maintenance of an event-related registry of affected individuals during the acute response phase of an emergency event.

ATSDR plans to develop and maintain a central registry, named the Rapid Response Registry (RRR), of individuals who were in the vicinity of a terrorist or other emergency event. The ATSDR RRR teams will begin identifying and enrolling victims and potentially exposed individuals within hours of an incident, in collaboration with state and local government agencies and private response organizations. RRR activities are intended to help document an individual's presence at or near a specific terrorist or other significant emergency event. This information will be used primarily to provide health officials with essential information necessary for both short- and long-term follow-up of victims and potentially exposed individuals.

Contact information will be used to provide information to the registrants regarding their exposures, potential health impacts, available educational materials, and other pertinent news and updates. Follow-up contacts by health officials are anticipated to be for the purposes of assessing current and future medical needs and providing appropriate and timely medical interventions where possible. Subsequent health studies (not part of this activity) may be useful to identify potential long-term health outcomes in the exposed population; the contact information will enable these studies to be conducted.

A standardized, one-page survey instrument will be used to collect contact information, demographics, and brief exposure and outcome data on all registrants. The same survey instrument will be used in both Phase I and Phase II data collection activities.

Phase I response entails immediate deployment of the RRR team to support local efforts to enroll victims and immediately-exposed individuals. Phase I RRR data collection teams will be deployed to all places where victims and the immediately-exposed population might be located (e.g., on-site response facilities, emergency departments, hospitals, morgues, public shelters, churches).

Phase II response entails later deployment of an RRR team to conduct a census of the entire at-risk population. Phase II data collection methods will include house-to-house interviews, telephone interviews, on-line enrollment, media outreach, and professional tracing services. If the at-risk population or geographic area is reasonably small-scale, a systematic census will be conducted to enroll every exposed or potentially exposed person. If the at-risk population or geographic area is large-scale, then a representative sample of the at-risk population will be enrolled. A brief, optional health effects questionnaire also has been developed that will be made available to local health officials, if they wish to use it, to better characterize the types of health outcomes resulting from the emergency event. The annualized burden hours are estimated to be 234.

| Respondents | Number of respondents | Responses per respondent | Avg. burden per response (in hrs.) |
|---|---|---|---|
| People in proximity to an emergency event: 1-page contact form only | 1,000 | 1 | 10/60 |
| People in proximity to an emergency event: health effects questionnaire | 200 | 1 | 20/60 |

Dated: August 31, 2004.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04–20515 Filed 9–9–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–04–0007]**

### Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498–1210 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Community Assistance Panels Nomination Form, OMB No. 0923–0007—Extension—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances in the environment. To facilitate this effort, ATSDR seeks the cooperation of the community being evaluated through direct communication and interaction.

Direct community involvement is required to conduct a comprehensive scientific study and to effectively disseminate specific health information in a timely manner. Also, this direct interaction fosters a clear understanding of health issues that the community considers important, and establishes credibility for the agency. The Community Assistance Panel nominations forms are completed by individuals in the community to nominate themselves or others for participation on these panels.

This request is for a three-year extension of the current OMB approved Community Assistance Panel nominations form. The annualized burden hours are estimated to be 25.

| Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|
| General Public | 150 | 1 | 10/60 |

Dated: August 31, 2004.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04–20516 Filed 9–9–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10052, CMS–370, 377, 378, R–54, and CMS–R–218]**

### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), 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 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.

1. *Type of Information Collection Request:* Revision of currently approved collection;

*Title of Information Collection:* Recognition of Pass-Through Payment for Additional (new) Categories of Devices under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR Part 419; *Use:* Information is necessary to determine eligibility of medical devices for establishment of additional device categories for payment under transitional pass-through payment provisions as required by section 1833(t)(6) of the Social Security Act. Form Number: CMS–10052 (OMB#: 0938–0857); *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 12; *Total Annual Responses:* 12; *Total Annual Hours:* 192.

2. *Type of Information Collection Request:* Revision of currently approved collection;

*Title of Information Collection:* Ambulatory Surgical Center (ASC) Health Insurance Benefit Agreement, ASC Request for Certification, ASC Survey Report and Supporting Regulations in 42 CFR 416.41, 416.43, 416.47, and 416.48; *Use:* The ASC Health Insurance Benefits Agreement form is utilized for the purpose of establishing eligibility for payment under Title XVIII of the Social Security Act. The ASC Request for Certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE system, a subsystem of the Online Survey Certification and Report (OSCAR) system by the Centers for Medicare and Medicaid Services (CMS) Regional Offices (RO)). The ASC Report Form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions of coverage and to report it to the Federal government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the CMS ROs. This form includes basic information on compliance (*i.e.,* met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself; *Form Number:* CMS–370, 377, 378, R–54 (OMB#: 0938–0266); *Frequency:* Annually and other: once; *Affected Public:* State, local or tribal government; *Number of Respondents:* 4,312; *Total Annual Responses:* 4,312; *Total Annual Hours:* 2,241.

3. *Type of Information Collection Request:* Extension of currently approved collection; *Title of Information Collection:* ICRS Contained in 45 CFR Part 162; HIPAA Standards for Electronic Transactions; *Use:* This submission contains information collection requirements in HCFA–0149–F, CMS–0003–P, CMS–0005–P, and CMS–003/005–F. This collection establishes standards for electronic transactions and for code sets to be used in those transactions. The collection standardizes the approximately 400 formats of electronic health care claims used in the United States. The use of these standards significantly reduces the administrative burden associated with paper documents, lowers operating costs, and improves data quality for health care providers and health plans; *Form Number:* CMS–R–218 (OMB# 0938–0866); *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 3.4 million; *Total Annual Responses:* 3.4 million; *Total Annual Hours:* 1 hour.

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.gov/regs/prdact95.htm,* 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: August 31, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.*

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**BILLING CODE 4120–03–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10106 and CMS–10072]**

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

**AGENCY:** Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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