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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[30Day-18-0278]

**Agency Forms Undergoing Paperwork
 Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled National Hospital Ambulatory Medical Care Survey (NHAMCS) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on November 27, 2017 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB Control Number 0920-0278, Expiration 02/28/2018)—Reinstatement with change—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “utilization of health care” in the United States. The National Hospital Ambulatory Medical Care Survey (NHAMCS) has conducted annually since 1992. NCHS is seeking OMB approval to reinstate this survey for an additional three years, following a brief discontinuation on February 28, 2018.

The target universe of the NHAMCS is in-person visits made to emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) that have at least six beds for inpatient use, and with a specialty of general and

medical, maternity, children’s general, or long term acute care.

NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB Control Number 0920-0234, Expiration 03/31/2019), which provides similar data concerning patient visits to physicians’ offices. NAMCS and NHAMCS are the principal sources of data on ambulatory care provided in the United States.

NHAMCS provides a range of baseline data on the characteristics of the users and providers of hospital ambulatory medical care. Data collected include patients’ demographic characteristics, reason(s) for visit, providers’ diagnoses, diagnostic services, medications, and disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population.

Starting 2018, CDC will implement just the ED component of NHAMCS. However, once reinstated the 2017 survey will run concurrently with the 2018 survey until the final months of pending 2017 data collection have been completed. This is typical with any data collection cycle: It begins in the last month of the preceding year and ends around the middle of the following year. For the 2017 data collection, CDC will collect information on all three settings (ED, OPD, and ASL). For this three-year request, CDC does not expect substantive changes or supplements for the survey.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and Universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1,251.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Chief Executive Officer	Hospital Induction 2017 Data Collection	20	1	75/60
Hospital Chief Executive Officer	Hospital Induction 2018+ Data Collection	340	1	45/60
Ancillary Service Executive	Ambulatory Unit Induction (ED, OPD and ASL).	840	1	15/60
Ancillary Service Executive	Ambulatory Unit Induction (ED only)	578	1	15/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Medical Record Clerk	Retrieving Patient Records (2017 and 2018+ ED, OPD and ASL).	360	102	1/60
Ancillary Service Executive—Reabstraction ...	2018+ Reabstraction Telephone Call (1)ED only.	17	1	5/60
Medical Record Clerk—Reabstraction	2018+ Pulling and re-filing Patient Records (1)ED only.	17	10	1/60

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 Prevention**

[30Day–18–0900]

**Agency Forms Undergoing Paperwork
 Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Contact Investigation Outcome Reporting Forms to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 13, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Contact Investigation Outcome Reporting Forms (OMB Control Number 0920–0900, expiration date 06/30/2018)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC’s Division of Global Migration and Quarantine has a regulatory and public health mission to prevent the importation and spread of communicable disease into and within the United States. CDC works towards fulfilling this mission through a number of activities carried out at Quarantine Stations strategically placed at 20 U.S. ports of entry as well as coordinating activities at CDC headquarters in Atlanta, Georgia. A key portion of this mission is responding to reports of illness or death on air and maritime conveyances and investigating any potential exposures to determine if public health follow up is needed.

CDC proposes to continue collecting passenger-level, epidemiologic, demographic, and health status data from state/local Health Departments and maritime operators at the conclusion of contact investigations of individuals believed to have been exposed to a communicable disease during travel. Health departments or maritime operators will obtain the information for CDC while conducting contact investigations according to their established policies and procedures.

The current information collection request includes forms that are specific to investigations about Tuberculosis (TB), Measles, and Rubella. The request also includes a General form for other diseases of public health concern. In 2011, OMB initially approved the forms to facilitate the collection and reporting of pertinent information. Prior to 2011, there were no standardized tools for health departments and maritime operators to report the outcomes of state or vessel contact investigations to CDC.

The collected information will assist CDC in fulfilling its regulatory responsibility to prevent the importation of communicable diseases from foreign countries (42 CFR part 71) and interstate control of communicable diseases in humans (42 CFR part 70). This information collection is also a critical piece of the standard operating procedures carried out by the 20 Quarantine Stations placed at key ports of entry around the United States. The purpose of all forms is the same: to facilitate the collection of information by public health partners to help CDC quarantine officials fully understand the extent of disease spread and transmission during travel and to inform the development and or refinement of investigative protocols aimed at reducing the spread of communicable disease.

The respondents, state and local health departments and maritime conveyance operators (e.g., Cruise Ship Medical Staff/Cargo Ship Managers), may use the standardized forms to submit data voluntarily to CDC via a