

Proposed Project: Data Collection Tool for the Black Lung Clinics Program (OMB No. 0915-0292): Revision

The Office of Rural Health Policy (ORHP), Health Resources and Services Administration, conducts an annual data collection of user information for the Black Lung Clinics Program. The purpose of the Black Lung Clinics Program is to improve the health status of coal workers by providing services to minimize the effects of respiratory and pulmonary impairments of coal miners. Grantees provide specific diagnostic and treatment procedures required in the management of problems associated with black lung disease which improves

the quality of life of the miner and reduces economic costs associated with morbidity and mortality arising from pulmonary diseases. The purpose of collecting this data is to provide HRSA with information on how well each grantee is meeting the needs of active and retired miners in the funded communities.

Data from the annual report will provide quantitative information about the programs, specifically: (a) The characteristics of the patients they serve (gender, age, disability level, occupation type); (b) the characteristics of services provided (medical encounters, non-medical encounters, benefits

counseling, or outreach); and (c) the number of patients served. The annual report will be updated to include a qualitative measure on the percent of patients that show improvement in pulmonary function. This assessment will provide data useful to the program and will enable HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that funds are being effectively used to provide services to meet the needs of the target population.

The estimated burden is as follows:

Form name	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Database	15	1	10	150

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 27, 2007.

Alexandra Huttlinger,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (44 U.S.C. 3506(c)(2)(A)), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

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.

Proposed Project: Data System for Organ Procurement and Transplantation Network and Associated Forms (OMB No. 0915-0157): Revision

Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). The OPTN, among other responsibilities, operates and maintains a national waiting list of individuals requiring organ transplants, maintains a computerized system for matching donor organs with transplant candidates on the waiting list, and operates a 24-hour system to facilitate matching organs with individuals included in the list.

Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to indicate the disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used to develop transplant, donation and allocation policies, to determine if institutional members are complying with policy, to determine member specific performance, to ensure patient safety when no alternative sources of data exist and to fulfill the requirements of the OPTN Final Rule. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and others for evaluation, research, patient information, and other important purposes.

Revisions in the 26 data collection forms are intended to implement approved reduction in data collection for candidates and recipients, to provide additional information specific to pediatric patients, and to clarify existing questions.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Form	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
Deceased Donor Registration	58	215	12,470	0.4200	5,237.4000
Death referral data	58	12	696	10.0000	6,960.0000
Living Donor Registration	711	10	7,110	0.4100	2,915.1000
Living Donor Follow-up	711	18	12,798	0.3300	4,223.3400
Donor Histocompatibility	154	95	14,630	0.0600	877.8000
Recipient Histocompatibility	154	172	26,488	0.1100	2,913.6800
Heart Candidate Registration	135	23	3,105	0.2800	869.4000
Lung Candidate Registration	67	27	1,809	0.2800	506.5200
Heart/Lung Candidate Registration	59	1	59	0.2800	16.5200
Thoracic Registration	135	27	3,645	0.4400	1,603.8000
Thoracic Follow-up	135	229	30,915	0.4130	12,767.8950
Kidney Candidate Registration	250	133	33,250	0.2800	9,310.0000
Kidney Registration	250	69	17,250	0.4400	7,590.0000
Kidney Follow-up	250	544	136,000	0.3332	45,315.2000
Liver Candidate Registration	125	89	11,125	0.2800	3,115.0000
Liver Registration	125	54	6,750	0.4000	2,700.0000
Liver Follow-up	125	383	47,875	0.3336	15,971.1000
Kidney/Pancreas Candidate Registration	146	12	1,752	0.2800	490.5600
Kidney/Pancreas Registration	146	7	1,022	0.5300	541.6600
Kidney/Pancreas Follow-up	146	65	9,490	0.5027	4,770.6230
Pancreas Candidate Registration	146	7	1,022	0.2800	286.1600
Pancreas Registration	146	3	438	0.4400	192.7200
Pancreas Follow-up	146	23	3,358	0.4133	1,387.8614
Intestine Candidate Registration	45	8	360	0.2400	86.4000
Intestine Registration	45	4	180	0.5300	95.4000
Intestine Follow-up	45	17	765	0.5059	387.0135
Post Transplant Malignancy	711	6	4,266	0.0800	341.2800
Total	923		388,628		131,472.4329

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 27, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank; Announcement of Proactive Disclosure Service (PDS) Opening Date and User Fees

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), is announcing the implementation of a Proactive Disclosure Service (PDS) Prototype. The

PDS is being offered as an alternative to the periodic querying of the National Practitioner Data Bank (NPDB). It was developed in response to the growing interest of healthcare entities in ongoing monitoring of practitioner credentials.

Authorized Data Bank entities can choose to enroll all of their practitioners in PDS or enroll some practitioners while continuing to periodically query on others using the regular query methods. The query fee for periodic queries remains \$4.75 per name. Entities with PDS enrolled practitioners will be notified within one business day of the NPDB's receipt of a report on any of their enrollees. While entities can expect to receive reports sooner with PDS, the format of and the information contained in a report, as well as the information required to be reported will remain the same. Initially, the PDS is being offered as a prototype. The annual subscription fee, during the prototype period, is \$3.25 per practitioner. This rate is subject to change after the prototype period is complete.

DATES: This fee will be effective April 30, 2007.

FOR FURTHER INFORMATION CONTACT: Mark Pincus, Branch Chief, Practitioner Data Banks Branch, Office of Workforce Evaluation and Quality Assurance,

Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Rm 8C-103, 5600 Fishers Lane, Rockville, MD 20857, Tel: 301-443-2300, E-mail: policyanalysis@hrsa.gov.

SUPPLEMENTARY INFORMATION:

1. PDS Enrollment Availability

The PDS prototype will be available April 30, 2007. An invitation to enroll practitioners in the prototype has been extended first to organizations that assisted HRSA with designing and pricing, which occurred between 2003 and 2005. All NPDB registered entities have been invited to enroll their practitioners to meet a predetermined number for enrollees. Once this number is achieved, enrollment in the prototype will close. It is anticipated that the PDS prototype period will last approximately 18 to 24 months before it is opened to all authorized Data Bank entities.

2. User Fee Amount

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Section 427(b)(4) of the Act authorizes the establishment of fees for the costs of processing related to receiving and disclosing information.