

to this workshop. This Strategy will define the principles guiding HHS medical countermeasure research, development and acquisition.

The BioShield Stakeholders Workshop will be an open meeting for representatives from the pharmaceutical and biotechnology industries, professional societies, State and local public health organizations, the academic research and development community, public interest groups, stakeholder Federal agencies, and Congress.

The BioShield Stakeholders Workshop is being convened, and the PHEMC Strategy for CBRN Threats is being developed and published, to fulfill the promise that Health and Human Services Secretary Michael O. Leavitt made on March 16, 2006, in his testimony before the Senate Committee on Health, Education, Labor, and Pensions. During his testimony, Secretary Leavitt pledged to:

work closely with other departments and agencies to streamline and make more effective the current BioShield interagency governance process. We will make this process more transparent and work to educate the public and industry about our priorities and opportunities. As part of this, HHS will convene an outreach meeting with these external stakeholders later this year.

OPHEP leads Federal efforts to prepare the nation to prevent and mitigate the health effects of disasters, natural or manmade. As part of this important mission, OPHEMC, within OPHEP, plays a leadership role in the advanced development and acquisition of medical countermeasures, including implementation of the Project BioShield Act of 2004.

The purpose of Project BioShield is to accelerate the research, development, acquisition, and availability of effective medical countermeasures for chemical, biological, radiological, and nuclear (CBRN) threats. The Special Reserve Fund (SRF), a discretionary reserve of \$5.6 billion for the advanced development and purchase of priority medical countermeasures over 10 years, was authorized under Project BioShield to support this mission.

For more information regarding the BioShield Stakeholders Workshop, and to register for the Workshop, please visit <http://www.hhs.gov/ophep/ophemc/>.

Dated: August 15, 2006.

Carol Linden,

Deputy Director, OPHEMC.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice of proposed information collection.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow the proposed information collection project "Continuance of the Medical Expenditure Panel Survey—Household and Medical Provider Component through 2009." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C.

3506(c)(2)(A)), AHRQ invites the public to comment on this proposed collection.

This proposed information collection was previously published in the **Federal Register** on June 2, 2006 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.

DATES: Comments on this notice must be received by September 20, 2006.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, AHRQ, Reports Clearance Officer, 540 Gaither Road, Suite 5036, Rockville, MD 20850. Copies of the proposed collection plans, data collection instruments and specific details of the estimated burden can be obtained from the AHRQ Reports Clearance Officer, (301) 427-1477.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ, Reports Clearance Officer, (301) 427-1477.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Continuance of the Medical Expenditure Panel Survey—Household and Medical Provider Component through 2009."

AHRQ has conducted an annual panel survey of U.S. households and their associated medical providers since 1996 through the Medical Expenditures Panel Survey (MEPS)—Household (MEPS-HC) and Medical Provider Component (MEPS-MPC). This clearance requests continuance of this annual survey through 2009. The MEPS is jointly sponsored by the AHRQ and the

National Center for Health Statistics (NCHS). The MEPS is conducted using a sample of households that responded to a prior year's National Health Interview Survey (NHIS) which is sponsored by the NCHS. The NHIS surveys approximately 40,000 households (110,000 persons) each year.

The NHIS is used as a sampling frame for the MEPS and other surveys to increase efficiency of data collection efforts within the Department of Health and Human Services.

Data to be collected from each household is completed through the MEPS-HC and includes detailed information on demographics, health conditions, health status, use of health care services, charges and payments for medical care, medications, and employment and health insurance. Data to be collected from medical providers including hospitals, physicians, and pharmacies is completed through the MEPS-MPC which supplements and verifies information provided by the households. With the written permission of household members of the MEPS-HC, the MEPS-MPC collects actual dates of services, diagnosis and service codes, as well as charges and payments for services. Subject to AHRQ NCHS confidentiality statutes, data will be made available through Agency publications, journals, public use files and Web-based statistical tools. The data are intended for multiple purposes including:

- Generating national estimates of individual and family health care use and expenditures, private and public health insurance coverage, and the availability, cost and scope of private health benefits among Americans.
- Examining the quality of care for Americans, especially those with chronic conditions.
- Examining access to and costs of health care for common diseases and conditions, health care quality, prescribed medications and other health issues.

Statisticians and researchers will use these data to make important generalizations about the civilian non-institutionalized population of the United States and to conduct research in which the family is the unit of analysis.

Data Confidentiality

The confidentiality of MEPS data is protected under the NCHS and AHRQ confidentiality statutes, found in sections 934(c) and 308(d) of the Public Health Service Act (42 U.S.C. 299c-3(c) and 42 U.S.C. 242m).

Methods of Collection

AHRQ introduces the study to respondents of the Household Component through an advance mailing. This first contact will provide the respondent with information on the importance and uses of the data. Once consent for participation is established,

AHRQ, through its contractors will conduct five, in person, interviews over a 30-month time period with each participating household to obtain information to support two years of national estimates. Computer-assisted personal interviewing will be used. In uncommon instances, the identical interview may be administered over the

phone. Respondents may also be asked to complete one or more short, self-administered questionnaires over the course of the study.

The Medical Provider Component is completed predominately by telephone and mail. A substantial portion of the pharmacy providers elect to submit their responses electronically.

MEPS-HC ANNUAL DATA COLLECTION ESTIMATED BURDEN

Activity	Unit	Number of responses	House per response	Burden in hours
Jan-July				
07 panel interview	Households	7,900	2.0	15,800
06 panel interview	Households	7,650	1.5	11,475
06 panel DCS	Persons 18+ with diabetes	800	0.1	80
05 panel interview	Households	7,400	1.5	11,100
05 panel DCS	Persons 18+ with diabetes	750	0.1	75
Re-interview	responses	2,065	0.1	207
Aug-Dec				
07 Panel interview	Households	7,700	1.5	11,550
07 Panel SAQ	Persons 18+	6,950 × 1.8	0.2	2,502
06 panel interview	Households	7,550	1.5	11,325
06 Panel SAQ	Persons 18+	6,800 × 1.8	0.2	2,448
Reinterview	responses	1,373	0.1	138
Total				66,700

MEPS-MPC ANNUAL DATA COLLECTION ESTIMATED BURDEN—PAIR LEVEL CALCULATION

Type	Number of patient/provider pairs	Events per pair	Total events	Response time/event (minutes)	Burden in hours
Hospitals	10,500	3.2	33,600	5	2800
HMO	450	5.0	2250	5	187
SBD	15,500	1.4	21,700	3	1085
Home health	440	5.8	2552	5	212
OBDS	23,210	3.5	81,235	5	6770
Pharmacy	14,410	10.3	148,423	3	7421
Institutions	100	1.2	120	5	10
					18,485

MEPS SUMMARY DATA COLLECTION BURDEN 2007–2009

Unit type	2007	2008	2009	Total
Households	66,700	66,700	66,700	200,100
Medical provider	18,485	18,485	18,485	55,455
Total	85,185	85,185	85,185	255,555

Request for Comments

In accordance with the above cited legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public records.

Dated: August 14, 2006.

Carolyn M. Clancy,
Director.

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