implementation and management of the current de-identification standard and potential changes to address policy concerns.

To facilitate timely collection of information, OCR is organizing an in-person two (2)-day workshop that will consist of multiple panels. Each panel will address a specific topic related to the Privacy Rule's de-identification methodologies and policies. The workshop will be open to the public and each panel presentation will be followed by a question-answer period. At the present time, this is the only workshop planned.

DATE AND TIME: The meeting will be held on March 8, 2010, from 8 a.m. to 5:15 p.m./Eastern Time and March 9, 2010 from 8:30 a.m. to 11:30 a.m.

LOCATION: Washington Marriott at Metro Center, 775 12th Street NW., Washington, District of Columbia 20005. The hotel telephone number is 202–737–2200.

CONTACT PERSON: Andra Wicks, Office for Civil Rights, HHS, 200 Independence Ave, SW., Washington, DC 20201, 202–205–2292, Fax: 202–205–4786, e-mail: *andra.wicks@hhs.gov.* Please call the contact person for information on this meeting, view workshop updates on our Web site at *http://www.hhs.gov/ocr/privacy*, or register for the workshop at *https://www.fedmeetings.net/common/registration.cfm?mid=2852.*

Agenda: The two (2)-day workshop will explore the following topics related to the de-identification of protected health information standard [2]:

—Methodological Issues Associated with HIPAA Privacy Rule De-Identification.
—Statistical Disclosure Control and HIPAA Privacy Rule Protections.
—Anonymization and the HIPAA Privacy Rule.
—Policy Interpretations of HIPAA Privacy Rule De-Identification Requirements.
—De-Identification and Legal Contracts.

Each ninety (90) minute panel will include presentations by industry experts followed by a discussion period. The discussion will include questions posed by workshop participants and the general public attending the meeting in-person and via Web cast.

OCR intends to make background material available to the public no later than two (2) business days prior to the meeting. If OCR is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the workshop, and the background material will be posted on OCR's Web site after the meeting, at *http://www.hhs.gov/ocr/privacy.*

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the workshop. Written submissions may be made to *OCRPrivacy@hhs.gov*, with the workshop title "Workshop on the HIPAA Privacy Rule's De-Identification Standard" in the subject line on or before Friday, March 5, 2010.

Oral comments from the public will be permitted after each panel. Time allotted for each presentation is limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public hearing session, OCR will take written comments after the meeting until Friday, March 12, 2010.

After the workshop, OCR will synthesize the input from workshop panelists and general comments to incorporate into guidance. The guidance will be posted on the OCR Web site for public comment. OCR may provide revised guidance incorporating the public comment.

OCR welcomes the attendance of the public at this workshop. Seating is limited at the location, and OCR will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Andra Wicks at least seven (7) days in advance of the meeting.

Dated: February 17, 2010.

Zinethia L. Clemmons,

Health Information Privacy Specialist, Office for Civil Rights, Health Information Privacy Division.

[FR Doc. 2010–3663 Filed 2–23–10; 8:45 am]

BILLING CODE 4153–01–P

[2] 45 CFR 164.514(b).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-10–0215]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

National Death Index (NDI), (OMB No. 0920–0215)—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 of the population of the United States.

The National Death Index (NDI) is a national data base containing identifying death record information submitted annually to NCHS by all the State vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the states and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the States. The NDI Plus option currently provides the ICD codes for the underlying and multiple causes of death for the years 1979–2007. Health researchers must complete five administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file. A three-year clearance is requested. There is no cost to respondents except for their time.

ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Government researcher	48	1	2	96
University researcher	60	1	2	120
Private industry researcher	12	1	2	24
Total				240

Dated: February 18, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–3755 Filed 2–23–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–10–0479]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Automated Management Information System (MIS) for Diabetes Prevention and Control Programs (OMB No. 0920–0479, expiration date 5/31/2010)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Diabetes is the seventh leading cause of death in the United States. To reduce the burden of this disease, the Centers for Disease Control and Prevention (CDC) established the national Diabetes Control Program, which is administered through CDC's Division of Diabetes Translation (DDT). The national program provides support for health departments in states and Territories to design, implement and evaluate diabetes prevention and control strategies through State-based Diabetes Prevention and Control Programs (DPCPs).

CDC currently collects information from DCPCs through a Web-based Management Information System (MIS). The information collected supports DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DPCPs, and to disseminate information related to successful public health interventions. The information is used to monitor compliance with cooperative agreement requirements, evaluate progress in achieving program-specific goals, and identify needs for training and technical assistance.

CDC plans to implement a number of changes. Some MIS data elements will be modified to reflect changes in the reporting requirements for DCPCs, and to harmonize the progress and performance indicators for DCPCs with indicators being implemented for other CDC-funded programs. In addition, the electronic MIS is being restructured to improve usability and to reduce burden to respondents through improved organization and increased use of existing data resources. CDC also requests OMB approval to incorporate the term "Prevention" into the title of the clearance, in recognition of the increased emphasis on diabetes prevention in the work plans of state-based DCPCs.

Respondents will be 53 DCPCs in States, the District of Columbia, the Virgin Islands, and Puerto Rico. The information collection will no longer include the Pacific Islands jurisdictions, which in the future will be funded through a separate mechanism with different reporting requirements.

Once per year, each DCPC will submit an Annual Report to CDC that includes information about its Program, Resources, Partners, Budget, and Planning activities. In addition, each DCPC will submit a Semi-Annual Report twice per year that includes information about the Objectives described in its Action Plan, and related Activities.

Approval to collect information for three additional years is requested. There are no costs to respondents other than their time. The total estimated burden hours are 4,452.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Diabetes Prevention and Control Programs				
	Annual Report	53	1	51
	Semi-Annual Report	53	2	16.5