To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at *http://www.cms.hhs.gov/ PaperworkReductionActof1995* 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.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *May 14, 2009:*

1. *Electronically.* You may submit your comments electronically to *http:// www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number (CMS–10285), Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850; and

OMB Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: April 30, 2009.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E9–10326 Filed 5–1–09; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities Under Emergency Review for the Office of Management and Budget (OMB)

The Health Resources and Services Administration (HRSA) has submitted the following request (see below) for emergency OMB review under the Paperwork Reduction Act (44 U.S.C. Chapter 35). OMB approval has been requested upon publication of this notice for 120 days and the approval foregoes the routine comment period. During the emergency approval period, HRSA will publish a **Federal Register** notice announcing the initiation of a broad 60-day public comment period and begin the process for a routine information collection request. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer on (301) 443–1129.

Proposed Project: HRSA/Bureau of Primary Health Care Capital Improvement Program Application Electronic Health Records (EHR) Readiness Checklist (NEW)

The American Recovery and Reinvestment Act (ARRA) provides $1.5 billion in grants to support construction, renovation and equipment, and the acquisition of health information technology systems, for health centers, including health center controlled networks receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). HRSA is requesting emergency processing procedures for the Electronic Health Records (EHR) Readiness Checklist portion of the application because this information is needed before the expiration of the normal time limits under regulations at 5 CFR part 1320 to ensure the timely availability of data to make award determinations for receipt of funds under ARRA. Of the $1.5 billion, HRSA will award approximately $850 million, through limited competition grants, for one-time Capital Improvement Program (CIP) grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. Funding under this opportunity will address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems. Applicants must provide information using the EHR Readiness Checklist that demonstrates comprehensive planning and readiness for implementing EHRs.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
EHR Readiness Checklist	568	1	568	.25	568
Total	568	....	568	....	568

Dated: April 29, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–10289 Filed 4–30–09; 11:15 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities Under Emergency Review for the Office of Management and Budget (OMB)

The Health Resources and Services Administration (HRSA) has submitted the following request (see below) for emergency OMB review under the Paperwork Reduction Act (44 U.S.C. Chapter 35). OMB approval has been requested upon publication of this notice for 120 days and the approval foregoes the routine comment period. During the emergency approval period, HRSA will publish a **Federal Register** notice announcing the initiation of a broad 60-day public comment period and begin the process for a routine information collection request. To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer on (301) 443–1129.

Proposed Project: HRSA/Bureau of Primary Health Care Capital Improvement Program Application National Environmental Policy Act (NEPA) Requirements (NEW)

The American Recovery and Reinvestment Act (ARRA) provides $1.5 billion in grants to support construction, renovation and equipment, and the acquisition of health information technology systems, for health centers, including health center controlled

networks receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). HRSA is requesting emergency processing procedures for the Environmental Information and Documentation portion of the application because this information is needed before the expiration of the normal time limits under regulations at 5 CFR part 1320 to ensure the timely availability of data to make award determinations for receipt of funds under ARRA. Of the $1.5 billion, HRSA will award approximately $850 million, through limited competition grants, for one-time Capital Improvement Program

(CIP) grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. Funding under this opportunity will address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems. Applicants must provide information and assurance of compliance with the National Environmental Policy Act of 1969 (NEPA) on the Environmental Information and Documentation (EID) checklist.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
NEPA EID Checklist	1,134	1	1,134	1	1,134
Total	1,134	....	1,134	....	1,134

Dated: April 29, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–10285 Filed 4–30–09; 11:15 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Director's Three Initiative Best Practice, Promising Practice, and Local Effort Form

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (0MB) for review.

Proposed Collection: Title: 0917–NEW, "Indian Health Service Director's Three Initiative Best Practice, Promising

Practice, and Local Effort Form." Type of Information Collection Request: Three year approval of this new information collection, 0917–NEW, "Indian Health Service Director's Three initiative Best Practice, Promising Practice, and Local Effort (BPPPLE) Form." Form(s): The Indian Health Service BPPPLE form. Need and Use of Information Collection: The Indian Health Service (IHS) goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission, the Director's Three Initiative was launched which is comprised of Health Promotion and Disease Prevention (HP/DP), Behavioral Health (BH) and Chronic Care (CC). The Director's Three Initiative is linked together in their aim to reduce health disparities and improve the health and wellness among the AI/AN populations through a coordinated and systematic approach to enhance health promotion, and chronic disease and mental health prevention methods at the local, regional, and national levels.

To provide the product/service to IHS, Tribal, and Urban (I/T/U) programs, the Director's Three Initiative works together to develop a centralized program database of Best/Promising

Practices (BPP). The purpose of this collection is to develop a database of BPP to be published on the IHS.gov website which will be a resource for program evaluation and for modeling examples of HP/DP, BH, and CC projects occurring in AI/AN communities.

This is a request that OMB approve, under the Paperwork Reduction Act, an IHS information collection initiative to promote submission of "Best and Promising Practices and Local Efforts" among the I/T/U.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information.

The information collected will enable the Director's Three Initiative program to: (a) Identify evidence based approaches to prevention programs among the I/T/U when no system is currently in place; and (b) Allow the program managers to review BPPPLE occurring among the I/T/U when considering program planning for their community.

Affected Public: Individuals. Type of Respondents: I/T/U organizations program staff.

The table below provides: Types of data collection instruments, Number of respondents, Responses per respondent, Average burden hour per response, and Total annual burden hour(s).