not terminate the operation of any store included in the divestiture package.

VII. POST-CONSUMMATION RELIEF

The absence of pre-consummation relief from the district court, and Whole Foods' subsequent integration activities, have made it more difficult for the Commission to obtain complete relief in this matter. However, the proposed Consent Agreement will provide substantial relief to consumers in 17 geographic markets across the United States. Moreover, acceptance of the proposed Consent Agreement will bring immediate, certain relief and avoid the expense and uncertainty inherent in continued litigation. Reestablishing a PNOS competitor in these markets under the Wild Oats banner will reintroduce direct price, quality, and service competition in these areas, restoring to a substantial degree the competition that was eliminated by the acquisition, providing important benefits to consumers, and perhaps creating a springboard for broader competition nationwide.

By direction of the Commission.

Donald S. Clark

Secretary

[FR Doc. E9–5519 Filed 3–12–09: 8:45 am]

[BILLING CODE 6750–01–S]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–08–0740]

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*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Medical Monitoring Project (MMP) (OMB No. 0920–0740, exp. June 2010.)—Revision—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Some MMP interview questions were revised to make them easier for patients to understand and respond appropriately. Medical record abstraction sections were removed, and a provider survey has been added. Revisions to previously approved instruments have been included. The purpose of MMP is to supplement the HIV/AIDS surveillance programs in 26 selected state and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS.

MMP collects data on behaviors and clinical outcomes from a probability sample of HIV-infected adults receiving care in the U.S. Collection of data from interviews with HIV-infected patients provides information on patient demographics, and the current levels of behaviors that may facilitate HIV transmission: Sexual and drug use behaviors; patients' access to, use of and barriers to HIV-related secondary prevention services; utilization of HIV-related medical services; and adherence to drug regimens. Collection of data from patient medical records provide information on: Demographics and insurance status; the prevalence and incidence of AIDS-defining opportunistic illnesses and co-morbidities related to HIV disease; the receipt of prophylactic and antiretroviral medications; and whether patients are receiving screening and treatment according to Public Health Service guidelines. The provider survey will collect data from a nationally representative sample of HIV care providers selected to participate in MMP. The provider survey will collect information on: Health care providers' professional training history, ongoing sources of training and continuing education about HIV care and treatment, perceptions of patients' barriers to care and reasons for declining HIV care, awareness of HIV related resources, and approach to antiretroviral therapy management and HIV risk reduction counseling. No other Federal agency collects national population-based behavioral and clinical information from HIV-infected adults in care or HIV care providers.

The data will have significant implications for policy, program development, and resource allocation at the state/local and national levels. Users of MMP data include, but are not limited to, Federal agencies, State and local health departments, clinicians, researchers, and HIV prevention and care planning groups.

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

The total estimated annualized burden hours are 9,603.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Patients	Standard Interview	7,988	1	45/60
Patients	Short Interview	332	1	20/60
Facility office staff	Medical Record Abstraction	7,488	1	3/60
Facility office staff	None (providing estimated patient loads)	936	1	2
Facility office staff	None providing patient lists)	1,030	1	30/60
Facility office staff	None approaching patients for enrollment)	3,120	1	5/60
Physicians, nurse practitioners, physician's assistants.	Provider Survey	1,440	1	20/60

Dated: March 5, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–5489 Filed 3–12–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–305, CMS–643, CMS–359/360/R–55 and CMS–10277]

Agency Information Collection Activities: Proposed Collection; 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) 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 functions; (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:* External Quality Review Protocols; *Use:* The results of Medicare reviews, Medicare accreditation services, and Medicaid external quality reviews will be used by States in assessing the quality of care provided to Medicaid beneficiaries by managed care organizations and to provide information on the quality of care provided to the general public upon request. *Form Number:* CMS–R–305 (OMB#: 0938–0786); *Frequency:* Reporting—Yearly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 40; *Total Annual Responses:* 40; *Total Annual Hours:* 520,000. (For policy questions regarding this collection contact Gary B. Jackson at 410–786–1218. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Hospice Survey and Deficiencies Report; *Use:* In order to participate in the Medicare program, a hospice must meet certain Federal health and safety conditions of participation. This form is used by State surveyors to record data about a hospice's compliance with these conditions of participation in order to initiate the certification or recertification process. *Form Number:* CMS–643 (OMB#: 0938–0379); *Frequency:* Reporting—Yearly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 3377; *Total Annual Responses:* 1130; *Total Annual Hours:* 1130. (For policy questions regarding this collection contact Kim Roche at 410–786–3524. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms and Information Collection Requirements at 42 CFR 485.54 through 485.66; *Use:* In order to participate in the Medicare program as a CORF, providers must meet Federal conditions of participation. The certification form is needed to determine if providers meet at least preliminary requirements. The survey form is used to record provider compliance with the individual conditions and report findings to CMS. *Form Number:* CMS–359/360/R–55 (OMB#: 0938–0267); *Frequency:* Reporting—Occasionally; *Affected Public:* Private Sector: Business or other for-profits; *Number of Respondents:* 476; *Total Annual Responses:* 60; *Total Annual Hours:* 223,285. (For policy questions regarding this collection contact Georgia Johnson at 410–786–6859. For all other issues call 410–786–1326.)

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Hospice Conditions of Participation and Supporting Regulations in 42 CFR 418.52, 418.54, 418.56, 418.58, 418.60, 418.64, 418.66, 418.70, 418.72, 418.74, 418.76, 418.78, 418.100, 418.106, 4118.108, 418.110, 418.112, and 418.114; *Use:* The Conditions of Participation and accompanying requirements are used by Federal and State surveyors as a basis for determining whether a hospice qualifies for approval or re-approval under Medicare. The healthcare industry and CMS believe that the availability of the records and general content of records as specified in the Conditions of Participation final rule (72 FR 32088), is standard medical practice, and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability. *Form Number:* CMS–10277 (OMB#: 0938–New); *Frequency:* Reporting and Recordkeeping—Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 2,872; *Total Annual Responses:* 1,808,345; *Total Annual Hours:* 2,152,396. (For policy questions regarding this collection contact Danielle Shearer at 410–786–6617. 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 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*, or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *May 12, 2009*:

1. *Electronically.* You may submit your comments electronically to *http://www.regulations.gov*. Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By Regular Mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, *Attention:* Document Identifier/OMB Control Number ____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: March 9, 2009.

Michelle Shortt,

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

[FR Doc. E9–5457 Filed 3–12–09; 8:45 am]

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