

profile pages on an ongoing basis as they improve their offerings and features to patients. We would like for this capability to exist for no more than 3 years.

*Likely Respondents:* Any entity providing health services to patients and or collecting health information on consumers which includes but is not limited to: hospitals, physicians, labs,

immunization registries, and state health information exchanges. Respondents will also include application developers with the capability to consume health information in a structured format from a patient.

*Burden Statement:* Organizations that would like to be listed on the Connector will fill out a 3–5 minute survey of nine

questions. The survey will ask health data holding organizations to provide basic information about their access capabilities, reach, contact information and links to where patients could go to get their health data. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Providers .....	2,000	1	3/60	100
Hospitals .....	500	1	3/60	25
Labs .....	10	1	3/60	.5
State Immunization Registries .....	7	1	3/60	.35
Pharmacies .....	10	1	3/60	.5
State HIEs .....	15	1	3/60	.75
Total .....				127

OS 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.

**Darius Taylor,**  
Deputy, Information Collection Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day–14–14RJ]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600

Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Community Assessment for Public Health Emergency Response (CASPER)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC requests a three-year approval for a new Generic Information Collection Request (ICR) for the Community Assessment for Public Health Emergency Response (CASPER). CASPER is an effective public health tool designed to quickly provide low-cost, household-based information about a community’s needs and health status in a simple, easy-to-understand format for decision-makers. A CASPER can be conducted any time the public health needs of a community are not

well known, including as part of disaster/emergency response to help inform decision making and distribution of resources, or in non-emergency settings to assess the public health needs of a community. In all situations, CASPER provides timely public health information that is essential when engaging in sound public health action.

In order for a CASPER to be initiated by CDC, a state, local, tribal, or territorial jurisdiction must first invite CDC to participate in a CASPER. Communities are identified by local, state, or regional emergency managers and health department officers. The process for conducting a CASPER includes planning and preparation, field work, analysis, and sharing results with stakeholders. Planning can take 24 hours to several months depending on the type of CASPER being conducted. Field work takes approximately five days. Due to emergency situations under which CASPERs are often requested by states (e.g., hurricane response, oil spill), it is important that CDC has the ability to gain urgent approval for data collection.

The CASPER uses a validated statistical methodology that includes a two-stage probability sampling technique to collect information from a representative sample of 210 households in the community. Within the community, 30 clusters (typically census tracts) are selected based on probability proportional to size and, within each cluster, seven households are randomly selected for interview.

Participation in a CASPER questionnaire is voluntary. Consenting participants are not provided incentives

for participating in the survey. Face-to-face interviews, usually taking 30 minutes or less, with one adult (≥ 18 years of age) from a selected household are recorded on paper or in electronic form. In general, yes/no and multiple choice questions are used to collect household level information including, but not limited to, the following categories: Housing unit type and extent of damage to the dwelling, household needs, physical and behavioral health status, perception and response to public health communications, household emergency preparedness, and greatest reported need. While a majority of CASPERs collect only household-level information, there may be instances where the questionnaires are modified to collect a small amount of individual level data.

Participants give verbal consent. Additionally, no data is collected that could link specific questionnaires to

house addresses. Separate from the questionnaire, a tracking form is used to record the number of households visited, calculate response rates, and record households that should be revisited because a respondent was unavailable for interview. A complete addresses, including house number, street name, city, state, and zip code, are never recorded on any form. This information is not retained by CDC or entered into any database. There is no way to link data from the tracking form to specific household questionnaires.

Though each CASPER will be different, in general, personally identifying information is not collected. In a minimal number of CASPERs, interview teams may come across households with urgent needs that present an immediate threat to life or health, where calling emergency services immediately is not appropriate. In these instances, the team may refer

the household to appropriate services using a referral form that is not attached to the questionnaire. In the scant instances where these forms are utilized, personally identifying information is collected. However, the forms go directly from the field team to the local CASPER coordinator for handling and rapid follow-up. When referral forms are used, the information is never retained by CDC or entered into any database. There is no way to link specific questionnaires to any information on the referral form.

The estimated annualized burden is 1,577 hours. The estimated burden is based on conducting 15 CASPERs per year, interviewing 210 households per CASPER, conducting 30 minute interviews per household, and completing 50 referral forms per year. There is no cost to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Residents of the selected geographic area to be assessed.	CASPER Questionnaire	3,150	1	30/60	1,575
	Referral Form .....	50	1	2/60	2
Total .....	.....	.....	.....	.....	1,577

**LeRoy Richardson,**  
*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifiers: CMS-10209 and CMS-10379]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of

information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the 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.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by *May 2, 2014*.

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of

Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806 or Email: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov).
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** Reports Clearance Office at (410) 786-1326.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or