

- World War 1 Washington Memorial Report.
- Fund Raising Report.
- Education Report.
- Set next meeting.

Dated: June 2, 2015.

**Daniel S. Dayton,**

*Designated Federal Official, World War I Centennial Commission.*

[FR Doc. 2015-14233 Filed 6-10-15; 8:45 am]

**BILLING CODE 6820-95-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) reapprove the proposed information collection project: “*Medical Expenditure Panel Survey—Insurance 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.

**DATES:** Comments on this notice must be received by August 10, 2015.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

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](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

##### *Medical Expenditure Panel Survey—Insurance Component*

Employer-sponsored health insurance is the source of coverage for 79.3 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) measures on an annual basis the extent, cost, and coverage of employer-

sponsored health insurance. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

(1) Provide data for Federal policymakers evaluating the effects of National and State health care reforms.

(2) Provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.

(3) Supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

(4) Support evaluation of the impact of the Affordable Care Act (ACA) on health insurance offered by all employers, and especially by small employers (due to the implementation of Small Business Health Options Program (SHOP) exchanges under the ACA), through the addition of a longitudinal component to the sample.

The MEPS-IC is conducted pursuant to AHRQ’s statutory authority to conduct surveys to collect data on the cost, use and quality of health care, including types and costs of private insurance. 42 U.S.C. 299b-2(a).

##### Method of Collection

To achieve the goals of this project for both private sector and state and local government employers, the following data collections will be implemented:

(1) Prescreener Questionnaire—The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted (establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees via a phone call. For establishments that do offer health insurance, the prescreener is used to collect contact names and address information that is used to mail a written establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person best equipped to complete them.

(2) Establishment Questionnaire—The purpose of the mailed Establishment Questionnaire is to obtain general information from employers who provide health insurance to their employees. This information includes

total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance.

(3) Plan Questionnaire—The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four) offered by establishments that provide health insurance to their employees. This questionnaire asks about total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered—single, employee-plus-one, and family—within a plan. It also asks for information on deductibles, copays, and other plan characteristics.

(4) 2016–2017 Longitudinal Sample—For 2016 and 2017, an additional sample of 7,000 employers will be included in the collection. This sample, called the Longitudinal Sample (LS), is designed to measure the impact of the ACA on employer sponsored health insurance and especially the impact of the SHOP exchanges on small employers. The 2016 LS will consist of 7,000 private-sector employers who responded to the 2015 MEPS-IC, and the 2017 LS will consist of 7,000 private-sector employers who responded to the 2016 MEPS-IC. These employers will be surveyed again in 2016 and 2017—using the same collection methods as the regular survey—in order to track changes in their health insurance offerings, characteristics, and costs.

The primary objective of the MEPS-IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

##### Estimated Annual Respondent Burden

The estimated annualized respondent burden hours and costs for the regular MEPS-IC and the Longitudinal Sample are presented separately below.

##### *2016–2017 Regular MEPS-IC*

Exhibit 1a shows the estimated annualized burden hours for the respondent’s time to participate in the MEPS-IC. The Prescreener questionnaire will be completed by 27,606 respondents and takes about 5½ minutes to complete. The Establishment questionnaire will be completed by 23,814 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 21,084 respondents and will require an

average of 2.2 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total

annualized burden hours are estimated to be 19,883 hours. Exhibit 2a shows the estimated annualized cost burden associated with

the respondents' time to participate in this data collection. The annualized cost burden is estimated to be \$615,380.

**EXHIBIT 1a—ESTIMATED ANNUALIZED BURDEN HOURS FOR THE 2016–2017 MEPS–IC**

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire .....	27,606	1	0.09	2,485
Establishment Questionnaire .....	23,814	1	* 0.38	9,049
Plan Questionnaire .....	21,084	2.2	0.18	8,349
<b>Total .....</b>	<b>72,504</b>	<b>na</b>	<b>na</b>	<b>19,883</b>

\* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire, an average of 2.2 plan questionnaires, plus the prescreener. The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

**EXHIBIT 2a—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2016–2017 MEPS–IC**

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Prescreener Questionnaire .....	27,606	2,485	30.95	\$76,911
Establishment Questionnaire .....	23,814	9,049	30.95	280,067
Plan Questionnaire .....	21,084	8,349	30.95	258,402
<b>Total .....</b>	<b>72,504</b>	<b>19,883</b>	<b>na</b>	<b>615,380</b>

\* Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at <http://bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

**2016–2017 Longitudinal Sample**

Exhibit 1b shows the estimated annualized burden hours for the respondent's time to participate in the Longitudinal Sample. The Prescreener questionnaire will be completed by 4,517 respondents and takes about 5 1/2

minutes to complete. The Establishment questionnaire will be completed by 4,023 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 3,487 respondents and will require an average of 2.2 responses per respondent. Each Plan questionnaire takes about 11

minutes to complete. The total annualized burden hours are estimated to be 3,317 hours.

Exhibit 2b shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be \$102,662.

