

(2) to exclude himself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(3) to retract or correct the following publications:

- *Nature Cell Biology* 2:173–177, 2000
- *J. Physiol.* 535(3):679–687, 2001
- *Circulation* 106:1288–1293, 2002
- *J. Physiol.* 545(2):399–406, 2002
- *J. Physiol.* 550(3):731–738, 2003
- *FASEB J.* 19:1573–1585, 2005
- *Molecular Cell* 23:641–650, 2006

FOR FURTHER INFORMATION CONTACT:

Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2014–27813 Filed 11–24–14; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed changes to the currently approved information collection project: “Medical Expenditure Panel Survey (AMPS) Household Component” In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 29th, 2014 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by December 26, 2014.

ADDRESSES: Written comments should be submitted to: AHRQ’s OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ’s desk officer) or by email at OIRA_submission@omb.eop.gov (attention: AHRQ’s desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Medical Expenditure Panel Survey (MEPS) Household Component

For over thirty years, results from the MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and the 1987 National Medical Expenditure Survey) have been used by OMB, DHHS, Congress and a wide number of health services researchers to analyze health care use, expenses and health policy.

Major changes continue to take place in the health care system. The MEPS is needed to provide information about the current state of the health care system as well as to track changes over time. The MEPS permits annual estimates of use of health care and expenditures and sources of payment for that health care. It also permits tracking individual change in employment, income, health insurance and health status over two years. The use of the National Health Interview Survey (NHIS) as a sampling frame expands the MEPS analytic capacity by providing another data point for comparisons over time.

Households selected for participation in the MEPS–HC are interviewed in person five times. These rounds of interviewing are spaced about 5 months apart. The interview will take place with a family respondent who will report for him/herself and for other family members.

The MEPS–HC has the following goal:

- To provide nationally representative estimates for the U.S. civilian noninstitutionalized population for health care use, expenditures, sources of payment and health insurance coverage.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ’s statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b–2.

Method of Collection

To achieve the goals of the MEPS–HC the following data collections are implemented:

1. Household Component Core Instrument. The core instrument collects data about persons in sample households. Topical areas asked in each round of interviewing include condition enumeration, health status, health care utilization including prescribed medicines, expense and payment, employment, and health insurance. Other topical areas that are asked only once a year include access to care, income, assets, satisfaction with health plans and providers, children’s health, and adult preventive care. While many of the questions are asked about the entire reporting unit, which is typically a family, only one person normally provides this information.

2. Adult Self Administered Questionnaire. A brief self-administered questionnaire (SAQ) will be used to collect self-reported (rather than through household proxy) information on health status, health opinions and satisfaction with health care for adults 18 and older. The items on satisfaction with health care are a subset from the Consumer Assessment of Healthcare Providers and Systems. The health status items are from the Short Form 12 Version 2, which has been widely used as a measure of self-reported health status in the United States, the Kessler Index of non-specific psychological distress, and the Patient Health Questionnaire.

3. Diabetes Care SAQ. A brief self-administered, paper-and-pencil questionnaire on the quality of diabetes care is administered once a year, during rounds 3 and 5, to persons identified as having diabetes. Included are questions about the number of times the respondent reported having a hemoglobin A1c blood test, whether the respondent reported having his or her feet checked for sores or irritations, whether the respondent reported having an eye exam in which his or her pupils were dilated, the last time the respondent had his or her blood cholesterol checked and whether the diabetes has caused kidney or eye problems. Respondents are also asked if their diabetes is being treated with diet, oral medications or insulin.

4. Permission forms for the MEPS–MPC Provider and Pharmacy Survey. As in previous panels of the MEPS, we will ask respondents for permission to obtain supplemental information from their medical providers (hospitals, physicians, home health agencies and institutions) and pharmacies.

The MEPS–HC was last approved by OMB on December 20th, 2012 and will expire on December 31, 2015. The OMB control number for the MEPS–HC is 0935–0118. All of the supporting documents for the current MEPS–HC can be downloaded from OMB's Web site at: http://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201209-0935-001.

The MEPS is a multi-purpose survey. In addition to collecting data to yield annual estimates for a variety of measures related to health care use and expenditures, the MEPS also provides estimates of measures related to health status, consumer assessment of health care, health insurance coverage, demographic characteristics, employment and access to health care indicators. Estimates can be provided for individuals, families and population subgroups of interest. Data from the MEPS–HC are intended for a number of annual reports required to be produced by the Agency, including the National Health Care Quality Report and the National Health Care Disparities Report.

AHRQ proposes to make the following changes to questions asked of respondents:

Additions

Closing—questions pertaining to respondent email and administration status of the Preventive Care self-administered questionnaire;

Re-enumeration—addition of questions pertaining to educational level attainment and the determination of institutional status;

Provider Probes—determination if health care was received in an overnight facility; and

Health Insurance—questions were added regarding interaction with the health insurance marketplace, enrollment through state health insurance exchanges, the extent of subsidized health insurance, monthly premiums, health insurance metal plan names, and medical debt.

Preventive Care—a field test will be conducted to assess response lost through self-administration.

Deletions

Questions were removed from the following sections: Access to Care, Medical Conditions, Charge Payment, Child Preventive Health, Disability Days, Emergency Room, Employment, Health Status, Health Insurance, Hospital Stay, Income, Medical Provider Visits, Outpatient Departments, and Satisfaction with Health Plan.

Questions were removed to reduce burden and redundancy, and additional questions were removed due to

difficulty in respondent interpretation, low frequency in response or minimal variation, and limited ability of respondent to respond accurately.

Estimated Annual Respondent Burden

There are no changes to the current burden estimates.

Estimated Annual Costs to the Federal Government

There are no changes to the current cost estimates.

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: November 13, 2014.

Richard Kronick,

Director.

[FR Doc. 2014–27687 Filed 11–24–14; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–14ARR]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is

published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Drug Overdose Response Investigation (DORI) Data Collections—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

State and local health authorities frequently call upon CDC's National Center for Injury Prevention and Control (NCIPC) to assist in their response to urgent public health problems resulting from drug use, misuse, abuse, and overdose. When called, NCIPC supports the states and local health authorities by conducting Drug Overdose Response Investigations (DORI), which entails a rapid and flexible epidemiological response. Urgent requests, such as DORIs, depend on the time and resources available, number of persons involved, and other circumstances unique to the urgent conditions at hand, and usually involve the development of procedures, specific data collection