Medicare beneficiary), in turn, must deliver a detailed notice to the enrollee/beneficiary. Form Number: CMS-10066 (OMB#: 0938-1019); Frequency: Reporting—Yearly; Affected Public: Business or other for-profits and Notfor-profit institutions; Number of Respondents: 6,163; Total Annual Responses: 13,218; Total Annual Hours: 13,218. (For policy questions regarding this collection contact Evelyn Blaemire at 410-786-1803. For all other issues call 410-786-1326.)

5. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Important Message from Medicare (IM); Use: Requirements that hospitals notify beneficiaries in inpatient hospital settings of their rights as a hospital patient including their discharge appeal rights are referenced in Section 1866 of the Social Security Act (the Act). The authority for the right to an expedited determination is set forth at Sections 1869 and 1154 of the Act.

The hospital must deliver valid, written notice (the IM) of a patient's rights as a hospital patient including the discharge appeal rights, within 2 calendar days of admission. A follow-up copy of the signed IM is given again as far as possible in advance of discharge, but no more than 2 calendar days before. Follow-up notice is not required if provision of the admission IM falls within 2 calendar days of discharge. The collection has been revised to include documentation of the time when the beneficiary signs the document when it is delivered initially and as a follow-up copy. Form Number: CMS-R-193 (OMB#: 0938-1019); Frequency: Reporting—Yearly; Affected Public: Business or other for-profits and Notfor-profit institutions; Number of Respondents: 3,193; Total Annual

Responses: 13,218; Total Annual Hours: 19,680,000. (For policy questions regarding this collection contact Evelyn Blaemire at 410–786–1803. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <a href="http://www.cms.hhs.gov/PaperworkReductionActof1995">http://www.cms.hhs.gov/PaperworkReductionActof1995</a>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to <a href="mailto:Paperwork@cms.hhs.gov">Paperwork@cms.hhs.gov</a>, or call the Reports Clearance Office on (410) 786–1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on May 19, 2010: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–6974, E-mail: OIRA submission@omb.eop.gov.

#### Dated: April 9, 2010.

#### Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2010–8900 Filed 4–16–10; 8:45 am] BILLING CODE 4120–01–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning

opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: Confidentiality of Alcohol and Drug Abuse Patient Records—(OMB No. 0930–0092)— Revision

Statute (42 U.S.C. 290dd-2) and regulations (42 CFR part 2) require federally conducted, regulated, or directly or indirectly assisted alcohol and drug abuse programs to keep alcohol and drug abuse patient records confidential. Information requirements are (1) written disclosure to patients about Federal laws and regulations that protect the confidentiality of each patient, and (2) documenting "medical personnel" status of recipients of a disclosure to meet a medical emergency. Annual burden estimates for these requirements are summarized in the table below:

### ANNUALIZED BURDEN ESTIMATES

|             | Annual number of respondents <sup>1</sup> | Responses per respondent | Total responses | Hours per response | Total hour<br>burden |
|-------------|---|--------------------------|-----------------|--------------------|----------------------|
|             |   | Disclosure               |                 |                    |                      |
| 42 CFR 2.22 | 10,064                                    | 185                      | 1,865,5032      | .20                | 373,101              |
|             | Re  | ecordkeeping             |                 |                    |                      |
| 42 CFR 2.51 | 10,064                                    | 2                        | 20,128          | .167               | 3,361                |
| Total       | 10,064                                    |                          | 1,885,631       |                    | 376,462              |

<sup>&</sup>lt;sup>1</sup>The number of publicly funded alcohol and drug facilities from SAMHSA's 2007 National Survey of Substance Abuse Treatment Services (N-SSATS).

The average number of annual treatment admissions from SAMHSA's 2005–2007 Treatment Episode Data Set (TEDS).

Send comments to Summer King, SAMHSA Reports Clearance Officer,

Room 7–1044, One Choke Cherry Road, Rockville, MD 20857. Written comments

should be received within 60 days of this notice.

Dated: April 12, 2010.

Elaine Parry,

Director, Office of Program Services. [FR Doc. 2010–8895 Filed 4–16–10; 8:45 am]

BILLING CODE 4162-20-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **Indian Health Service**

Request for Public Comment: 30-Day Proposed Information Collection: Application for Participation in the IHS Scholarship Program

**AGENCY:** Indian Health Service, HHS. **ACTION:** Notice.

**Note:** The purpose of this second announcement is to provide another opportunity for public comment. The previous **Federal Register** notice was published on December 31, 2009, FR Doc. E9–30947.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires a

30-day advance opportunity for public comment on the proposed information collection project, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection project was previously published in the Federal Register (74 FR 36714) on July 24, 2009 and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

Proposed Collection: Title: 0917–0006, "Application for Participation in the IHS Scholarship Program." Type of Information Collection Request: Previously Approved Collection (Form changes and additions). Form Number(s): IHS–856, 856–2 through 856–24, IHS–815, IHS–816, IHS–817, and IHS–818. Reporting formats are contained in an IHS Scholarship Program application booklet. Need and Use of Information Collection: The IHS