**EXHIBIT 1b—ESTIMATED ANNUALIZED BURDEN HOURS FOR THE 2016–2017 LONGITUDINAL SAMPLE (LS)**

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire (LS) .....	4,517	1	0.09	407
Establishment Questionnaire (LS) .....	4,023	1	* 0.38	1,529
Plan Questionnaire (LS) .....	3,487	2.2	0.18	1,381
<b>Total .....</b>	<b>12,027</b>	<b>na</b>	<b>na</b>	<b>3,317</b>

\* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire, an average of 2.2 plan questionnaires, plus the prescreener. The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

**EXHIBIT 2b—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2016–2017 LONGITUDINAL SAMPLE (LS)**

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Prescreener Questionnaire (LS) .....	4,517	407	\$30.95	\$12,597
Establishment Questionnaire (LS) .....	4,023	1,529	30.95	47,323
Plan Questionnaire (LS) .....	3,487	1,381	30.95	42,742
<b>Total .....</b>	<b>12,027</b>	<b>3,317</b>	<b>na</b>	<b>102,662</b>

\* Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at <http://bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

## 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 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 on 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: June 3, 2015.

**Sharon B. Arnold,**

*Deputy Director.*

[FR Doc. 2015-14197 Filed 6-10-15; 8:45 am]

**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Statement of Organization, Functions, and Delegations of Authority

**AGENCY:** Administration for Children and Families, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), as follows: Office of the Assistant Secretary for Children and Families, as last amended by 77 FR 61002, September 21, 2012, and Office of Refugee Resettlement, as last amended by 80 FR 3614, January 23, 2015. This notice adds a new office, the Office on Trafficking in Persons to the Office of the Assistant Secretary for Children and Families and transfers the functions of the Division of Anti-Trafficking in Persons to this office. The changes are as follows:

### I. Under Chapter KA, Office of the Assistant Secretary for Children and Families, Make the Following Changes

A. Delete KA.00 Mission in its entirety and replace with the following:

KA.00 Mission. The Office of the Assistant Secretary for Children and Families (OAS) provides executive direction, leadership, and guidance for all ACF programs. OAS provides national leadership to develop and coordinate public and private initiatives for carrying out programs that promote permanency placement planning, family stability, and self-sufficiency. OAS advises the Secretary on issues affecting America's children and families, including Native Americans, refugees, legalized aliens, and victims of human trafficking. OAS provides leadership on human service issues and conducts emergency preparedness and response operations during a nationally declared emergency.

B. Delete KA.10 Organization in its entirety and replace with the following:

KA.10 Organization. The Office of the Assistant Secretary for Children and Families is headed by the Assistant Secretary for Children and Families who reports directly to the Secretary and consists of:

Office of the Assistant Secretary for

Children and Families (KA)

Executive Secretariat Office (KAF)

Office of Human Services Emergency

Preparedness and Response (KAG)

Office of the Deputy Assistant Secretary

and Inter-Departmental Liaison for

Early Childhood Development (KAH)

Office on Trafficking in Persons (KAI)

C. Establish KA.20 Functions, Paragraph E, The Office on Trafficking in Persons:

E. The Office on Trafficking in Persons (KAI): The Office on Trafficking in Persons (OTIP) is responsible for the overall leadership of anti-trafficking programs and services under the purview of ACF, including, but not limited to, implementing provisions of the Trafficking Victims Protection Act (TVPA). OTIP is led by a Director, with the required knowledge and expertise in advising the Assistant Secretary, ACF, in the development of anti-trafficking strategies, policies, and programs to prevent human trafficking, build health and human service capacity to respond to human trafficking, increase victim identification and access to services, and strengthen the long-term health and well-being outcomes of survivors of human trafficking. The Office certifies or provides letters of eligibility, as appropriate, to victims of severe forms of trafficking, in accordance with the TVPA and promotes public awareness

on human trafficking. The Office identifies research priorities for ACF's anti-trafficking work, and leads the preparation and presentation of related memorandums, reports, briefings, trainings, technical assistance, and analyses.

### II. Under Chapter KR, Office of Office of Refugee Resettlement, Make the Following Changes

A. Under Chapter KR, Office of Refugee Resettlement, delete KR.00 Mission in its entirety and replace with the following:

KR.00 Mission. The Office of Refugee Resettlement (ORR) advises the Secretary, through the Assistant Secretary for Children and Families, on matters relating to refugee resettlement, immigration, victims of torture, unaccompanied alien children, and the repatriation of U.S. citizens. The Office plans, develops, and directs implementation of a comprehensive program for domestic refugee and entrant resettlement assistance to include cash assistance, medical assistance, and associated social services in support of early self-sufficiency. It develops, recommends, and issues program policies, procedures, and interpretations to provide program direction. The Office monitors and evaluates the performances of States and other public and private agencies in administering these programs and supports actions to improve them. It provides leadership and direction in the development and coordination of national public and private programs that provide assistance to refugees, asylees, Cuban and Haitian entrants, and certain Amerasians and victims of severe forms of trafficking in persons. The Office is also responsible for the care and custody of unaccompanied alien children, the provision of specific consent in Special Immigrant Juvenile status cases, and the policies, procedures, and interpretations needed in these program areas.

B. Under Chapter KR, ORR, delete KR.10 Organization, in its entirety and replace with the following:

KR.10 Organization. ORR is headed by a Director, who reports to the Assistant Secretary for Children and Families. The Office is organized as follows:

Office of the Director (KRA)

Division of Policy (KRA1)

Division of Refugee Assistance (KRE)

Division of Refugee Services (KRF)

Division of Children's Services (KRH)

Division of Refugee Health (KRJ)

C. Under Chapter KR, ORR, delete KR.20 Functions, Paragraph E in its