request for Human Embryonic Stem Cell Line To Be Approved for Use in NIH Funded Research

ACTION: Correction notice.

On March 2, 2010 the National Institutes of Health published a notice in the **Federal Register** (75 FR 9418) with a 30-day comment period seeking public comment for an information collection entitled "Request for Human Embryonic Stem Cell Line to be Approved for Use in NIH Funded Research".

In the second paragraph of the notice entitled, "Proposed Collection," the annual reporting burden reflected in the notice is corrected to read: "*Estimated Number of Respondents:* 100; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 3; and *Estimated Total Annual Burden Hours Requested:* 300. The estimated annualized cost to respondents is $10,500."

All other information in the notice is correct and remains unchanged.

Dated: March 2, 2010.

Mikia Currie,

Office of Policy for Extramural Research Administration, OD, National Institutes of Health.

[FR Doc. 2010–5020 Filed 3–9–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Centers for Medicare & Medicaid Services; Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), or his or her successor, the authorities currently vested in the Secretary under section 1135 [42 U.S.C. 1320b–5] of Title XI of the Social Security Act, and as may hereafter be amended, to temporarily waive or modify requirements during certain emergencies or disasters that are related to Medicare, Medicaid, and the Children's Health Insurance Programs as they pertain to the mission of CMS.

The authorities under section 1135 [42 U.S.C. 1320b–5] of the Social Security Act, and as may hereafter be amended, may be re-delegated.

Limitations

1. The authority to make the initial decision to invoke the waiver authorities under section 1135 [42 U.S.C. 1320b–5] upon the occurrence of the two conditions precedent specified in section 1135(g) [42 U.S.C. 1320b–5(g)] is excluded from this delegation and is reserved by me.

2. The following authorities under section 1135 [42 U.S.C. 1320b–5] of the Social Security Act, and as may hereafter be amended, are excluded from this delegation of authority:

—*Section 1135(b)(7)* pertaining to sanctions and penalties that arise from noncompliance with certain requirements of regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) [42 U.S.C. 1320d–2 note]. The authority to waive the HIPAA regulations at 45 of the Code of Federal Regulations, Part 164 will continue to be held by me.

—*Section 1135(d)* to provide a certification and advance written notice to Congress at least two days before exercising the authority with respect to an emergency area is reserved by me.

—*Section 1135(f)* to report to Congress regarding the approaches used to accomplish the purposes described in section 1135(a) [42 U.S.C. 1320b–5] of the Social Security Act, including an evaluation of such approaches and recommendations for improved approaches should the need for such emergency authority arise in the future is reserved by me.

3. The authorities under section 1135 [42 U.S.C. 1320b–5] shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or his or her subordinates, which involved the exercise of the authorities under section 1135 [42 U.S.C. 1320b–5] delegated herein prior to the effective date of this delegation of authority.

This delegation of authority is effective immediately.

Authority: 44 U.S.C. 3101.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–4992 Filed 3–9–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention; Notice of Cancellation of Meeting

Pursuant to Public Law 92–462, notice is hereby given of a cancellation of the March 8, 2010 meeting of the Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Testing Advisory Board (DTAB).

Public notice was given in the **Federal Register** on February 19, 2010 (Volume