

the publication stage each year. Annual follow-up reviews will be conducted with all innovations that have been in the Innovations Exchange for at least one full year. With an expected total of 825 innovations in the Exchange by the end of the current approval period, and an additional 225 to be added over the

course of the next 3-year approval period (75 per year), an average of 800 reviews will be conducted annually and will require about 15 minutes to complete. The number of profiles undergoing annual review will increase annually from 825 in the first year, to 900 in the second year, and 975 in the

third year. The average annualized number of annual follow-up reviews is projected to be 800 as it is anticipated that approximately 100 profiles will be archived over three years. Archived profiles are excluded from annual review. The total annualized burden is estimated to be 347 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

| Form name  | Number of respondents | Number of responses per respondent | Hours per response | Total burden hours |
|--|-----------------------|------------------------------------|--------------------|--------------------|
| Email submission .....                                 | 8                     | 1                                  | 30/60              | 4                  |
| Health care innovator interview .....                  | 84                    | 1                                  | 75/60              | 105                |
| Innovator review and approval of written profile ..... | 75                    | 1                                  | 30/60              | 38                 |
| Annual follow-up reviews .....                         | 800                   | 1                                  | 15/60              | 200                |
| <b>Total .....</b>                                     | <b>967</b>            | <b>.....</b>                       | <b>.....</b>       | <b>347</b>         |

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in

this project. The total annualized cost burden is estimated to be \$21,220.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Form name  | Number of respondents | Total burden hours | Average hourly wage rate* | Total cost burden |
|--|-----------------------|--------------------|---------------------------|-------------------|
| Email submission .....                                 | 8                     | 4                  | \$61.15                   | \$245             |
| Health care innovator interview .....                  | 84                    | 105                | 61.15                     | 6,421             |
| Innovator review and approval of written profile ..... | 75                    | 38                 | 61.15                     | 2,324             |
| Annual follow-up reviews .....                         | 800                   | 200                | 61.15                     | 12,230            |
| <b>Total .....</b>                                     | <b>967</b>            | <b>347</b>         | <b>.....</b>              | <b>21,220</b>     |

\* Average hourly wage rate for health care innovators is based upon statistics from the Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wages, May 2012 (<http://www.bls.gov/oes/current/oes290000.htm>), and was calculated as an average of the mean hourly wage rate for Family and General Practitioners and the mean hourly wage for all occupations in the major group, "Healthcare Practitioners and Technical Occupations".

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the

proposed information collection. All comments will become a matter of public record.

Dated: May 29, 2014.

**Richard Kronick,**  
AHRQ Director.

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**BILLING CODE 4160-90-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**National Advisory Council for Healthcare Research and Quality: Request for Nominations for Public Members**

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

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

**SUMMARY:** 42 U.S.C. 299c establishes a National Advisory Council for Healthcare Research and Quality (the Council). The Council is to advise the Secretary of HHS (Secretary) and the Director of the Agency for Healthcare Research and Quality (AHRQ) on matters related to activities of the Agency to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

Seven current members' terms will expire in November 2014. To fill these positions, we are seeking individuals who are distinguished: (1) In the conduct of research, demonstration projects, and evaluations with respect to health care; (2) in the fields of health care quality research or health care improvement; (3) in the practice of medicine; (4) in other health professions; (5) in representing the private health care sector (including health plans, providers, and purchasers) or administrators of health care delivery systems; (6) in the fields of health care

economics, information systems, law, ethics, business, or public policy; and, (7) in representing the interests of patients and consumers of health care. 42 U.S.C. 299c(c)(2). Individuals are particularly sought with experience and success in activities specified in the summary above.

**DATES:** Nominations should be received on or before 60 days after date of publication.

**ADDRESSES:** Nominations should be sent to Ms. Karen Brooks, AHRQ, 540 Gaither Road, Room 3006, Rockville, Maryland 20850. Nominations may also be emailed to [Karen.Brooks@ahrq.hhs.gov](mailto:Karen.Brooks@ahrq.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Ms. Karen Brooks, AHRQ, at (301) 427-1801.