Scholarship Branch needs this information for program administration and uses the information to solicit, process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship grants and monitor the academic performance of awardees, to place awardees at payback sites, and for awardees to request additional program information. The IHS Scholarship Program is streamlining the application to reduce the time needed by applicants to complete and provide the information and plans on using information technology to make the application electronically available on the Internet. Affected Public: Individuals, not-forprofit institutions and State, local or Tribal Government. Type of Respondents: Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

| -  | , ,                   |                                |                       | ` '                       |                           |
|--|-----------------------|--------------------------------|-----------------------|---------------------------|---------------------------|
| Data collection instrument(s)                            | Number of respondents | Responses<br>per<br>respondent | Total annual response | Burden hour per response* | Annual<br>burden<br>hours |
| Scholarship Application (IHS-856)                        | 1,500                 | 1                              | 1,500                 | 1.00 (60 min)             | 1,500                     |
| Application Checklist (IHS-856-2)                        | 1,500                 | 1                              | 1500                  | 0.13 (8 min)              | 200                       |
| Faculty/Employer Evaluation (IHS-856-3)                  | 1,500                 | 2                              | 3,000                 | 0.83 (50 min)             | 2,500                     |
| Narrative Statements (IHS-856-4)                         | 1,500                 | 1                              | 1,500                 | 0.75 (45 min)             | 1,125                     |
| Delinquent Federal Debt (IHS-856-5)                      | 1,500                 | 1                              | 1,500                 | 0.13 (8 min)              | 200                       |
| Course Curriculum Verification (IHS-856-6)               | 1,500                 | 1                              | 1,500                 | 0.70 (42 min)             | 1,050                     |
| Verification of Acceptance (IHS-856-7)                   | 400                   | 1                              | 400                   | 0.13 (8 min)              | 53                        |
| Recipient's Initial Program Progress Report (IHS–856–8). | 400                   | 1                              | 400                   | 0.13 (8 min)              | 53                        |
| Notification of Academic Problem (IHS-856-9)             | 50                    | 1                              | 50                    | 0.13 (8 min)              | 7                         |
| Change of Status (IHS-856-10)                            | 50                    | 1                              | 50                    | 0.45 (25 min)             | 21                        |
| Request for Approval of Deferment (IHS-856-11).          | 50                    | 1                              | 50                    | 0.13 (8 min)              | 7                         |
| Preferred Placement (IHS-856-12)                         | 200                   | 1                              | 200                   | 0.75 (45 min)             | 150                       |
| Notice of Impending Graduation (IHS-856-13)              | 200                   | 1                              | 200                   | 0.17 (10 min)             | 33                        |
| Notification of Deferment Program (IHS-856-14)           | 50                    | 1                              | 50                    | 0.13 (8 min)              | 7                         |
| Placement Update (IHS-856-15)                            | 200                   | 1                              | 200                   | 0.18 (11 min)             | 37                        |
| Annual Status Report (IHS-856-16)                        | 200                   | 1                              | 200                   | 0.25 (15 min)             | 50                        |
| Extern Site Preference Request (IHS-856-17)              | 125                   | 1                              | 125                   | 0.13 (8 min)              | 17                        |
| Request for Extern Travel Reimbursement (IHS–856–18).    | 125                   | 1                              | 125                   | 0.10 (6 min)              | 13                        |
| Lost Stipend Checks (IHS-856-19)                         | 50                    | 1                              | 50                    | 0.13 (8 min)              | 7                         |
| Request for Tutorial Assistance (IHS-856-20)             | 150                   | 1                              | 150                   | 0.13 (8 min)              | 20                        |
| Summer School Request (IHS-856-21)                       | 75                    | 1                              | 75                    | 0.10 (6 min)              | 8                         |
| Change of Name or Address (IHS-856-22)                   | 50                    | 1                              | 50                    | 0.13 (8 min)              | 7                         |
| Request for Credit Validation (IHS-856-23)               | 30                    | 1                              | 30                    | 0.10 (6 min)              | 3                         |
| Faculty/Advisor Evaluation (IHS-856-24)                  | 1,500                 | 2                              | 3,000                 | 0.83 (50 min)             | 2,500                     |
| Acknowledgment Card (IHS-815)                            | 1,500                 | 1                              | 1,500                 | 0.03 (2 min)              | 50                        |
| Address Change Notice (IHS-816)                          | 50                    | 1                              | 50                    | 0.02 (1 min)              | 1                         |
| Scholarship Program Agreement (IHS-817)                  | 175                   | 1                              | 175                   | 0.05 (3 min)              | 9                         |
| Health Professions Contract (IHS-818)                    | 225                   | 1                              | 225                   | 0.05 (3 min)              | 11                        |
| Total  |                       |                                | 17,855                |                           | 9,639                     |

<sup>\*</sup> For ease of understanding, burden hours are also provided in actual minutes.

There is no direct cost to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost in time to respondents, as a group, is \$99,355.00 (9639 burden hours  $\times 2009$ 

GS-3 base pay rate = \$10.31 per burden hour). This total dollar amount is based upon the number of burden hours per