

Nominations should be updated and resubmitted every 4 years to continue to be considered for committee vacancies.

HHS strives to ensure a balance of the membership of COGME in terms of points of view presented and the committee's function and makes every effort to ensure the representation of views of women, all ethnic and racial groups, and people with disabilities on HHS Federal Advisory Committees. Therefore, we encourage nominations of qualified candidates from these groups and endeavor to make appointments to COGME without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Authority: Section 762 of the PHS Act (42 U.S.C. 294o), as amended. COGME is governed by provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees and applies to the extent that the provisions of FACA do not conflict with the requirements of PHS Act Section 762.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection

Activities: Proposed Collection: Public Comment Request Information
Collection Request Title: Health Center Patient Survey, Reinstatement With Change

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection

projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 13, 2018.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Lisa Wright-Solomon, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Health Center Patient Survey, OMB No. 0915-0368—Reinstatement with Change.

Abstract: HRSA supported health centers (those entities funded under section 330 of the Public Health Service Act) deliver comprehensive, affordable, quality primary health care to nearly 26 million patients nationwide, regardless of their ability to pay. Nearly 1,400 health centers operate more than 11,000 service delivery sites in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. In the past, HRSA has conducted the Health Center Patient Survey (HCPS), which surveys patients of HRSA funded health centers. The HCPS collects information about sociodemographic characteristics, health conditions, health behaviors, access to and use of health care services, and satisfaction with health care received at HRSA funded health centers. HRSA will use the same overarching modules from the 2014 HCPS but will

employ changes designed to streamline the questionnaire to minimize burden and to standardize questions with other national surveys enabling comparative analyses with particular focus on HHS and HRSA priority areas (e.g., mental health and substance use). Survey results come from in-person, one-on-one interviews with patients who are selected as nationally representative of the Health Center Program patient population.

Need and Proposed Use of the Information: The HCPS uniquely focuses on comprehensive, nationally representative, individual level data from the perspective of health center patients. By investigating how well HRSA funded health centers meet the health care needs of the medically underserved and how patients perceive their quality of care, the HCPS serves as an empirically based resource to inform HRSA policy, funding, and planning decisions.

Likely Respondents: Patients at HRSA supported health centers.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. Compared to previous HCPS, the estimated burden hours for an individual respondent remains the same in the reinstatement. However, the total annual burden hours and number of survey respondents is anticipated to increase in order to reflect the growing number of patients served by the Health Center Program. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Grantee Recruitment	220	1	220	2.00	440
Site Recruitment and Training	700	1	700	3.15	2,205
Patient Screening	13,120	1	13,120	0.17	2,230
Patient Survey	9,058	1	9,058	1.25	11,323

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total	23,098	23,098	16,198

HRSA specifically requests comments on (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.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Advisory Committee on Children and Disasters and National Preparedness and Response Science Board Public Meetings

AGENCY: Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR).

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) and National Preparedness and Response Science Board (NPRSB) will hold public meetings on June 26–28, 2018.

DATES: The NPRSB Inauguration and Public Meeting is June 26, 2018, from 9:00 a.m. to 5:00 p.m. Eastern Daylight Time (EDT). The NPRSB and NACCD Joint Public Meeting is June 27, 2018, from 9:00 a.m. to 4:00 p.m. EDT. The NACCD Public Meeting is June 28, 2018, from 9:00 a.m. to 4:00 p.m. EDT. The meetings will be held in the O'Neill Building, 200 C Street SW, Washington, DC 20024.

ADDRESSES: We encourage members of the public to attend the public meetings. To register, send an email to naccd@hhs.gov with "NACCD Registration" in the subject line, or to nprsb@hhs.gov with "NPRSB Registration" in the

subject line. Submit your comments to naccd@hhs.gov, nprsb@hhs.gov, the NPRSB Contact Form located at <https://www.phe.gov/Preparedness/legal/boards/nprsb/Pages/RFNBSBComments.aspx>, or the NACCD Contact Form located at <https://www.phe.gov/Preparedness/legal/boards/naccd/Pages/contact.aspx>. For additional information, visit the NACCD website located at <https://www.phe.gov/naccd> or the NPRSB website located at <https://www.phe.gov/nprsb>.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended), and Section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh-10a), as added by Section 103 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (Pub. L. 113-5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the NACCD. The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters.

The NPRSB is authorized under Section 319M of the PHS Act (42 U.S.C. 247d-7f), as added by Section 402 of the Pandemic and All-Hazards Preparedness Act of 2006 and amended by Section 404 of the Pandemic and All-Hazards Preparedness Reauthorization Act, and by Section 222 of the PHS Act (42 U.S.C. 217a). The Board is governed by the Federal Advisory Committee Act (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees. The NPRSB provides expert advice and guidance on scientific, technical, and other matters of special interest to the Department regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.

Background: The June 26–28, 2018, public meetings of the NPRSB and the NACCD are dedicated to identifying key areas of analysis and recommendations for the NPRSB and the NACCD to advise the Assistant Secretary for Preparedness and Response (ASPR) and the HHS Secretary related to current key ASPR priorities of providing strong leadership

in health response, advancing an innovative medical countermeasures enterprise, building regional disaster health response systems, and sustaining robust and reliable public health response capabilities. On June 26, the NPRSB will hold an inauguration for newly appointed Board members and formally thank Board members whose terms are ending for their service. There will also be a public meeting focused on enhancement of medical countermeasures, biodefense, and efforts to protect the U.S. from 21st century health threats. On June 27, the NPRSB and NACCD will hold a joint meeting focused on new and continuing collaborative work of the Advisory Committees. The focus will be on the Future Strategies Work Group joint effort to develop recommendations to best support successful achievement of the HHS and ASPR mission related to preparedness, response, and recovery from 21st century health threats. On June 28, the NACCD will hold a public meeting dedicated to the NACCD's continuing work to improve outcomes for children and youth in disasters and public health emergencies. The focus will be upon pediatric care systems within regional disaster health response systems and opportunities for capacity-building and leveraging existing strengths for pediatric surge capacity in large-scale emergency events. We will post modifications to the agenda on the NACCD and NPRSB meeting websites, which are located at <https://www.phe.gov/naccd> and <https://www.phe.gov/nprsb>.

Availability of Materials: We will post all meeting materials prior to the meeting on June 26, 2018, at the websites located at <https://www.phe.gov/naccd> and <https://www.phe.gov/nprsb>.

Procedures for Providing Public Input: Members of the public may attend the public meetings in person or via a toll-free call-in phone number, which is available on the NACCD and the NPRSB websites at <https://www.phe.gov/naccd> or <https://www.phe.gov/nprsb>.

We encourage members of the public to provide written comments that are relevant to the NACCD and NPRSB public meetings prior to June 26, 2018. Send written comments by email to