

results returned to DHANES/NCHS, the test results will be made available to the public and the investigator can submit an NCHS RDC proposal to request linkage to NCHS restricted data, NCHS public use data, or Non-NCHS data to conduct their analysis.

After the comprehensive quality assessment process has been completed by the investigator, a list of variants generated from NHANES specimen testing will be made available to the public for potential solicitation via NCHS RDC proposals. The list of variants will be available in the NHANES Genetic Variant Search (<http://www.nhgeneticvariant.com/>). In addition, DHANES/NCHS quality control assessment procedures will be posted on the NHANES Genetic Repository Web site and/or available via email.

Progress Reports

A progress report will be submitted in the annual CDC/NCHS/ERB

continuation report. An ERB continuation form will be sent to the investigator each year for project update. If an approved proposal is unable to obtain funding the proposal will be closed.

Termination of ERB Protocol

At the end of laboratory testing the ERB Protocol will be closed.

Disposition of Results and Samples

The provided DNA samples cannot be used for any purpose other than the specifically requested purpose outlined in the proposal and approved through the Scientific and Institutional Review. No DNA samples can be shared with others, including other investigators, unless specified in the proposal and so approved. Samples must be returned upon completion of the approved project or destroyed only with the written approval of the NHANES Genetic Project Officer. Test results from all studies using NHANES DNA

specimens will be made available to the public for secondary data analyses. After the DHANES/NCHS quality control assessment is completed, investigators will be given up to six months to conduct a more comprehensive quality assurance review. The final quality assurance review timeframe will be negotiated between the researcher and the NHANES Genetic Project Officer and characteristics of the tests submitted. Proposals for secondary data analyses will be reviewed by the NCHS RDC on a rolling basis; see: <http://www.cdc.gov/rdc> for proposal guidelines. All data analyses will be conducted via access modes available at NCHS RDC.

Dated: October 4, 2016.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

TABLE 1—COST SCHEDULE FOR NHANES DNA SPECIMENS

Total costs	1999–2002, 2007–08, 2009–10 Complete set	1999–2002, 2007–08, 2009–10 Partial set	NHANES III complete set
Materials and Equipment—contractor: Plates, reagents, assays, aliquoting and packaging samples; use of equipment	\$1.51	\$4.53	\$0.75
Labor—contractor: Processing, handling, and shipping; NCHS: Data quality control	4.98	24.90	2.49
Proposal review and Administrative expenses—contractor: Inventory management and reporting; NCHS: Management of proposal process non-NCHS: Technical panel fees	3.02	6.04	1.51
Space—contractor: Freezer use and maintenance	5.59	5.59	2.79
Cost per sample	15.10	41.06	7.55
Cost per new proposal:			
1999–2002	119,260	NA	
2007–2008	72,661		
2009–2010	73,884		
III			54,050
Cost per additional proposal: *			
1999–2002	5,963	**	
2007–2008	3,633		
2009–2010	3,694		
III			2,702

* Additional research using DNA specimens already obtained from previous solicitations.

** This charge will be 5 percent of the original cost.

Note: Applicable CDC overhead and NCHS management and oversight charges will be added to these rates for proposals coming from Federal agencies.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC)

Amendment: A notice of this meeting was published in the **Federal Register** on August 30, 2016, Volume 81, Number 168, Page 59626. The original notice is amended to include the

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention—Health Disparities Subcommittee (HDS) Meeting on October 19, 2016 as follows:

Time and Date: 8:00 a.m.–4:00 p.m., EDT, October 19, 2016.

Place: CDC, Building 19, Room 151, 1600 Clifton Road NE., Atlanta, Georgia 30329.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people. The public is welcome to participate during the public comment

period, which is tentatively scheduled from 3:45 p.m. to 3:55 p.m. This meeting is also available by teleconference. Please dial (888) 324-9970 and enter code 32077657.

Purpose: The Subcommittee will contribute to the ACD's advice to the CDC Director on strategic and other health disparities and health equity issues and provide guidance on opportunities for CDC.

