

EXHIBIT 2—ESTIMATED ANNUALIZED COSY BURDEN—Continued

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate*	Total cost burden
Data Submission	85	468	41.39	19,371
Total	340	511	NA	21,152

*The wage rate in Exhibit 2 is based on May 2009 National Industry-Specific Occupational Employment and Wage Estimates Bureau of Labor Statistics, U.S. Dept. of Labor. Mean hourly wages for nursing home POCs are located at http://www.bls.gov/oes/2009/may/naics4_623100.htm and http://www.bls.gov/oes/2009/may/naics2_62.htm. The hourly wage of \$41.39 is the weighted mean of \$41.94 (General and Operations Managers; N = 25), \$37.29 (Medical and Health Services Managers; N = 25), \$42.89 (General and Operations Managers; N = 30) and \$50.00 (Computer and Information Systems Managers; N = 5).

Estimated Annual Costs to the Federal Government

The estimated annualized cost to the government for developing,

maintaining, and managing the database and analyzing the data and producing reports is shown below. The cost is estimated to be \$310,000 annually. The

total cost over the three years of this information collection request is \$930,000.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	\$59,715	\$19,905
Data Collection Activities	82,107	27,369
Data Processing and Analysis	111,963	37,321
Publication of Results	111,966	37,322
Project Management	7,464	2,488
Overhead	556,785	185,595
Total	930,000	310,000

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 25, 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011-28403 Filed 11-1-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection Activities; Proposed Collection; Comment Request**

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "MEPS Cancer Self Administered Questionnaire." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by January 3, 2012.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at dorislefkowitz@AHRQ.hhs.gov.

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 email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project****MEPS Cancer SAQ**

The Medical Expenditure Panel Survey (MEPS) is a nationally representative survey of the civilian noninstitutionalized population of all ages in the United States that collects comprehensive data on health care and health care expenditures from all payors (including private payors, Medicaid, the VA, and out-of-pocket) over a two-year period. The MEPS has been conducted annually since 1996. The OMB Control Number for the MEPS is 0935-0118, with an expiration date of January 31st, 2013. All of the supporting documents for the MEPS can be downloaded from http://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=200910-0935-001.

The purpose of this request is to integrate the new self-administered questionnaire (SAQ) entitled, "Experiences with Cancer," into the MEPS. Once the SAQ is integrated it will be completed by MEPS participants identified as ever having cancer. The

Cancer SAQ will be included in the MEPS in 2012; it will be subsequently removed from the MEPS in 2013.

The work is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including the use of surveys to collect data on the cost, use and quality of such care. 42 U.S.C. 299b-2; 42 U.S.C. 299a(a)(1), (2), (3), and (8).

Method of Collection

MEPS respondents identified as having cancer will be given the paper questionnaire to complete themselves. If the cancer SAQ respondent is available at the time of the MEPS interview, we ask that he/she complete the SAQ and give it to the interviewer before she leaves the household after completing the MEPS interview. If the cancer SAQ is not collected before the interviewer leaves the household (including those

cases where the SAQ respondent is not available at the time of the MEPS interview), he/she will either arrange a time to come back to pick it up (if it is mutually convenient for the respondent and interviewer) or we ask that the SAQ be returned in a postage-paid envelope left at the household.

There are several benefits to administering this SAQ nationally as a supplement to the MEPS. First, the accompanying over sample of persons with cancer will improve the cost estimates for patients with this disease and will allow AHRQ to conduct analysis on the long term costs of cancer for survivors. Since the survey is about the lasting effects of cancer and cancer treatments on the lives of those who have been diagnosed with cancer, the data will also allow research directed at long-term consequences of cancer and overall medical expenses. Finally, this activity will allow AHRQ to examine the feasibility of using MEPS as a

vehicle for in depth analysis of other specific conditions. The questionnaire is being funded by the National Cancer Institute (NCI) and was developed through a collaboration among the Centers for Disease Control and Prevention, NCI, the National Institutes of Health, AHRQ, the American Cancer Society, and the Lance Armstrong Foundation.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for respondents' time to participate in this research. The Cancer SAQ will be completed by 3,500 persons and is estimated to require 30 minutes to complete. The total annualized burden is estimated to be 1,750 hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents' time to participate in this research. The total cost burden is estimated to be \$37,363 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
MEPS Cancer SAQ	3,500	1	30/60	1,750
Total	3,500	n/a	n/a	1,750

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
MEPS Cancer SAQ	3,500	1,750	\$21.35	\$37,363
Total	3,500	1,750	n/a	37,363

*Based on the mean average hourly rate for all occupations (00-0000), National Compensation Survey: Occupational Wages in the United States May 2010, "U.S. Department of Labor, Bureau of Labor Statistics".

