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**Proposed Project:** ONC State HIE State Plans—OMB No. 0990-NEW—Office of the National Coordinator for Health Information Technology.

**Abstract:** The purpose of the State Health Information Exchange

Cooperative Agreement Program, as authorized by Section 3013 of the American Recovery and Reinvestment Act, is to provide grants to States and Qualified State Designated Entities and to facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards. Section 3013 requires States and Qualified State Designated Entities to have approved State Plans, consisting of strategic and operational components, before funding can be used for

implementation activities. The State Plans must be submitted to the National Coordinator for Health Information Technology during the first year of the project period in order to receive implementation funding through the cooperative agreement. Annual updates to the State plans will be required in the three remaining project periods. The data collection will last four years, which is the duration of the project, and this request is for the data collection for the first three years of that project period.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
State Plans (Strategic and Operational).	State Government or Qualified State Designated Entity.	56	1	10,024	561,244
Subsequent updates to the State Plan.	State government or Qualified State Designated Entity.	56	1	500	28,000
Total .....	.....				589,244

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**[Document Identifier: OS-0990-New(60-day notice)]**

#### Agency Information Collection Request: 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60-days.

**Proposed Project:** ONC State HIE Performance Measures and Progress

Report—OMB No. 0990-NEW—Office of the National Coordinator for Health Information Technology.

**Abstract:** The purpose of the State Health Information Exchange Cooperative Agreement Program, as authorized by Section 3013 of the American Recovery and Reinvestment Act, is to provide grants to States and Qualified State Designated Entities and to facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards. As part of that project, States and Qualified State Designated Entities are required to provide biannual program progress reports and report on performance measures during the implementation phase of the cooperative agreement. This request is for those two data gathering requirements. The data collection will last four years, which is the duration of the project, and this request is for the data collection for the first three years of that project period.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Evaluation performance measures .....	State government or Qualified State Designated Entity.	56	2	175	19,600

## ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Program progress report .....	State government or Qualified State Designated Entity.	56	2	8	896
Total .....	.....	.....	.....	.....	20,496

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Consumer Information and Insurance Oversight: Privacy Act of 1974; Report of a New System of Records

**AGENCY:** Department of Health and Human Services (HHS).

**ACTION:** Notice of a New System of Records.

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, the U.S. Department of Health and Human Services' (HHS) Office of Consumer Information and Insurance Oversight (OCIO) is proposing to establish a new system of records (SOR) titled "Pre-Existing Condition Insurance Plan (PCIP)," System No. 09–90–0275. Section 1101 of Title I of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) requires that the Secretary of Health and Human Services establish, either directly or through contracts with States and nonprofit private entities, a temporary high risk health insurance pool program to make health insurance coverage available at standard rates to uninsured individuals with pre-existing conditions. This program will continue until January 1, 2014, when American Health Benefit Exchanges established under sections 1311 and 1321 of the Affordable Care Act will be available for individuals to obtain health insurance coverage. HHS provided each State or its designated nonprofit entity the opportunity to contract with HHS to establish this program. However, to the extent that HHS does contract with a State to administer the program, HHS will make available a Pre-Existing Insurance Plan in such State under arrangements with the U.S. Office of Personnel Management, the U.S.

Department of Agriculture's National Finance Center (NFC), and one or more nonprofit entities to serve as a third-party administrator (TPA) responsible for maintaining a network of health care providers and adjudicating claims for covered services.

The purpose of this system of records is to collect and maintain information on individuals who apply for enrollment in the program. This information will enable HHS acting through NFC, OPM, and any third-party administrator(s) to determine applicants' eligibility, enroll eligible individuals into the program, adjudicate appeals of eligibility and coverage determinations, bill and collect premium payments, and process and pay claims for covered health care items and services furnished to eligible individuals. Information maintained in this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed by an HHS contractor, consultant or grantee; (2) assist another Federal or State agency, agency of a State government, an agency established by State law, or its fiscal agent; (3) support litigation involving the Department; (4) combat fraud and abuse in certain health benefits programs; and (5) assist efforts to respond to a suspected or confirmed breach of the security or confidentiality of information maintained in this system of records. We have provided background information about the modified system in the "Supplementary Information" section below. Although the Privacy Act requires only that HHS provide an opportunity for interested persons to comment on the proposed routine uses, HHS invites comments on all portions of this notice. **See EFFECTIVE DATES** section for comment period.

**DATES:** *Effective:* HHS filed a new system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Homeland Security and Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on June

28, 2010. The system of records, except the routine uses, will become effective upon publication in the **Federal Register**. To ensure that all parties have adequate time in which to comment on the routine uses, the routine uses will become effective 30 days from the publication of the notice, or 40 days from the date it was submitted to OMB and Congress, whichever is later, unless HHS receives comments that require alterations to the routine uses.

**ADDRESSES:** The public should address comments to: HHS Privacy Officer, Office of the Secretary, Office of the Assistant Secretary for Public Affairs (ASPA), Freedom of Information/Privacy Acts Division, 330 "C" Street, SW., Washington, DC 20201. Telephone number: (202) 690–7453. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m. e.t.

**FOR FURTHER INFORMATION CONTACT:** Jill Gotts, Office of Consumer Information and Insurance Oversight (OCIO), Office of the Secretary, Department of Health and Human Services. She can be reached at (202) 690–5894, or contact via e-mail at [jill.gotts@cms.hhs.gov](mailto:jill.gotts@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Individuals who have a pre-existing condition are often unable to obtain insurance coverage in the individual market and in many cases are denied coverage entirely, are offered coverage with a rider that excludes coverage for the pre-existing condition, or are offered coverage at an unaffordable premium. The Pre-Existing Condition Insurance Plan will enable eligible individuals with pre-existing conditions to purchase coverage without any pre-existing condition coverage exclusions at standard individual insurance market rates. Section 1101 of the Act requires that the Secretary of the Department of Health and Human Services (HHS) establish, either directly or through contracts with States or nonprofit private entities, a temporary high risk pool program to provide access to affordable insurance for uninsured Americans with pre-existing conditions.