

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-16-0255]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or

send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Resources and Services Database of the CDC National Prevention Information Network (NPIN)(OMB Control No. 0920-0255 exp. 12/31/2016)—Extension—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP's mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV). NPIN services are designed to facilitate program collaboration in sharing information, resources,

published materials, research, and trends among the four diseases.

The NPIN Resources and Services Database contains entries on approximately 9,000 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 1,000,000 unique visitors and more than 3,000,000 page views are recorded annually.

To accomplish CDC's goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 400 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the Internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN Web site. Methods to be used to collect the information include online, telephone and email survey questionnaires to collect information from representatives of the organizations that provide covered services.

The respondent population includes Registered Nurses, Social and Community Service Managers, Health Educators, Social and Human Service Assistants working within NPIN member organizations that provide HIV/AIDS, viral hepatitis, STD, and TB prevention, education, testing, and healthcare services. This data collection uses no inferential statistical methods. The data collected is in textual or anecdotal format and will be used for information purposes.

There is a total of 1,717 burden hours involved in this collection. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Initial Questionnaire Telephone Script.	Registered nurses, Social and community service managers, and Health educators.	400	1	15/60
Telephone Verification	Registered nurses, Social and community service managers, and Health educators Social and human service assistants.	6,100	1	10/60
Email Verification	Registered nurses, Health educators, and Social and human service assistants, social and community service managers.	3,000	1	12/60

Leroy A. Richardson,
*Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10455 and CMS-
 R-290]

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

AGENCY: Centers for Medicare &
 Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare &
 Medicaid Services (CMS) is announcing
 an opportunity for the public to
 comment on CMS' intention to collect
 information from the public. Under the
 Paperwork Reduction Act of 1995
 (PRA), federal agencies are required to
 publish notice in the **Federal Register**
 concerning each proposed collection of
 information, including each proposed
 extension or reinstatement of an existing
 collection of information, and to allow
 a second opportunity for public
 comment on the notice. Interested
 persons are invited to send comments
 regarding the 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.

DATES: Comments on the collection(s) of
 information must be received by the
 OMB desk officer by *September 23,
 2016*.

ADDRESSES: When commenting on the
 proposed information collections,
 please reference the document identifier
 or OMB control number. To be assured
 consideration, comments and
 recommendations must be received by
 the OMB desk officer via one of the
 following transmissions:

OMB, Office of Information and
 Regulatory Affairs.

Attention: CMS Desk Officer.
Fax Number: (202) 395-5806 OR
Email: OIRA_submission@omb.eop.gov.

To obtain copies of a supporting
 statement and any related forms for the
 proposed collection(s) summarized in
 this notice, you may make your request
 using one of following:

1. Access CMS' Web site address at
[http://www.cms.hhs.gov/
 PaperworkReductionActof1995](http://www.cms.hhs.gov/PaperworkReductionActof1995).

2. Email your request, including your
 address, phone number, OMB number,
 and CMS document identifier, to
Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at
 (410) 786-1326.

FOR FURTHER INFORMATION CONTACT:

Reports Clearance Office at (410) 786-
 1326.

SUPPLEMENTARY INFORMATION: Under the
 Paperwork Reduction Act of 1995 (PRA)
 (44 U.S.C. 3501-3520), federal agencies
 must obtain approval from the Office of
 Management and Budget (OMB) for each
 collection of information they conduct
 or sponsor. The term "collection of
 information" is defined in 44 U.S.C.
 3502(3) and 5 CFR 1320.3(c) and
 includes agency requests or
 requirements that members of the public
 submit reports, keep records, or provide
 information to a third party. Section
 3506(c)(2)(A) of the PRA (44 U.S.C.
 3506(c)(2)(A)) requires federal agencies
 to publish a 30-day notice in the
Federal Register concerning each
 proposed collection of information,
 including each proposed extension or
 reinstatement of an existing collection
 of information, before submitting the
 collection to OMB for approval. To
 comply with this requirement, CMS is
 publishing this notice that summarizes
 the following proposed collection(s) of
 information for public comment:

1. *Type of Information Collection
 Request:* Extension of a currently
 approved collection; *Title of
 Information Collection:* Report of a
 Hospital Death Associated with
 Restraint or Seclusion; *Use:* Executive
 Order 13563, Improving Regulation and
 Regulatory Review, was signed on
 January 18, 2011. The order recognized
 the importance of a streamlined,
 effective, and efficient regulatory
 framework designed to promote
 economic growth, innovation, job
 creation, and competitiveness. Each
 agency was directed to establish an
 ongoing plan to reduce or eliminate
 burdensome, obsolete, or unnecessary
 regulations to create a more efficient
 and flexible structure.

The regulation that was published on
 May, 16, 2012 (77 FR 29034) included
 a reduction in the reporting requirement

related to hospital deaths associated
 with the use of restraint or seclusion,
 § 482.13(g). Hospitals are no longer
 required to report to CMS those deaths
 where there was no use of seclusion and
 the only restraint was 2-point soft wrist
 restraints. It is estimated that this will
 reduce the volume of reports that must
 be submitted by 90 percent for
 hospitals. In addition, the final rule
 replaced the previous requirement for
 reporting via telephone to CMS, which
 proved to be cumbersome for both CMS
 and hospitals, with a requirement that
 allows submission of reports via
 telephone, facsimile or electronically, as
 determined by CMS. Finally, the
 amount of information that CMS needs
 for each death report in order for CMS
 to determine whether further on-site
 investigation is needed has been
 reduced.

The Child Health Act (CHA) of 2000
 established in Title V, Part H, Section
 591 of the Public Health Service Act
 (PHSA) minimum requirements
 concerning the use of restraints and
 seclusion in facilities that receive
 support with funds appropriated to any
 Federal department or agency. In
 addition, the CHA enacted Section 592
 of the PHSA, which establishes
 minimum mandatory reporting
 requirements for deaths in such
 facilities associated with use of restraint
 or seclusion. Provisions implementing
 this statutory reporting requirement for
 hospitals participating in Medicare are
 found at 42 CFR 482.13(g), as revised in
 the final rule that published on May 16,
 2012 (77 FR 29034). *Form Number:*
 CMS-10455 (OMB control number:
 0938-1210); *Frequency:* Occasionally;
Affected Public: Private Sector; *Number
 of Respondents:* 6,225; *Number of
 Responses:* 6,225; *Total Annual Hours:*
 2,054. (For policy questions regarding
 this collection contact Karina Meushaw
 at 410-786-1000.)

2. *Type of Information Collection
 Request:* Extension of a currently
 approved collection; *Title:* Medicare
 Program: Procedures for Making
 National Coverage Decisions; *Use:* We
 revised our April 27, 1999 (64 FR
 22619) notice and published a new
 notice on September 26, 2003 (68 FR
 55634) that described the process we
 use to make Medicare coverage
 decisions including decisions regarding
 whether new technology and services
 can be covered. We have made changes
 to our internal procedures in response
 to the comments we received following
 publication of the 1999 notice and
 experience under our new process. Over
 the past several years, we received
 numerous suggestions to further revise
 our process to continue to make it more