

**GENERAL SERVICES
ADMINISTRATION**

[OMB Control No. 3090-0262]

**General Services Administration
Acquisition Regulation; Information
Collection; Identification of Products
With Environmental Attributes****AGENCY:** Office of the Chief Acquisition Officer, GSA.**ACTION:** Notice of request for comments regarding a revision to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration will be submitting to the Office of Management and Budget (OMB) a request to revise and approve an extension of a currently approved information collection requirement regarding identification of products with environmental attributes. The clearance currently expires on April 30, 2009.

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate and based on valid assumptions and methodology; and ways to enhance the quality, utility, and clarity of the information to be collected.

DATES: Submit comments on or before: February 9, 2009.**FOR FURTHER INFORMATION CONTACT:** Mr. Warren Blankenship, Procurement Analyst, Contract Policy Division, at telephone (202) 501-1900 or via e-mail to warren.blankenship@gsa.gov.**ADDRESSES:** Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Regulatory Secretariat (VPR), General Services Administration, Room 4041, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090-0262, Identification of Products with Environmental Attributes, in all correspondence.**SUPPLEMENTARY INFORMATION:****A. Purpose**

General Services Administration (GSA) requires contractors submitting Multiple Award Schedule Contracts to identify in their GSA price lists those products that they market commercially that have environmental attributes. The identification of these products will enable Federal agencies to maximize the use of these products to meet the

responsibilities expressed in statutes and executive orders.

B. Annual Reporting Burden*Respondents 18,000.:**Responses per Respondent: 1.**Annual Responses: 18,000.**Hours per Response: 5.**Total Burden Hours: 90,000.**Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0262, Identification of Products with Environmental Attributes, in all correspondence.

Dated: November 19, 2008.

Rhonda Cundiff,*Acting Director, Office of Acquisition Policy.*

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Agency for Health Care Research and
Quality****Agency Information Collection
Activities: Proposed Collection;
Comment Request****AGENCY:** Agency for Health Care Research and Quality, HHS.**ACTION:** Notice.

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: "Overcoming Barriers to Expanded Health Information Exchange (HIE) Participation in Indiana." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on June 10th, 2008 and allowed 60 days for public comment. No 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 January 8, 2009.**ADDRESSES:** Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (Attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project**

"Overcoming Barriers to Expanded Health Information Exchange (HIE) Participation in Indiana."

AHRQ, through its contractor, the Regenstrief Institute at Indiana University, proposes to assess the barriers to participation in health information exchange (HIE) in Indiana. The Regenstrief Institute will use its experience to date working with a variety of organizations to establish specific barriers to engagement in HIE cited by stakeholders, define the barriers and evaluate them.

The Regenstrief Institute will develop and implement a questionnaire and survey process to identify barriers that may exist throughout the State of Indiana to participation in the Indiana Network of Patient Care (INPC). The INPC is a local health information infrastructure that includes information from five major hospital systems (fifteen separate hospitals), the county and State public health departments, and Indiana Medicaid and RxHub. The INPC began operation seven years ago and is one of the first examples of a local health information infrastructure.

This research will elicit and aggregate feedback from large and small physician groups, as well as hospitals, throughout the State of Indiana. The goal is to identify the gaps in understanding, barriers and disconnects that may exist with providers' adoption of, and membership in, the INPC. The relationship between the stakeholders involved in the Indiana HIE is governed by a contract between the participants. The Regenstrief Institute, acting on behalf of the participants, created and operates the exchange, including serving as the custodian of the data.

The Regenstrief Institute will survey three key stakeholder groups in the State of Indiana: Small hospitals, small physician practices (less than 5 providers) and large physician practices (greater than 20 providers) to identify barriers for each of these groups to participate in a HIE in general, and specifically the INPC. It is difficult to predict the barriers that will be identified, but based on their experience to date, anecdotal evidence suggests that