**SUPPLEMENTARY INFORMATION:** 42 U.S.C. 299e provides that the Secretary shall appoint to the National Advisory Council for Healthcare Research and Quality twenty one appropriately qualified individuals. At least seventeen members shall be representatives of the public and at least one member shall be a specialist in the rural aspects of one or more of the professions or fields listed in the above summary. In addition, the Secretary designates, as ex officio members, representatives from other Federal agencies, principally agencies that conduct or support health care research, as well as Federal officials the Secretary may consider appropriate. 42 U.S.C. 299c(c)(3). The Council meets in the Washington, DC, metropolitan area, generally in Rockville, Maryland, approximately three times a year to provide broad guidance to the Secretary and AHRQ's Director on the direction of and programs undertaken by AHRQ.

Seven individuals will be selected presently by the Secretary to serve on the Council beginning with the meeting in the spring of 2015. Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership.

Interested persons may nominate one or more qualified persons for membership on the Council. Self-nominations are accepted. Nominations shall include: (1) A copy of the nominee's resume or curriculum vitae; and (2) a statement that the nominee is willing to serve as a member of the Council. Selected candidates will be asked to provide detailed information concerning their financial interests, consultant positions and research grants and contracts, to permit evaluation of possible sources of conflict of interest. Please note that once you are nominated, AHRQ may consider your

nomination for future positions on the Council. Federally registered lobbyists are not permitted to serve on this advisory board pursuant to the Presidential Memorandum entitled "Lobbyists on Agency Boards and Commissions" dated June 10, 2010, and the Office of Management and Budget's "Final Guidance on Appointment of Lobbyists to Federal Boards and Commissions," 76 Fed. Reg. 61756 (October 5, 2011).

The Department seeks a broad geographic representation. In addition, AHRQ conducts and supports research concerning priority populations, which include: low-income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care. See 42 U.S.C. 299(c). Nominations of persons with expertise in health care for these priority populations are encouraged.

Dated: May 29 2014.

**Richard Kronick,**  
AHRQ Director.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Scientific Information Request on Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

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

**ACTION:** Request for scientific information submissions.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review of Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), which is currently being conducted by the Evidence-based Practice Centers for the AHRQ Effective Health Care Program. Access to published and unpublished pertinent scientific information will improve the quality of this review. AHRQ is conducting this systematic review pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, and Section

902(a) of the Public Health Service Act, 42 U.S.C. 299a(a).

**DATES:** Submission Deadline on or before July 17, 2014.

**ADDRESSES:** Online submissions: <http://effectivehealthcare.AHRQ.gov/index.cfm/submit-scientific-information-packets/>. Please select the study for which you are submitting information from the list to upload your documents. Email submissions: [SIPS@epc-src.org](mailto:SIPS@epc-src.org).

#### Print Submissions

Mailing Address: Portland VA Research Foundation, Scientific Resource Center, ATTN: Scientific Information Packet Coordinator, PO Box 69539, Portland, OR 97239.

Shipping Address (FedEx, UPS, etc.): Portland VA Research Foundation, Scientific Resource Center, ATTN: Scientific Information Packet Coordinator, 3710 SW U.S. Veterans Hospital Road, Mail Code: R&D 71, Portland, OR 97239.

**FOR FURTHER INFORMATION CONTACT:** Ryan McKenna, Telephone: 503-220-8262 ext. 58653 or Email: [SIPS@epcsrc.org](mailto:SIPS@epcsrc.org).

**SUPPLEMENTARY INFORMATION:** The Agency for Healthcare Research and Quality has commissioned the Effective Health Care (EHC) Program Evidence-based Practice Centers to complete a review of the evidence for Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS).

The EHC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (e.g., details of studies conducted). We are looking for studies that report on Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), including those that describe adverse events. The entire research protocol, including the key questions, is also available online at: <http://effectivehealthcare.AHRQ.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1906#8766>.

This notice is to notify the public that the EHC program would find the following information on Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS).

- A list of completed studies your company has sponsored for this indication. In the list, indicate whether results are available on