

because BHCs do not typically have a single accounting date for every loss event. As described above, the reporting instructions have been revised to require the quarterly submission of the BHCs' complete history of operational losses. This will enable BHCs to submit multiple transactions or records for the same loss event, as long as multiple transactions or records contain the same reference number for the respective event.

Several commenters requested that the data collection be revised to allow BHCs' to submit their entire operational loss databases, rather than only submitting new and amended events every quarter. The commenters stated that separating the new and amended loss events would be burdensome. The original proposal was written in the spirit of reducing burden on the respondents and therefore, based on the comments, the Federal Reserve will revise the instructions to require submission of the entire database every quarter.

One commenter suggested allowing BHCs additional time to submit their data after the quarter end. In order to facilitate timely risk monitoring and entry to supervisory models, operational loss data must be submitted within time schedule prescribed; therefore, the Federal Reserve will implement the time schedule requirements as proposed.

One commenter suggested that certain BHCs be exempt from using the definitions of Level 1 and Level 2 Business Lines as described in the instructions. The Federal Reserve believes that having consistent definitions of business lines is critical for the comparability of data across BHCs. BHCs should map their internal business lines as defined in the instructions. The Federal Reserve will implement the requirements as proposed.

#### **SUPPLEMENTARY INFORMATION:**

##### **Request for Comment on Information Collection Proposal**

*Abstract:* As mentioned above in the *Current Actions* section, the Federal Reserve will not require BHCs to submit legal reserves data as part of the June collection. Instead, the Federal Reserve is re-opening the public comment period for 30 days and requesting comments on collecting these data in one or more of the following ways:

1. Collect the data on an aggregate level rather than on a granular loss event-level (for example, the number of loss events and the average estimated reserve amount for these events);

2. Collect data on legal reserves in an anonymous fashion such that neither the identity of the BHC or the loss event would be known; and

3. Collect the data in a way such that BHCs would submit a combination of actual and randomized data,<sup>2</sup> so as not to reveal how any particular data item would or could tie back to an actual loss event for a particular BHC.

In addition, the Federal Reserve also is requesting comment on other methods that would allow the Federal Reserve to measure, understand, and analyze these types of legal risk without requiring a BHC to submit data on specific legal reserves.

The collection of these data or any new reporting requirements related to these data would take effect no sooner than the September 30, 2012, report date.

Additional comments are also invited on:

a. Whether the proposed collection of information is necessary for the proper performance of the agencies' functions; including whether the information has practical utility;

b. The accuracy of the agencies' estimate of the burden of the proposed information collection, including the validity of the methodology and assumptions used;

c. Ways to enhance the quality, utility, and clarity of the information to be collected; and

d. Ways to minimize the burden of information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

e. Estimates of capital or start up costs and costs of operation, maintenance, and purchase of services to provide information.

All comments will become a matter of public record. Written comments should address the accuracy of the burden estimates and ways to minimize burden including the use of automated collection techniques or the use of other forms of information technology as well as other relevant aspects of the information collection request.

Board of Governors of the Federal Reserve System.

Dated: May 29, 2012.

**Jennifer J. Johnson,**  
*Secretary of the Board.*

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<sup>2</sup> Randomizing survey responses have been a common technique when asking sensitive questions since the mid-1960's. The Federal Reserve will provide more detail on such techniques upon request and anticipates that industry outreach calls would be conducted if this reporting option is selected.

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-NEW; 30-day notice]

### **Agency Information Collection Request. 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Survey of Primary Care Physicians on Oral Health for the Office on Women's Health (OWH),—OMB No. 0990-NEW, Department of Health and Human Services (HHS).

*Abstract:* The Office on Women's Health (OWH) at the Department of Health and Human Services is requesting OMB approval to conduct a new, one time survey of primary care physicians regarding oral health. This survey will provide the agency with information on oral health knowledge, attitudes, and professional experience among practicing physicians throughout the U.S. The study will explore physicians' level of understanding of oral disease and what constitutes health for the oral cavity, oral health training and support needs, current practices and barriers to further involvement.

OWH is requesting two years of OMB approval to enable sampling, screening, and survey implementation.

## ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Medical Secretary .....	Screener .....	1,300	1	5/60	108
Physician .....	Survey .....	600	1	20/60	200
Total .....	.....	.....	.....	.....	308

**Keith A. Tucker,**

*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Patient Safety Organizations: Expired Listing for The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB"

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of delisting.

**SUMMARY:** AHRQ has delisted The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB" as a Patient Safety Organization (PSO) due to its failure to seek continued listing. The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery. HHS issued the Patient Safety and Quality Improvement Final Rule (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.

**DATES:** The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12 Midnight ET (2400) on April 21, 2012.

**ADDRESSES:** Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

**FOR FURTHER INFORMATION CONTACT:** Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ,

540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: [psa@AHRQ.hhs.gov](mailto:psa@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

The Patient Safety Act, Public Law 109-41, 42 U.S.C. 299b-21—b-26, provides for the formation of PSOs, which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety Rule, 42 CFR part 3, 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. 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. Accordingly, The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB", PSO number P0036, was delisted effective at 12:00 Midnight ET (2400) on April 21, 2012.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: May 22, 2012.

**Carolyn M. Clancy,**

*Director.*

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**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### AHRQ Workgroups on ICD-10-CM/PCS Conversion of Quality Indicators (QIs)

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of request for nominations.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations for members of approximately 10 multidisciplinary workgroups, to be convened by AHRQ's contractor, on ICD-10-CM/PCS conversion of the AHRQ Quality Indicators (QIs).

**DATES:** Please submit nominations on or before June 29, 2012. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve on the workgroup. Selected candidates will be notified no later than July 13, 2012.

**ADDRESSES:** Nominations can be sent in the form of a letter or email, preferably as an electronic file with an email attachment and should specifically address the submission criteria as noted below. Electronic submissions are strongly encouraged. Responses should be submitted to: ATTN: John Bott, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: [john.bott@AHRQ.hhs.gov](mailto:john.bott@AHRQ.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** John Bott, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: [john.bott@AHRQ.hhs.gov](mailto:john.bott@AHRQ.hhs.gov); Phone: (301) 427-1317; Fax: (301) 427-1430.

**SUPPLEMENTARY INFORMATION:** These workgroups are being formed as part of a structured approach for converting the