certain personal respiratory protection devices, accompanied by emergency use information subject to the terms of any authorization issued under 21 U.S.C 360bbb–3(a). This renewal was made on the basis of the April 26, 2009 determination by then Acting Secretary Charles E. Johnson, pursuant to section 319 of the Public Health Service Act, 42 U.S.C. 247d, that a public health emergency exists nationwide involving Swine Influenza A (now called 2009 H1N1 Influenza) that affects or has significant potential to affect national security, a determination which was renewed on July 24, 2009, October 1, 2009, December 28, 2009 and March 26, 2010 because 2009 H1N1 flu outbreak remains a public health threat and the Department should use all available tools to ensure that the nation is prepared. The renewal of this April 27, 2009 declaration was made pursuant to section 564(b) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 360bbb–3(b). In renewing this declaration, the Secretary further specified that the declaration is a declaration of emergency, as defined in the December 17, 2008 Declaration under the Public Readiness and Emergency Preparedness Act for Influenza Diagnostics, Personal Respiratory Protection Devices, and Respiratory Support Devices, 73 FR 78362 (December 22, 2008).

Dated: March 26, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–7529 Filed 4–1–10; 8:45 am]

BILLING CODE 4150–37–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: Multiplier Surveys—NEW

While all SAMHSA programming is intended to support the SAMHSA vision of a life in the community for everyone, and its strategic goals of accountability, capacity, and effectiveness, there has been little systematic investigation of the long-range impact of different categories of discretionary programs. The Multiplier Surveys will inform SAMHSA policy and budget development by determining which types of investments are most appropriate for achieving different policy objectives, including sustainability of the program or its intended outcomes after Federal funding ends. It also seeks to determine which program types or factors are best at achieving certain objectives after the conclusion of Federal funding, such as capacity improvement, system change, sustainability and influence on other programs. Findings will be used to make recommendations to SAMHSA management to better inform policy and budget development and to determine which types of investments are most appropriate for achieving different policy objectives.

To achieve the goals of the Multiplier Surveys four programs have been chosen from each of SAMHSA's three Centers. Four Project Directors from each of the 12 programs (48 respondents in all), whose Federal funding ended no later than September 30, 2008 will be interviewed by telephone to determine how the project was sustained after Federal funding ended and what factors contributed to its sustainability.

In addition, all grantees from each of the 12 selected programs meeting inclusion criteria will be invited via e-mail to complete a short on-line survey about their project and how/if it was sustained after Federal funding ended. A 20 percent response rate or about 100 respondents to the on-line survey is expected.

The estimated response burden is as follows:

Information source	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
Project Director	48	1	48	1.25	60
Web-based Survey	100	1	100	.75	75
Total	148	.....	148	.....	135

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

Dated: March 23, 2010.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. 2010–7432 Filed 4–1–10; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10197]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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 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:* Revision of a currently approved collection; *Title of Information Collection:* Evaluation of the Medicare National Competitive Bidding Program for DME; *Use:* Data collection materials consisting of beneficiary surveys and interview/discussion group guides are necessary to conduct the congressionally mandated evaluation of the Medicare National Competitive Bidding Program. Section 303(d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires a Report to Congress on the program, covering program savings, reductions in cost sharing, impacts on access to and quality of affected goods and services, and beneficiary satisfaction. This project's purpose is to provide information for this Report to Congress. Due to substantial legislative and regulatory delays in program implementation, the Report to Congress in 2011 will be released just as the program is being implemented, and before the evaluation is complete. This project will continue after the Report to Congress, to evaluate the impact of the program on beneficiaries, on Medicare costs, and on changes in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) market.

In response to public comments received on the 60-day notice that published on December 18, 2009 (74 FR 67227), we have made several revisions to this information collection request. Most notably, the revisions include but are not limited to revised burden calculations due to an increase in the number of respondents and the addition of another data collection wave. *Form Number:* CMS–10197 (OMB#: 0938–1015); *Frequency:* Occasionally; *Affected Public:* Individuals or households, Private Sector, Business or other for-profits, not-for-profit institutions, and Federal Government; *Number of Respondents:* 8,470; *Total Annual Responses:* 8,470; *Total Annual Hours:* 4,342. (For policy questions regarding this collection contact Ann Meadow at 410–786–6602. 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,* 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 3, 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: March 26, 2010.

Michelle Shortt,

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

[FR Doc. 2010–7469 Filed 4–1–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories currently certified to meet the standards of Subpart C of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908), on September 30, 1997 (62 FR 51118), and on April 13, 2004 (69 FR 19644).

A notice listing all currently certified laboratories is published in the **Federal Register** during the first week of each month. If any laboratory's certification is suspended or revoked, the laboratory will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end, and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at *http://www.workplace.samhsa.gov* and *http://www.drugfreeworkplace.gov.*

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, Room 2–1042, One Choke Cherry Road, Rockville, Maryland 20857; 240–276–2600 (voice), 240–276–2610 (fax).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71. Subpart C of the Mandatory Guidelines, "Certification of