

The program regulations contain recordkeeping requirements designed to ensure that schools maintain adequate

records for the government to monitor program activity and that funds are spent as intended. The estimate of

burden for the regulatory requirements of this clearance are as follows:

Form	Number of respondents	Responses per respondents	Total responses	Minutes per response	Total burden hours
EFN/FADHPS	80	1	80	10	13 hours.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 16, 2004

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (Paperwork Reduction Act of 1995, as amended, 44 U.S.C. Chapter 35), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

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.

Proposed Project: Telephone Survey of Public Opinion Regarding Various Issues Related to Organ and Tissue Donation (NEW)

The Division of Transplantation (DoT), Special Programs Bureau (SPB), Health Resources and Services Administration (HRSA), is planning to conduct a telephone survey of public knowledge, perceptions, opinion, and behaviors related to organ donation. Two key missions of the DoT are (1) to provide oversight for the Organ Procurement and Transplantation Network and policy development related to organ donation and transplantation and (2) to implement efforts to increase public knowledge, attitudes, and behaviors related to organ and tissue donation. With a constantly growing deficit between the number of Americans needing donor organs, (currently exceeding 83,000) and the annual number of donors (12,795 in 2002), increasing the American public's willingness to donate becomes increasingly critical. Effective education campaigns need to be based on knowledge of the public's attitudes and perceptions about, and perceived impediments to, organ donation. The

last national survey of public attitudes and perceptions of organ donation was conducted in 1993.

The purpose of this study is to obtain current information on public attitudes and perceptions of organ donation and transplantation of the general public and various population subgroups. The survey will measure issues such as level of public knowledge about donation, public intent to donate, impediments to public intent to donate, living donation, presumed consent, and financial incentives for donation. Demographic information also will be collected. The sample will consist of 2,500 adults, will oversample Asian, Hispanic, and African Americans, and will be geographically representative of the United States. Computer-assisted telephone interviews will be conducted in the English, Spanish, and Mandarin languages. The survey will replicate a number of questions asked in the 1993 survey and also will include new items, some of which will ask about untried methods to increase donation. In addition to being useful to the DoT, results of this survey also will be of considerable assistance to the transplant community and to the Secretary's Advisory Committee on Organ Transplantation (ACOT) as it fulfills its charge to advise the Secretary of Health and Human Services on the numerous and often controversial issues related to donation and transplantation. In its first meeting, the ACOT suggested such a survey to gather information to inform both public education efforts and policy decisions on the issue of organ donation.

The estimated burden is as follows:

	Number of respondents	Annual frequency per response	Total annual responses	Hours per response	Total burden hours
Telephone Survey	2,500	1	2,500	.2	500
Total	2,500	2,500	500

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-45, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 16, 2004.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, call the HRSA Reports Clearance Officer on (301) 443-1129. 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 the use of automated collection techniques or other forms of information technology.

Proposed Project: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers, and Practitioners (OMB No. 0915-0239)—Revision

Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 specifically directs the Secretary to establish a national health care fraud and abuse data collection program for the reporting and disclosure of certain final adverse actions taken against health care providers, suppliers, and practitioners. A final rule was published October 26, 1999 in the **Federal Register** to implement the statutory requirements of section 1128E of the Social Security Act (The Act) as added by Section 221 (a) of HIPAA. The Act requires the Secretary to implement the national healthcare fraud and abuse data collection program. This data bank

is known as the Healthcare Integrity and Protection Data Bank (HIPDB). It contains the following types of information: (1) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service; (2) Federal or State criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service; (3) Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners (4) Exclusion of a health care provider, practitioner or supplier from participation in Federal or State health care programs; and (5) Any other adjudicated actions or decisions that the Secretary shall establish by regulations. Access to this data bank is limited to Federal and State Government agencies and health plans.

This request is for a revision of reporting and querying forms previously approved on March 15, 2001. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the HIPDB electronically through the HIPDB Web site at www.npdb-hipdb.com. All reporting and querying is performed through this secure Web site. Due to overlap in requirements for the HIPDB, some of the National Practitioner Data Bank's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

Regulation citation	No. of respondents	Frequency of responses	Minutes per response	Total burden hours
61.6 Errors & Omissions	172	4.3	15	185 ¹
61.6(b) Revisions to Actions	107	23.25	30	1,244
61.7 Licensure Actions: Reporting by State licensing authorities	275	60.6	45	12,512
61.8 Reporting of State Criminal Convictions	54	13	45	525
61.9 Reporting of Civil Judgments	62	8	45	375
61.11 Reporting of adjudicated actions/decisions	410	12.5	45	3,845
61.12 Access to data: State Licensure Boards	1000	67.5	5	5,623
State Certification Agencies	16	6	5	8
States/district attorneys & law enforcement	2000	25	5	3,749
State Medicaid Fraud Units	47	50	5	196
Health plans	2,841	263.76	5	62,422
Health care providers, suppliers, practitioners (self-query)	37,925	1	25	15,800
Entity Registration—Initial	2500	1	60	2,500
Entity Registration—Update	451	1	5	38
Authorized Agent Designation—Initial	100	1	15	16
Authorized Agent Designation—Update	250	1	5	62
Disputed Reports—Secretarial Review	459	1	5	38
Request for Secretarial Review	43	1	480	344
Account Discrepancy Report	1,000	1	15	250
Electronic Funds Transfer Authorization	400	1	15	100
Entity reactivation	450	1	60	450
Total				110,282

¹Estimates in this column that fall below or above a full hour are rounded to the nearest hour.