

an acceptable buyer for SDI's promotional and medical audits business within the required time period, or that the manner of the divestiture is not acceptable, the Commission may appoint a trustee to divest the assets. The trustee would have the exclusive power and authority to accomplish the divestiture, and would divest the business for no minimum price.

The Consent Agreement also contains an Order to Hold Separate and Maintain Assets, which will serve to protect the viability, marketability, and competitiveness of the divestiture asset package until the assets are divested to a buyer approved by the Commission.

The purpose of this analysis is to facilitate public comment on the proposed Consent Agreement, and it is not intended to constitute an official interpretation of the proposed Consent Agreement or to modify its terms in any way.

By direction of the Commission.

Donald S. Clark,
Secretary.

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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, email 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: Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Electronic Health Information Exchange (New)—OMB No. 0990-NEW—Office of the National Coordinator for Health Information Technology.

Abstract: The widespread use of electronic health records and electronic health information exchange promises an array of potential benefits for individuals and the U.S. health care system through improved health care quality, safety, and efficiency. At the same time, this environment poses new

challenges and opportunities for protecting health information. The proposed information collection will permit us to better understand individuals' attitudes toward the privacy and security aspects of the use of electronic health records and electronic health information exchange as well as inform policy and programmatic objectives. The Office of the National Coordinator for Health Information Technology (ONC) is proposing to conduct a nationwide survey which will use computer-assisted telephone interviews (CATI) to interview a representative sample of the general population annually for 5 years looking at the percentage of individuals who are concerned about the privacy and security of electronic health records, who report having kept any part of their medical history from their doctor due to privacy concerns, and who are concerned that an unauthorized person would see their medical information if it is sent electronically, among other key measures. ONC will assess whether these numbers increase, remain steady or decrease from 2012 (pre-implementation) to 2016 (post-implementation) in support of the ONC Coordinated Federal Health IT Strategic Plan to engage consumers and inspire confidence and trust in health IT. The data will be analyzed using statistical methods and a draft report will be prepared. ONC will hold a web seminar prior to the publication of the final report to convey the findings to the general public. A final report will be posted on <http://healthit.hhs.gov>.

ONC expects to interview 100 individuals for the pretest survey as part of the initial implementation year and interview 2,000 individuals for the main survey administered annually for 5 years. The estimated annualized respondent burden is 842 hours.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Pretest Survey	General Public	100	1	25/60	42
Main Survey	General Public	10,000	1	25/60	4167
Total		10,100	1	25/60	4209

For more information regarding an Estimated Annual Respondent Burden specifically for cognitive testing please refer to OMB Control No: 0990-0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (expiration date 07/31/2014; ICR Reference No: 201106-0990-005).

Keith Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Temporary Certification Program; Notice of Extension

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: This notice announces the decision made by the National Coordinator for Health Information Technology (the National Coordinator) to extend the Temporary Certification Program.

Authority: Section 3001(c)(5) of the Public Health Service Act (PHSA) as added by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

FOR FURTHER INFORMATION CONTACT: Steve Posnack, Director, Federal Policy Division, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

SUPPLEMENTARY INFORMATION: On June 24, 2010, the Office of the National Coordinator for Health Information Technology (ONC) published a final rule (75 FR 36158) to establish a temporary certification program for health information technology. The temporary certification program would ensure that Certified EHR Technology was available for adoption and use by eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) for the Medicare and Medicaid EHR Incentive Programs beginning in 2011. On January 7, 2011, ONC published a final rule (76 FR 1262) to establish a permanent certification program for health information technology, which would eventually replace the temporary certification program. Under 45 CFR 170.490 and as discussed in the temporary certification program final rule (75 FR 36184), the temporary certification program will sunset on December 31, 2011, or if the permanent certification program is not

fully constituted at that time, then upon a subsequent date that is determined to be appropriate by the National Coordinator. As we explained in the temporary certification program final rule (75 FR 36185), to determine whether the permanent certification program is fully constituted, the National Coordinator will consider whether there are a sufficient number of ONC-Authorized Certification Bodies (ONC-ACBs) and accredited testing laboratories to address current market demand. We refer readers to the final rule (76 FR 1262) for more information about accreditation, testing, and certification activities under the permanent certification program.

After consulting with the current ONC-Approved Accreditor (ONC-AA) for the permanent certification program (the American National Standards Institute (ANSI)) and the National Institute of Standards and Technology (NIST), which administers the National Voluntary Laboratory Accreditation Program (NVLAP) for health information technology, we do not anticipate that there will be a sufficient number of accredited testing laboratories or ONC-ACBs until summer 2012. We base this conclusion on ANSI and NVLAP's estimations of the amount of time needed to complete the accreditation of certification bodies and testing laboratories, as well as our estimation of the time period for the National Coordinator to review the applications of accredited certification bodies and subsequently authorize them as ONC-ACBs.

On this basis, the National Coordinator has determined it is necessary to extend the temporary certification program past the established sunset date of December 31, 2011. If the National Coordinator were to take no action, the temporary certification program would end on that date without a replacement program fully in place to ensure the continued availability of Certified EHR Technology for EPs and hospitals that seek to achieve meaningful use and participate in the EHR Incentive Programs. We believe that the sunset of the temporary certification program should be tied to the effective date of the final rule that we intend to issue in summer 2012, which is expected to adopt new and revised standards, implementation specifications, and certification criteria for EHR technology in support of the next stage of meaningful use under the Medicare and Medicaid EHR Incentive Programs. We believe aligning the sunset of the temporary certification program with the effective date of this forthcoming final rule would provide

certainty to health care providers, EHR technology developers, and other stakeholders, while also ensuring a sufficient number of accredited testing laboratories and ONC-ACBs exist to meet market demand. Although we believe this timeline is feasible based on current expectations as discussed above, we recognize unanticipated events may make it necessary to reconsider the sunset date for the temporary certification program. We will publish another **Federal Register** notice to inform the public of any changes to our expected sunset date for the temporary certification program.

As stated in the temporary certification program final rule (75 FR 36184), when the temporary certification program sunsets, ONC-Authorized Testing and Certification Bodies (ONC-ATCBs) will be prohibited from accepting new requests to test and certify EHR technology and will be permitted up to six months after the sunset date to complete all testing and certification activities associated with requests received prior to the sunset date. If these activities are not completed within the 6-month period, the EHR technology would have to be resubmitted for testing and certification under the permanent certification program.

Dated: October 28, 2011.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2011-28492 Filed 11-2-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Advisory Committee on Blood Safety and Availability (ACBSA) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will take place Monday, December 5, and Tuesday December 6, 2011, from 9 a.m. to 5 p.m.

ADDRESSES: National Institutes of Health Conference Room, 5635 Fishers Lane, Terrace Level, Rockville, MD 20852.