women in breastfeeding rates. The Healthy People 2010 goals are to increase the proportion of mothers who breastfeed in the early postpartum period from 64% to 75%, the proportion who breastfeed their babies through 6 months of age from 29% to 50%, and to increase from 16% to 25% the proportion of mothers who breastfeed to 1 year of age (the first figure in each comparison is a 1998 estimate). In addition, Healthy People 2010 seeks to decrease the disparities in breastfeeding initiation, exclusivity, and duration between African American and White women. Along with ethnic and racial disparities, there is evidence of significant variation in state breastfeeding rates. For example, in 2003 the breastfeeding initiation rate in Louisiana was 46.4 percent and in Oregon was 88.8 percent.

One important and effective means to promote and support the initiation and maintenance of breastfeeding is through the health care system. The few studies on breastfeeding practices at intrapartum care facilities (facilities that manage and deliver care to women in labor) within individual states show significant variation in practices. However, with the data currently available it is not possible to assess and monitor breastfeeding-related practices and policies in hospitals and free-standing childbirth centers across the United States.

CDC plans to conduct an assessment of breastfeeding-related maternity care practices in intra-partum care facilities in the United States and Territories to provide information to individual facilities, state health departments, and CDC on the extent to which facilities are providing effective breastfeeding-related maternity care. The assessment will provide detailed information on general facility characteristics related to maternity care such as: facility management and support policies relevant to breastfeeding-related maternity care practices, practices relevant to the training of health care staff on breastfeeding instruction, rooming-in, infant supplementation, and discharge from facility. CDC will provide facility-specific information based on the assessment to the individual facilities and state-specific information to state health departments. The information from the survey can be used by facilities to evaluate and modify breastfeeding-related maternity care practices, and by states and CDC to inform and target programs and policies to improve breastfeeding-related maternity care practices at intrapartum care facilities.

Approximately 3,500 facilities providing maternity care in the United States and Territories will be mailed a survey every other year in this 4-year study. The survey will be administered for the first time in 2005 and for the second time in 2007. Survey content will be similar in each of the administrations to examine changes in practices and policies over time. It is expected that approximately 3,000 facilities will complete the fifteen minute questionnaire in each administration. The facilities will be identified from the American Hospital Association's (AHA) Annual Survey of Hospitals and the National Association of Childbearing Centers (NACC). A five minute screening telephone call will be made prior to survey administrations to all facilities identified as providing maternity care by AHA and NACC to ensure they are currently providing maternity care, to identify possible satellite clinics providing maternity care, and to identify survey respondents in each of the facilities. The respondents will have the option of either responding by mail or through a web-based system. The survey will provide detailed information about breastfeeding-related maternity care practices and policies at hospitals and free-standing birthing centers. There are no costs to respondents other than their time to respond.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Questionnaire/respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hours)	Total burden (in hours)
Screening call/facilities that have at least one registered maternity bed (2005)	3,500	1	5/60	292
Mail survey/facilities providing maternity care in the past calendar year (2005)	3,000	1	15/60	750
Screening call/facilities that have at least one registered maternity bed (2007)	3,500	1	5/60	292
Mail survey/facilities providing maternity care in the past calendar year (2007)	3,000	1	15/60	750
Total	13,000			2,084

Dated: April 6, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0530]

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 404–371–5983 and send comments to Seleda Perryman, CDC Assistant 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.

Project Proposal

EEOICPA Dose Reconstruction Interviews and Forms, OMB No. 0920–0530—Extension—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

Background and Brief Description

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (Pub. L. 106–398) was enacted. This Act established a federal compensation program for employees of the Department of Energy (DOE) and certain of its contractors, subcontractors and vendors, who have suffered cancers and other designated illnesses as a result of exposures sustained in the production and testing of nuclear weapons.

Executive Order 13179, issued on December 7, 2000, delegated authorities assigned to ''the President'' under the Act to the Departments of Labor, Health and Human Services, Energy and Justice. The Department of Health and Human Services (DHHS) was delegated the responsibility of establishing methods for estimating radiation doses received by eligible claimants with cancer applying for compensation. NIOSH is applying the following methods to estimate the radiation doses of individuals applying for compensation.

In performance of its dose reconstruction responsibilities, under the Act, NIOSH is interviewing claimants (or their survivors) individually and providing them with the opportunity to assist NIOSH in documenting the work history of the employee by characterizing the actual work tasks performed. In addition, NIOSH and the claimant identify incidents that may have resulted in undocumented radiation exposures, characterizing radiological protection and monitoring practices, and identify co-workers and other witnesses as may be necessary to confirm undocumented information. In this process, NIOSH uses a computer assisted telephone interview (CATI) system, which allows interviews to be conducted more efficiently and quickly as opposed to a paper-based interview instrument.

NIOSH uses the data collected in this process to complete an individual dose reconstruction that accounts, as fully as possible, for the radiation dose incurred by the employee in the line of duty for DOE nuclear weapons production programs. After dose reconstruction, NIOSH also performs a brief final interview with the claimant to explain the results and to allow the claimant to confirm or question the records NIOSH has compiled. This will also be the final opportunity for the claimant to supplement the dose reconstruction record.

At the conclusion of the dose reconstruction process, the claimant submits a form to confirm that all the information available to the claimant has been provided. The form notifies the claimant that signing the form allows NIOSH to forward a dose reconstruction report to DOL and to the claimant, and closes the record on data used for the dose reconstruction. Signing this form does not indicate that the claimant agrees with the outcome of the dose reconstruction. The dose reconstruction results will be supplied to the claimant and to the DOL, the agency that will factor them into its determination of whether the claimant is eligible for compensation under the Act.

There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (hours)
Initial interview	4,200	1	1	4,200
Conclusion form	8,400	1	5/60	700
Total				4,900

Dated: April 6, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control

Special Emphasis Panel: Occupational Health and Safety Research, Program Announcement #04038

In accordance with section 10(a)(2) of the Federal Advisory

Committee Act (Pub. L. 92–463), the Centers for Disease

Control and Prevention (CDC) announces the following meeting:

NAME: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Occupational Health and Safety Research, Program Announcement #04038.

TIMES AND DATES: 3 p.m.–4 p.m., April 29, 2005 (Closed).

PLACE: Teleconference.

STATUS: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Pub. L. 92–463.

MATTERS TO BE DISCUSSED: The meeting will include the review, discussion, and evaluation of applications received in response to Occupational Health and Safety Research, Program Announcement #04038.

FOR FURTHER INFORMATION CONTACT: Pamela J. Wilkerson, MPA, Scientific Review Administrator, Office of Extramural Programs, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE., MS–E74, Atlanta, GA 30333, Telephone 404–498–2556.