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total cost for the Cancer SAQ. Since the SAQ

will only be used once in 2012 the total and annual costs are identical. The total cost is approximately \$1,050,000.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Sampling Activities	\$20,000	\$20,000
Interviewer Recruitment and Training	0	0
Data Collection Activities	300,000	300,000
Data Processing	600,000	600,000
Production of Public Use Data Files	80,000	80,000
Project Management	50,000	50,000
Total	1,050,000	1,050,000

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 27, 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011-28402 Filed 11-1-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket NIOSH-219]

Implementation of Section 2695 (42 U.S.C. 300ff-131) of Public Law 111-87: Infectious Diseases and Circumstances Relevant to Notification Requirements

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111-87) addresses notification procedures for medical facilities and state public health officers and their designated officers regarding exposure of emergency response employees (EREs) to potentially life-threatening infectious diseases. The Secretary of Health and Human Services (Secretary) has delegated authority to the Director of the Centers for Disease Control and Prevention (CDC) to issue a list of potentially life-threatening infectious

diseases, including emerging infectious diseases, to which EREs may be exposed in responding to emergencies (including a specification of those infectious diseases that are routinely transmitted through airborne or aerosolized means); guidelines describing circumstances in which employees may be exposed to these diseases; and guidelines describing the manner in which medical facilities should make determinations about exposures. On December 13, 2010, CDC invited comment on a draft list of covered infectious diseases and both sets of guidelines (75 FR 77642). In consideration of the comments received, this notice sets forth CDC's final list of diseases, final guidelines describing circumstances under which exposure to listed diseases may occur, and final guidelines for determining whether an exposure to the listed diseases has occurred.

DATES: The list of diseases and guidelines in this notice will be effective December 2, 2011.

FOR FURTHER INFORMATION CONTACT:

James Spahr, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, 1600 Clifton Road, NE., M/S E20, Atlanta, GA 30333, telephone (404) 498-6185.

SUPPLEMENTARY INFORMATION:

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Part II. Guidelines Describing the Circumstances in Which Emergency Response Employees May Be Exposed to Such Diseases
Part III. Guidelines Describing the Manner in Which Medical Facilities Should Make Determinations for Purposes of Section 2695B(d) [42 U.S.C. 300ff-133(d)]

Introduction

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111-87) amended the Public Health Service Act (PHS Act, 42 U.S.C. 201-300ii), including the addition of a Part G to Title XXVI, which addresses notification procedures and requirements for medical facilities and state public health officers and their designated officers regarding exposure of EREs to potentially life-threatening infectious diseases. (See Title XXVI, Part G of the PHS Act, codified as

amended at 42 U.S.C. 300ff-131 to 300ff-140.)

For purposes of these notification requirements, sec. 2695 [42 U.S.C. 300ff-131] requires the Secretary to develop and disseminate:

1. A list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which EREs may be exposed in responding to emergencies (including a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means);

2. guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

3. guidelines describing the manner in which medical facilities should make determinations for purposes of sec. 2695B(d) [Evaluation and Response Regarding Request to Medical Facility, 42 U.S.C. 300ff-133(d)].

On July 7, 2010, the Secretary issued a PHS Act Delegation of Authority (Delegation of Authority), which assigned to the Director of CDC the authority vested in the Secretary of HHS (Secretary) under sec. 2695 of Title XXVI (42 U.S.C. 300ff-131) "as it pertains to the functions assigned to the [CDC]" (75 FR 40842, July 14, 2010). On December 13, 2010, CDC invited comment on a draft list of covered infectious diseases and two sets of guidelines developed pursuant to this Delegation of Authority and 42 U.S.C. 300ff-131 through a general notice and request for comments published in the **Federal Register** (75 FR 77642).

Response to Comments

In response to the December 2010 notice, CDC received a total of 83 comments from 22 individuals and/or organizations. The comments are addressed below.

Emergency Response Employees (EREs)

Comment: CDC received two comments regarding EREs. One commenter wanted to make it clear that police were included among the group of people considered EREs. The other commenter wanted there to be a specification that EREs included volunteer and paid emergency medical services.

CDC response: "Emergency response employee" is not defined in the PHS Act, and CDC's authority for purposes of this notice is limited to those duties set out in the Delegation of Authority (75 FR 40842). The duties of an individual considered an ERE are described in 42 U.S.C. 300ff-133(a):