Matters for Discussion: The Health Disparities Subcommittee will receive update from STLT Social Determinants of Health (SDOH) Think Tank Collaboration, Funding Opportunity Announcement (FOA) Health Equity Guidance Update and Discussion, HDS priorities, Internal Nomination Process and Update, Health Equity Indicators as well as an update from CDC's Principal Deputy Director.

The agenda is subject to change as priorities dictate.

Contact Person for More Information: Leandro Liburd, Ph.D., M.P.H., M.A., Designated Federal Officer, Health Disparities Subcommittee, Advisory Committee to the Director, CDC, 1600 Clifton Road NE., M/S K-77, Atlanta, Georgia 30329 Telephone (770) 488-8343, Email: xdy8@cdc.gov. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2016-0092]

2018 National Health Interview Survey Questionnaire Redesign

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), in the Department of Health and Human Services (HHS) announces the opening

of a docket to obtain public comment on the redesign of the National Health Interview Survey (NHIS) questionnaire (OMB Control No. 0920-0214, expires 01/31/2019) Any proposed changes will be submitted in future notices in compliance with the Paperwork Reduction Act (PRA). The content and structure of the NHIS will be updated in 2018 to improve the measurement of covered health topics, reduce respondent burden by shortening the length of the questionnaire, harmonize overlapping content with other federal health surveys, establish a long-term structure of ongoing and periodic topics, and incorporate advances in survey methodology and measurement.

DATES: Written comments must be received on or before November 7, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2016-0092 by any of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting comments.

- **Mail:** Verita C. Buie, Office of Planning, Budget, and Legislation, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, MS-08, Hyattsville, MD 20782.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Marcie Cynamon, Director, of the Division of Health Interview Statistics, National Center for Health Statistics, 3311 Toledo Road, MS-P08, Hyattsville, MD 20782-2064, phone: (301) 458-4174.

SUPPLEMENTARY INFORMATION: The National Center for Health Statistics (NCHS) is redesigning the National Health Interview Survey (NHIS) to be fielded in 2018. The NHIS is the principal source of information on the health of the civilian noninstitutionalized population of the United States. Established by the National Health Survey Act of 1956, the survey has been in the field continuously since July 1957. NHIS data are used widely throughout the Department of Health and Human Services (HHS) to monitor trends in illness and disability and to track progress toward achieving national health objectives. The data are used by HHS and the public health research community in determining barriers to

accessing and using health care services, and in tracking those health conditions and behaviors related to the leading causes of morbidity and mortality.

The redesigned NHIS questionnaire and survey structure will be introduced in January 2018. The redesign process presents an opportunity to (1) ensure the survey is capturing the current health and health care needs of individuals in the United States and producing data of the highest-possible quality; and (2) reduce respondent burden by shortening the overall questionnaire length and harmonizing its content with other federal health surveys. The redesign is strategically timed to coordinate with the data cycle used to monitor Healthy People 2020 objectives, providing a clean transition into the next decade of monitoring the nation's critical public health indicators. The redesigned questionnaire reflects advances in survey methodology and measurement since the last NHIS redesign in 1997. This proposal incorporates a long-term structure for the content of the survey. There will be content that remains on the survey each year and content that will be collected on a rotating basis (collected for one or two years, off for one year). The periodicity of rotating content will be established several years in advance. Approximately 15 to 20 minutes of interview time each year will be reserved for sponsored content that addresses the data needs of other federal agencies and partners.

The proposed structure of the redesigned NHIS will differ from the current structure. Since 1997, the NHIS has consisted of a family questionnaire, a sample adult questionnaire, and a sample child questionnaire. The new structure will include a sample adult questionnaire and a sample child questionnaire only; however, in the redesigned NHIS, much of the content from the family section will be collected within the sample adult and sample child interviews. To complete these questionnaires, one adult aged 18 years and over and one child aged 17 years and under (if applicable) will be randomly selected from each sampled household. Information about the sample adult will be collected from the sample adult himself/herself unless s/he is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult.

Content from the family questionnaire that will still be obtained from respondents in the redesigned NHIS