

The following request has been submitted to OMB for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms (OMB No. 0915-0126)—Extension

The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law (Pub. L.) 99-660, the *Health Care Quality Improvement Act of 1986*, as amended. Final regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for NPDB implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services. The NPDB began operation on September 1, 1990.

The intent of Title IV of Pub. L. 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services, to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State-to-State without disclosure of the practitioner's previous damaging or incompetent performance.

The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, adverse professional

society actions, and Medicare/Medicaid exclusions is collected from, and disseminated to, eligible entities. It is intended that NPDB information should be considered with other relevant information in evaluating a practitioner's credentials.

The reporting forms and the request for information forms (query forms) are accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at <http://www.npdb-hipdb.hrsa.gov>. All reporting and querying is performed through this secure Web site. Due to overlap in requirements for the Healthcare Integrity and Protection Data Bank (HIPDB), some of the NPDB's burden has been subsumed under the HIPDB.

Estimates of annualized burden are as follows:

Regulation citation	No. of respondents	Frequency of responses	Hours per response (minutes)	Total burden hours
60.6(a) Errors & Omissions	315	4	15	315
60.6(b) Revisions to Actions	109	1	30	54.5
60.7(b) Medical Malpractice Payment Reports	519	29	45	11,288.25
60.8(b) Adverse Action Reports—State Boards	0	0	0	
60.9(a)3 Adverse Action Reports—Clinical Privileges & Professional Society Requests for Hearings by Entities	480	2	45	720
60.10(a)(1) Queries by Hospital—Practitioner Applications	0	0	480	0
60.10(a)(2) Queries by Hospitals—2 Year Cycle	0	0	0	0
60.10(a)(2) Queries by Hospitals—2 Year Cycle	5,996	213	5	106,429
60.11(a)(1) Disclosure to Hospitals	0	0	0	0
60.11(a)(2) Disclosure to Practitioners (Self-Query)	0	0	0	0
60.11(a)(3) Disclosure to Licensure Boards	87	645	5	4,676.25
60.11(a)(4) Queries by Non-Hospital Health Care Entities	7,305	322	5	196,017.5
60.11(a)(5) Queries by Plaintiffs' Attorneys	5	1	30	2.5
60.11(a)(6) Queries by Non-Hospital Health Care Entities-Peer Review	0	0	0	0
60.11(a)(7) Requests by Researchers for Aggregate Data	20	1	30	10
60.14(b) Practitioner Places a Report in Disputed Status	404	1	15	101
60.14(b) Practitioner Statement	1,415	1	45	1,061.25
60.14(b) Practitioner Requests for Secretarial Review	27	1	480	216
60.3 Entity Registration—Initial	1,447	1	60	1,447
60.3 Entity Registration—Update	13,115	1	5	1,092.92
60.11(a) Authorized Agent Designation—Initial	717	1	15	179.25
60.11(a) Authorized Agent—Update	139	1	5	11.58
60.12(c) Account Discrepancy Report	5	1	15	1.25
60.12(c) Electronic Funds Transfer Authorization	284	1	15	71
60.3 Entity Reactivation	0	1		
Total Burden Hours				323,694.25

Numbers in the table may not add up exactly due to rounding.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 2, 2007.

Caroline Lewis,

Associate Administrator for Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget

(OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office at (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The Stem Cell Therapeutic Outcomes Database—(New)

The Stem Cell Therapeutic and Research Act of 2005 establishes the C.W. Bill Young Cell Transplantation Program and provides for the collection and maintenance of human blood stem cells for the treatment of patients and for research. The Health Resources and Services Administration's (HRSA), Healthcare Systems Bureau (HSB), is establishing the Stem Cell Therapeutic Outcomes Database as one component

of the C.W. Bill Young Cell Transplantation Program. Operation of this database necessitates certain reporting requirements in order to perform the functions related to hematopoietic stem cell transplantation under contract to HHS. The Act requires the Secretary to contract for the collection and maintenance of information related to patients who have received stem cell therapeutic products and to do so using a standardized, electronic format. Data will be collected from transplant centers in a manner similar to the data

collection activities historically conducted by the Medical College of Wisconsin's Center for International Blood and Marrow Transplant Research (CIBMTR) and will be used for ongoing analysis of transplant outcomes. HRSA will use the information in order to carry out its statutory responsibilities. Information is needed to monitor the clinical status of transplantation, and to provide the Secretary with an annual report of transplant center-specific survival data.

The estimate of burden is as follows:

Form	Estimated number of respondents	Responses per respondent	Total Responses	Hours per response	Total burden hours
Baseline Pre-TED (Transplant Essential Data)	225	32	7,200	0.85	6,120
Product Form (includes Infusion, HLA, and Infectious Disease Marker inserts)	225	14	3,150	1.5	4,725
100-Day Post-TED	225	32	7,200	0.85	6,120
6-Month Post-TED	225	23	5,175	1.00	5,175
12-Month Post-TED	225	20	4,500	1.00	4,500
Annual Post-TED	225	16	3,600	1.50	5,400
Total	225		30,825		32,040

The Pre-TED, Product Form, 100-Day Post-TED, 6-Month Post-TED, and 12-Month Post-TED will be collected on all patients during their first year of transplant. In subsequent years, patient outcomes will be reported on the Annual Post-TED form. There will be a gradual increase in the cumulative reporting burden over time commensurate with the number of survivors for which transplant centers must submit an Annual Post-TED.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 2, 2007.

Caroline Lewis,

Associate Administrator for Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Announcement of a Change to the Awarding Factors Under the Fiscal Year 2007 New Access Points in High Poverty Counties (HRSA-07-069) Grant Opportunity

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Revision to awarding factors.

SUMMARY: The Health Resources and Services Administration (HRSA) is announcing a change to the awarding factors under the HRSA-07-069 "New

Access Points in High Poverty Counties" funding opportunity [issued on Grants.gov March 14, 2007] as they relate to awards made under the HRSA-07-067 "New Access Points" funding opportunity for the President's first Health Centers Initiative [issued on Grants.gov October 6, 2006].

In making award decisions for fiscal year (FY) 2007, HRSA will now consider granting the same organization a new access point award under HRSA-07-067 and HRSA-07-069. HRSA will consider more than one FY 2007 new access point award to an organization if, and only if each application submitted (by the same organization for the two different funding opportunities) proposes a separate and distinct project to serve different counties. That is, there must be no overlap or duplication of service area, target population, or sites. (Under previous HRSA policy, if an organization receives a grant award in FY 2007 under the first opportunity, HRSA-07-067, it could not be awarded funds in FY 2007 under HRSA-07-069). Applicants for HRSA-07-069 should also be aware that each new access point application must be complete and must be able to stand alone.

The changes announced in this **Federal Register** Notice do not impact any HRSA policy for eligibility under the HRSA-07-069. Organizations

continue to be eligible to submit one application under HRSA-07-069, irrespective of whether they applied under HRSA-07-067 or not. Additionally, all other awarding factors detailed in HRSA-07-069 remain the same.

Reference: HRSA-07-069 is available online via the HRSA Web site at: <http://www.hrsa.gov/grants/technicalassistance/pi2nap.htm> or <http://www.grants.gov>.

FOR FURTHER INFORMATION CONTACT:

Preeti Kanodia, Division of Policy and Development, Bureau of Primary Health Care, Health Resources and Services Administration. Ms. Kanodia may be contacted by e-mail at DPDGeneral@hrsa.gov or via telephone at (301) 594-4300.

Dated: May 2, 2007.

Dennis P. Williams,

Deputy Administrator.

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