Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the Federal Register on November 21, 2008, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events. The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. AHRQ has accepted a notification of voluntary relinquishment from the MagMutual Patient Safety Institute, LLC of its status as a PSO, and has delisted the PSO accordingly.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on February 21, 2017.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: http://www.pso.ahrq.gov/listed.

FOR FURTHER INFORMATION CONTACT: Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Room 06N94B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1130; TTY (toll free): (866) 427–1111; TTY (local): (301) 427–1130; Email: psd@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, 42 U.S.C. 299b–21 to b–26, authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from the MagMutual Patient Safety Institute, LLC, a component entity of MAG Mutual Insurance Company, PSO number P0159, to voluntarily relinquish its status as a PSO. Accordingly, the MagMutual Patient Safety Institute, LLC was delisted effective at 12:00 Midnight ET (2400) on February 21, 2017. The MagMutual Patient Safety Institute, LLC has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of section 3.108(c)(2)(ii) of the Patient Safety Rule regarding notification to providers that have reported to the PSO. In addition, according to sections 3.108(c)(2)(ii) and 3.108(b)(3) of the Patient Safety Rule regarding disposition of PSWP, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO’s possession.

More information on PSOs can be obtained through AHRQ’s PSO Web site at http://www.pso.ahrq.gov.

Sharon B. Arnold,
Acting Director.

[FR Doc. 2017–05073 Filed 3–14–17; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2017–0028, Docket Number NIOSH–290]

Draft Current Intelligence Bulletin: The Occupational Exposure Banding Process: Guidance for the Evaluation of Chemical Hazards; Notice of Public Meeting; Request for Comments

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting and availability of draft document for public comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of a draft Current Intelligence Bulletin entitled The Occupational Exposure Banding Process: Guidance for the Evaluation of Chemical Hazards for public comment. NIOSH is seeking comments on the draft document and plans to have a public meeting to discuss the document. The draft document can be found at www.regulations.gov by entering CDC–2017–0028 in the search field and clicking “Search.”

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DATES: A public meeting will be held on Tuesday, May 23, 2016, from 9:00 a.m. to 3:00 p.m. Eastern Time, or until the last public presenter has spoken, whichever occurs first. Please note that public comments may end before the time indicated following the last call for comments. Members of the public who wish to provide public comments should plan to attend the meeting at the start time listed. Electronic or written comments must be received by June 13, 2017.

ADDRESSES: The public meeting will be held at the Robert A. Taft Laboratories, Auditorium, 1150 Tusculum Avenue, Cincinnati, Ohio 45226. The meeting will also be available through a conference call phone number and Webcast live on the Internet for a limited number of participants.

Written Comments: You may submit written comments, identified by CDC–2017–0028 and Docket Number NIOSH–290, by either of the following two methods:

• Federal eRulemaking Portal: www.regulations.gov. Follow the instructions for submitting comments.
• Mail: National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

All information received in response to this notice must include the agency name and docket number [CDC–2017–0028; NIOSH–290]. All relevant comments received, including any personal information provided, will be posted without change to www.regulations.gov. To access the docket, read background documents or read comments, go to www.regulations.gov and enter CDC–2017–0028 in the search field and clicking “Search.” All information received in response to this notice will be available for public examination and
The purpose of the public meeting and public comment period is to obtain comments on the draft document. Comments are being sought from individuals including scientists and representatives from various government agencies, industry, labor, and other stakeholders, and also the public. If there are errors of fact, unsubstantiated claims, evidence of careless experimental work, inclusion of too much information already in the literature, or statements that are inaccurate, please note such in your review comments.

I. Technical Review and Charge Questions

The authors ask that special emphasis be placed on technical review of the following issues:

1. If a chemical can cause an immediate effect (necrosis, sensitization, pulmonary edema, central nervous system (CNS) effects), should there be special guidelines for assigning a short term OEB or emphasizing the importance of keeping even short duration exposures below the OEB for those types of toxicants?

2. If a skin toxicant is a corrosive, irritant, or sensitizer, should there be any special designation assigned along with the occupational exposure band (OEB)? Additionally, please comment on the utility of using skin and eye effects to create inhalation based bands.

3. The comparison of Tier 1 and Tier 2 results for a set of chemicals showed that Tier 1 and Tier 2 produce the same band for 65% of the chemicals tested. Tier 1 is more protective for 17.5% of the chemicals, while Tier 2 is more protective for 17.5% of the chemicals. NIOSH currently recommends that both the tier 1 and tier 2 process be completed for a particular chemical. Do you agree with this recommendation? If not, what approach should NIOSH take?

4. NIOSH has proposed a number of sources of information for the different human health and toxicological endpoints under consideration. Are there other sources of information that should be recommended? Are there some sources that should be omitted?

5. In tier 1, the NIOSH method does not currently assign chemicals to an OEB based on H335 or H336 (drowsiness and dizziness). Should NIOSH include H335/H336 in the tier 1 methodology? If so, what criteria should be used for banding and why?

