

should contact: Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2, section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for "Partnerships for Sustainable Research and Dissemination of Evidence-Based Medicine (R24)" are to be reviewed and discussed at this meeting. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dated: August 30, 2012.

Carolyn M. Clancy,
Director.

[FR Doc. 2012-22027 Filed 9-7-12; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day 12-0237]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C.

chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

The National Health and Nutrition Examination Survey (NHANES)—(0920-0237, Expiration 11/30/2012)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States.

The National Health and Nutrition Examination Survey (NHANES) has, to date, been authorized as a generic clearance under OMB Number 0920-0237. A change in accounting practices, however, requires a shift to a newly-assigned clearance number for future full cycles of the survey. This extension requests generic clearance for all activities needed to successfully complete the current 2011-2012 NHANES survey cycle, which ends in early 2013. There are no changes to any information collection forms. A nine month clearance is requested.

The National Health and Nutrition Examination Survey (NHANES) was conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC.

Approximately one-quarter year of data collection is needed to complete the 2011-2012 cycle. Approximately 3,850 respondents participate in some aspect of the full survey. Of these, some complete the screening portion and are then screened out of the sample. Some additional respondents complete the screener and the household interview sections, but decline to be examined. The remaining approximately 1,300 participate in the screener, household interview and physical examination and followups. Averaging the burden across all respondents, at these varying levels of participation, results in an average burden of 2.4 hours. The burden for this activity is 9,240 hours.

The completion of the special study, National Youth Fitness Study, will have approximately 1,037 respondents in this quarter for a total burden of 1,037 hours. In addition, up to 1,000 additional persons (non-NHANES respondents) might participate in tests of procedures or other special studies. The average burden for these special study/pretest respondents is 3 hours for a total of 3,000 hours of burden. The burden for these studies is a total of 4,037 hours.

Participation in NHANES is completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as arthritis, asthma, osteoporosis, infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and diet. NHANES data are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time. NHANES continues to collect genetic material on a national probability sample for future genetic research aimed at understanding disease susceptibility in the U.S. population. NCHS collects personal identification information. Participant level data items will include basic demographic information, name, address, social security number, Medicare number and participant health information to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services (CMS).

NHANES data users include the U.S. Congress; numerous Federal agencies such as other branches of the Centers for Disease Control and Prevention, the National Institutes of Health, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; and private businesses. There is no cost to respondents other than their time. The total estimate of annualized burden is 13,277 hours.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
1. NHANES Respondents	3,850	1	2.4
2. Special study/pretest participants	2,037	1	2

Dated: August 30, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Directors, Centers for Disease Control and Prevention.

[FR Doc. 2012-22188 Filed 9-7-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicare, Medicaid, and CHIP Programs: Research and Analysis on Impact of CMS Programs on the Indian Health Care System

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of Single Source Award.

SUMMARY: This notice supports expansion of research on the impact of CMS programs on the Indian health care system through a single source award. The Indian Health Service (IHS), Tribes and Tribal Organizations and Urban programs, deliver health care services to American Indian/Alaska Native (AI/AN) people through a network of hospitals, clinics and other providers. This award expands research on the impact of CMS programs and the delivery of health care to AI/AN beneficiaries.

FOR FURTHER INFORMATION CONTACT:

Rodger Goodacre, Centers for Medicare & Medicaid Services, Office of Public Affairs/Tribal Affairs Group, 7500 Security Boulevard, M/S S1-05-13, Baltimore, MD 21244-1850, (410) 786-3209.

Intended Recipient: National Indian Health Board (NIHB).

Purpose of Award

The IHS and Tribal health programs have had long standing authority to bill Medicare and Medicaid for services provided at their facilities. These participating and billing authorities were expanded by the American Recovery and Reinvestment Act of 2009 (ARRA), the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and the Affordable

Care Act in 2010 (ACA). AI/AN people have traditionally been medically underserved and have health disparities significantly above those of the population as a whole. In order to ensure that AI/AN people have full knowledge of these new changes and the fullest access to CMS programs, this award will study the adoption and impact of these new authorities on the Indian health care system.

Amount of the Award

The total amount of funding available over a five year period is \$3,175,000.00. The initial award will be awarded at \$635,000.00. The subsequent years will be awarded on a non-competing continuation basis at approximately \$635,000.00 per year for 5 total years, and will be subject to the availability of funds and satisfactory performance by the recipient.

Justification for Single Source Award

For the past five years through Cooperative Agreements with IHS, NIHB has provided analysis and research of the potential and actual impact of CMS programs on AI/AN beneficiaries and the health care system serving these beneficiaries. This work has included extensive analysis and research on Medicare and Medicaid data enrollment of AI/AN beneficiaries to understand utilization of the AI/AN population in the context of CMS programs. In addition, the NIHB has been instrumental in tracking CMS regulations and providing analysis and research to better understand the implications of CMS regulatory guidance on the Indian health programs. Based on this experience, NIHB is the only entity capable of carrying out the scope of activities because the scope of work builds on past experience and knowledge. Any other source would not have all of the knowledge and experience gained in the last five years. The NIHB provides research on health program issues impacting AI/ANs to over 565 Federally-recognized Tribes and has historically provided these services for several decades in conjunction with the HIS. The NIHB program has a national focus relevant to its AI/AN constituency who need to

know through substantive research about the changes and updates in the latest health care services and access through CMS programs.

Project Period

The anticipated period of performance is for this cooperative agreement is August 31, 2012 through August 30, 2017 with funding awarded in 12-month budget increments subject to the availability of funds and satisfactory performance.

Provisions of the Notice

CMS has solicited a proposal from the NIHB to undertake analysis, research and studies to address the impact of CMS programs and AI/AN beneficiaries and the health care system serving those beneficiaries. The project consists of four principal research objectives:

- Study the ongoing impact of CMS programs on the Indian health system through analysis of, response to, and implementation of CMS regulations by Indian health providers.
- Study AI/AN demographic, enrollment, and utilization data and propose strategies to increase CMS data system capabilities to create more Indian specific reporting capacity.
- Provide ongoing study of CMS efforts to increase AI/AN knowledge of CMS programs and CMS responsiveness to Indian health system.
- Provide research support on the use and effectiveness of the CMS Tribal Consultation Policy. CMS requested that the NIHB submit an application which includes:
 1. Cover Letter.
 2. SF-424 Application for Federal Assistance.
 3. SF-424A Budget Information—Non-Construction Programs.
 4. A budget narrative (not to exceed three single spaced pages).
 5. Abstract of Project.
 6. A research project narrative that describes each of the four separate objectives (the entire narrative not to exceed 12 single space pages).
 7. SF-424B Assurances.
 8. Health Board Resolution.
 9. 501(c)(3) Non-Profit certification.
 10. Resumes of all key personnel.
 11. Position descriptions.