

Information System (APIS), an authoritative compendium of State alcohol-related laws. The APIS data will be augmented by SAMHSA with original legal research on State laws and policies addressing underage drinking to include all of the STOP Act's requested laws and regulations (Category #1 of the four categories included in the STOP Act, as described above, page 2).

The STOP Act mandates that the *State Survey* assess "best practices" and emphasize the importance of building collaborations with Federally Recognized Tribal Governments ("Tribal Governments"). It also emphasizes the importance at the Federal level of promoting interagency collaboration and to that end established the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). SAMHSA has determined that to fulfill the Congressional intent, it is critical that the *State Survey* gather information from the States regarding the best practices standards that they apply to their underage drinking programs, collaborations between States and Tribal Governments, and the development of State-level interagency collaborations similar to ICCPUD.

SAMHSA has determined that data on Categories #2, #3, and #4 mandated in the STOP Act (as listed on page 2) (enforcement and educational programs; programs targeting youth, parents, and caregivers; and State expenditures) as well as States' best practices standards, collaborations with Tribal Governments, and State-level interagency

collaborations *are not available from secondary sources* and therefore must be collected from the States themselves. The *State Survey* will therefore be necessary to fulfill the Congressional mandate found in the STOP Act.

The *State Survey* is a single document that is divided into four sections, as follows:

- (1) Enforcement of underage drinking prevention laws;
- (2) Underage drinking prevention programs, including data on State best practices standards and collaborations with Tribal Governments;
- (3) State interagency collaborations used to implement the above programs; and
- (4) Estimates of the State funds invested in the categories specified in the STOP Act (see description of Category #4, above, page 2) and descriptions of any dedicated fees, taxes or fines used to raise these funds.

The number of questions in each Section is as follows:

- Section 1: 29 questions
- Section 2A: 18 questions<sup>2</sup>
- Section 2B: 6 questions<sup>3</sup>
- Section 2C: 6 questions
- Section 3: 12 questions
- Section 4: 19 questions
- TOTAL: 90 Questions

It is anticipated that respondents will actually respond to only a subset of this total. This is because the survey is designed with "skip logic," which means that many questions will only be directed to a subset of respondents who report the existence of particular programs or activities.

To ensure that the *State Survey* obtains the necessary data while minimizing the burden on the States, SAMHSA has conducted a lengthy and comprehensive planning process. It has sought advice from key stakeholders (as mandated by the STOP Act) including hosting an all-day stakeholders meeting, conducting two field tests with State officials likely to be responsible for completing the *State Survey*, and investigating and testing various *State Survey* formats, online delivery systems, and data collection methodologies.

Based on these investigations, SAMHSA has decided to collect the required data using an online survey instrument over an 8-week period. The *State Survey* will be sent to each State Governor's office and the Office of the Mayor of the District of Columbia, for a total of 51 survey respondents. Based on the feedback received from stakeholders and field pilot testers, it is anticipated that the State Governors will designate staff from State agencies that have access to the requested data (typically State Alcohol Beverage Control [ABC] agencies and State Substance Abuse Program agencies). SAMHSA will provide both telephone and online technical support to State agency staff and will emphasize that the States are only expected to provide data that is readily available and are not required to provide data that has not already been collected. The burden estimate below takes into account these assumptions.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/respondent	Burden/response (hrs)	Annual burden (hrs)
State Questionnaire .....	51	1	17.7	902.7

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail a copy to [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: February 19, 2010.

**Elaine Parry,**

Director, Office of Program Services.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier CMS-576A]

**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

<sup>2</sup>Note that the number of questions in Sections 2A is an estimate. This Section asks States to identify their programs that are *specific* to underage drinking prevention. For each program identified there are six follow-up questions. Based on feedback from stakeholders and pilot testers, it is

anticipated that States will report an average of three programs for a total of 18 questions.

<sup>3</sup>Note that the number of questions in Section 2B is an estimate. This Section asks States to identify their programs that are *related* to underage drinking

prevention. For each program identified there are two follow-up questions. Based on feedback from stakeholders and pilot testers, it is anticipated that States will report an average of three such programs for a total of six questions.

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:* Organ Procurement Organization's (OPO's) Health Insurance Benefits Agreement and Supporting Regulations at 42 CFR 486.301–486.348; *Use:* The information provided on this form serves as a basis for continuing the agreements with CMS and the 580 OPOs for participation in the Medicare and Medicaid programs for reimbursement of service. *Form Number:* CMS–576A (OMB#: 0938–0512); *Frequency:* Reporting—Occasionally; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 58; *Total Annual Responses:* 58; *Total Annual Hours:* 116. (For policy questions regarding this collection contact Michele Walton at 410–786–3353. 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 <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), 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 *March 31, 2010*.

OMB, Office of Information and Regulatory Affairs,  
 Attention: CMS Desk Officer,  
 Fax Number: (202) 395–6974,  
 E-mail:  
[OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: February 23, 2010.

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–10–10AD]

**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 the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto: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**

School Dismissal Monitoring System—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

During the spring 2009 H1N1 outbreak, the U.S. Department of Education (ED) and the Centers for Disease Control and Prevention (CDC) received numerous daily requests about the overall number of school dismissals nationwide including the number of students and teachers impacted by the outbreak. Illness among school-aged students (K–12) in many states and cities resulted in at least 1351 school dismissals due to rapidly increasing absenteeism among students or staff that impacted at least 824,966 students and 53,217 teachers.

Although a system was put in place to track school closures in conjunction with the Department of Education (ED), no formal monitoring system was established, making it difficult to monitor reports of school dismissal and to gauge the impact of the outbreak.

CDC has recently issued guidance for school closure for the 2009–2010 school year. To address the need to monitor reports of school closure, CDC and ED have established a School Dismissal Monitoring System to report on novel influenza A (H1N1)-related school or school district dismissals in the United States. Although the School Dismissal Monitoring System is currently approved to collect data under OMB Control Number 0920–0008, Emergency Epidemic Investigations, CDC would like to continue the data collection long term. Thus, CDC is requesting a separate OMB Control Number for this data collection.

The purpose of the School Dismissal Monitoring System is to generate accurate, real-time, national summary data daily on the number of school dismissals and the number of students and teachers impacted by the school dismissals. CDC will use the summary data to fully understand how schools are responding to CDC community mitigation guidance among schools, students, household contacts and for overall awareness of the impact of influenza outbreaks on school systems and communities.

Respondents are schools, school districts, and local public health agencies. Respondents will use a common reporting form to submit data to CDC. The reporting form includes the following data elements: Name of school district; zip code of school district; date the school or school district was dismissed; and the date school or school district is projected to reopen. Optional data elements include: name of person submitting information; the organization/agency; phone number of the organization/agency; and e-mail address. There is no cost to respondents other than their time to complete the data collection. The total annualized burden for this information collection request is 42 hours.

**ESTIMATE OF ANNUALIZED BURDEN HOURS**

Respondent	Number of respondents	Responses per respondent	Average burden per respondent (in hours)
School, school district or public health department .....	500	1	5/60