

Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

National Public Health Performance Standards Program Local Public Health System Assessment (OMB 0920-0555)—

Revision—Office of Chief of Public Health Practice, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Office of Chief of Public Health Practice is proposing to revise and extend the formal, voluntary data collection that assesses the capacity of local public health systems to deliver the essential services of public health. Local health departments will respond to the survey on behalf of the collective body of representatives from the local public health system. Electronic data submission will be used when local public health agencies complete the public health assessment.

A three-year approval is being sought with the revised data collection instrument. The original data collection instrument has been valuable in assessing performance and capacity and identifying areas for improvement. It is anticipated that the updated data

collection instrument will be voluntarily used by local public health systems for similar purposes.

From 1998–2002, the National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness.

There are no costs to the respondent other than their time.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Local Public Health Systems	350	1	16	5,600

Dated: December 15, 2006.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-0580]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74,

Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

National Public Health Performance Standards Program Local Public Health Governance Assessment (OMB 0920-0580)—Reinstatement—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Office of the Director is proposing to revise and extend the formal, voluntary data collection that assesses the capacity of local boards of health to deliver the essential services of public

health. Electronic data submission will be used when local boards of health complete the public health assessment.

A three-year approval is being sought with the revised data collection instrument. The original data collection instrument has been valuable in assessing performance and capacity and identifying areas for improvement. It is anticipated that the updated data collection instrument will be voluntarily used by local boards of health for similar purposes.

From 1998–2002, the CDC National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness.

There is no cost to the respondent, other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
Local Board of Health	175	1	5	875

Dated: December 15, 2006.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-43, CMS-4040 & 4040-SP, CMS-10179, CMS-R-142, and CMS-10210]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Application for Hospital Insurance Benefits for individuals with End Stage Renal Disease; **Use:** 42 CFR 406.13 outlines the requirements for entitlement to Medicare Part A (hospital insurance [HI]) and Part B (supplementary medical insurance [SMI]) for individuals with End Stage Renal Disease (ESRD). 42 CFR 406.7 lists the CMS-43 form,

Application for Hospital Insurance Benefits for Individuals with End Stage Renal Disease, as the application to be used by individuals applying for Medicare under the ESRD provisions of the Social Security Act. The form CMS-43 elicits the information that the Social Security Administration and the Centers for Medicare & Medicaid Services need to determine entitlement to Medicare based on the ESRD requirements of the law and regulations. **Form Number:** CMS-43 (OMB:# 0938-0800); **Frequency:** Reporting—Once; **Affected Public:** Individuals or households; **Number of Respondents:** 60,000; **Total Annual Responses:** 60,000; **Total Annual Hours:** 25,989.60.

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Request for Enrollment in Supplementary Medical Insurance; **Use:** 42 CFR 407.10 list the alternative requirements for enrollment in Part B for any individual who is not entitled to hospital insurance under Part A but has attained age 65 and is either a citizen of the United States or an alien lawfully admitted for permanent residence who has lived in the United States continually for 5 years. 42 CFR 407.11 lists the CMS-4040 form, Request for Enrollment in Supplementary Medical Insurance, as the application to be used by individuals not eligible for monthly benefits or free Part A. Form CMS-4040 elicits the information that the Social Security Administration and Centers for Medicare & Medicaid Services need to determine entitlement to Part B only. **Form Number:** CMS-4040, 4040-SP (OMB:# 0938-0245); **Frequency:** Reporting—Once; **Affected Public:** Individuals or households; **Number of Respondents:** 10,000; **Total Annual Responses:** 10,000; **Total Annual Hours:** 25,000.

3. Type of Information Collection Request: New Collection; **Title of Information Collection:** Requests by Hospitals for an Alternative Cost-to-Charge Ratio Instead of the Statewide Average Cost-to-Charge Ratio; **Use:** Because of the extensive gaming of outlier payments, CMS implemented new regulations in § 412.84(i)(2) of the Code of Federal Regulations for Inpatient Prospective Payment System

(IPPS) hospitals and §§ 412.525(a)(4)(ii) and 412.529(c)(5)(ii) of the Code of Federal Regulations for Long Term Care Hospitals (LTCH) to allow a hospital to contact its FI to request that its cost-to-charge ratio (CCR) (operating and/or capital CCR for IPPS hospitals or the total (combined operating and capital) CCR for LTCHs), otherwise applicable, be changed if the hospital presents substantial evidence that the ratios are inaccurate for IPPS hospitals. Any such requests would have to be approved by the CMS RO with jurisdiction over that FI. **Form Number:** CMS-10179 (OMB:# 0938-NEW); **Frequency:** Reporting—On occasion; **Affected Public:** Business or other for-profit and Not-for-profit institutions and Federal government; **Number of Respondents:** 18; **Total Annual Responses:** 18; **Total Annual Hours:** 144.

4. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Examination and Treatment for Emergency Medical Conditions and Women in Labor Act (EMTALA) and Supporting Regulations in 42 CFR 482.12, 488.18, 489.20, and 489.24; **Use:** As mandated by Congress, the information collection requirements found in supporting regulations in 42 CFR 482.12, 488.18, 489.20, and 489.24, aim to prevent hospitals from inappropriately transferring individuals with emergency medical conditions. These requirements are supported by two other current statutes. Section 1861(e)(9) of the Act permits the Secretary to impose on hospitals such other requirements as he finds necessary in the interests of the health and safety of individuals who are furnished services in the institution. It is under this authority that the Secretary has obligated hospitals that participate in Medicare to report when they receive patients that have been inappropriately transferred. Under section 1866(b)(2)(A) and (B) of the Social Security Act (the Act), the Secretary may terminate the provider agreement of a hospital that is not complying substantially with the statute and regulations under title XVIII or that no longer substantially meets the provisions of section 1861 of the Act. **Form Number:** CMS-R-142 (OMB:# 0938-0667); **Frequency:** Recordkeeping and Reporting—On occasion; **Affected**