6. In Section 3.2 the process for assessing whether enough information is available to conduct occupational exposure banding is presented. Please comment on the use of a numerical scale (determinant score) to document endpoint-specific data availability. Further, is the minimum value of 30 out
of a possible total of 125 (for the total
determinant score) a suitable choice for
the data sufficiency threshold? Is the
relative weight for each score
appropriate?

7. How should NIOSH consider data
collected on structural analogs or
related chemicals in the banding
scheme?

8. Qualitative and quantitative
technical criteria have been adopted for
some endpoints. Is this approach
adequately justified and suitably
explained in the document? If not, how
should the explanations be refined?

9. If a chemical has two forms (vapor
or particulate) in the workplace, we
have recommended that the most
protective OEB take precedence. Please
comment on the utility and adequacy of
that recommendation.

10. Acute toxicity information may be
presented in an array of different units.
We have attempted to address those
possibilities in the banding criteria for
the acute toxicity endpoint, especially
for inhalation exposures. Is this
information sufficiently clear? Are
suitable rubrics for unit conversions
provided?

11. Does this draft document
adequately describe the occupational
exposure banding process in a way that
supports its use in assigning ranges of
exposure concentrations to protect
worker health in the occupational
setting?

Public Review

The external review of the draft
document has been (1) developed in
accordance with Office of Management
and Budget (OMB) guidelines, (2) is
consistent with NIOSH peer review
practice, and (3) is meant to ensure that
credible and appropriate science is
reflected within the draft document.

Dated: March 10, 2017.
Frank Hearn,
Chief of Staff, National Institute for
Occupational Safety and Health, Centers for
Disease Control and Prevention.

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–N–1427]

Agency Information Collection
Activities; Submission for Office of
Management and Budget Review;
Comment Request; Hazard Analysis
and Critical Control Point Procedures
for the Safe and Sanitary Processing
and Importing of Juice

AGENCY: Food and Drug Administration,
HHS.

ACTION: Notice.

SUMMARY: The Food and Drug
Administration (FDA) is announcing
that a proposed collection of
information has been submitted to the
Office of Management and Budget
(OMB) for review and clearance under

DATES: Fax written comments on the
collection of information by April 14,
2017.

ADDRESSES: To ensure that comments on
the information collection are received,
OMB recommends that written
comments be faxed to the Office of
Information and Regulatory Affairs,
OMB, Attn: FDA Desk Officer, FAX:
202–395–7285, or emailed to oira
submission@omb.eop.gov. All
comments should be identified with the
OMB control number 0910–0466. Also
include the FDA docket number found
in brackets in the heading of this
document.

FOR FURTHER INFORMATION CONTACT: FDA
PRA Staff, Office of Operations, Food
and Drug Administration, Three White
Flint North, 10A63, 11601 Landsdown
St., North Bethesda, MD 20852,
PRASstaff@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: In
compliance with 44 U.S.C. 3501, FDA has
submitted the following proposed
collection of information to OMB for
review and clearance.

Hazard Analysis and Critical Control
Point (HACCP) Procedures for the Safe
and Sanitary Processing and Importing
of Juice—21 CFR Part 120

OMB Control Number 0910–0466—
Extension

FDA’s regulations in part 120 (21 CFR
part 120) mandate the application of
HACCP procedures to the processing of
fruit and vegetable juices. HACCP is a
preventative system of hazard control
designed to help ensure the safety of
foods. The regulations were issued
under FDA’s statutory authority to
regulate food safety under section
402(a)(4) of the Federal Food, Drug, and
Cosmetic Act (the FD&C Act) (21 U.S.C.
342(a)(4)). Under section 402(a)(4) of the
FD&C Act, a food is adulterated if it is
prepared, packed, or held under
insanitary conditions whereby it may
have been contaminated with filth or
rendered injurious to health. The
Agency also has authority under section
361 of the Public Health Service Act (42
U.S.C. 264) to issue and enforce
regulations to prevent the introduction,
transmission, or spread of
communicable diseases from one State,
territory, or possession to another, or
from outside the United States into this
country. Under section 701(a) of the
FD&C Act (21 U.S.C. 371(a)), FDA is
authorized to issue regulations for the
efficient enforcement of that act.

Under HACCP, processors of fruit and
vegetable juices establish and follow a
preplanned sequence of operations and
observations (the HACCP plan) designed
to avoid or eliminate one or more
specific food hazards, and thereby
ensure that their products are safe,
wholesome, and not adulterated; in
compliance with section 402 of the
FD&C Act. Information development
and recordkeeping are essential parts of
any HACCP system. The information
collection requirements are narrowly
tailored to focus on the development of
appropriate controls and document
those aspects of processing that are
critical to food safety.

In the Federal Register of August 30,
2016 (81 FR 59636), FDA published a
60-day notice requesting public
comment on the proposed collection of
information. No comments were
received.

FDA estimates the burden of this
collection of information as follows: