evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as it relates to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals.

Matters for Discussion: The Board of Scientific Counselors will discuss the draft recommendations in the CDC Guideline for Prescribing Opioids for Chronic Pain (Guideline), as well as observations formulated in the Opioid Guideline Workgroup Report. There will be 90 minutes allotted for public comments at the end of the session. See above instructions on pre-registration for public comment. A transcript of the meeting and public comments received at the meeting will be posted to the docket at *www.regulations.gov* (Docket No. CDC–2015–0112).

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Arlene Greenspan, Dr.P.H., M.P.H., P.T. Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE., Mailstop F–63, Atlanta, GA 30341, Telephone (770) 488–4696; Email *opioidsguidelines@cdc.gov*.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2016–00265 Filed 1–8–16; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–16BM]

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

Airline and Maritime Conveyance Manifest Orders—Existing Information Collection in use without an OMB Control Number—Division of Global Migration and Quarantine, National Center for Emerging Zoonotic and Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Public Health Service Act (42 United States Code 264) and under 42 Code of Federal Regulations (CFR) § 71.32(b) and 42 CFR 70.2, CDC can order airlines and maritime lines operating conveyances arriving from another country or traveling between states to submit a record for passengers and crew that CDC believes were exposed to co-traveler infected with a communicable disease of public health concern.

Stopping a communicable disease outbreak—whether it is naturally occurring or intentionally caused—requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with airlines in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable diseases in the United States.

The collection of comprehensive, pertinent contact information enables Quarantine Public Health Officers in CDC's Division of Global Migration and Quarantine (DGMQ) to notify state and local health departments in order for them to make contact with individuals who may have been exposed to a contagious person during travel and identify appropriate next steps.

In the event that there is a confirmed case of communicable disease of public health concern aboard an aircraft or ship, CDC collects manifest information for those passengers and crew at risk for exposure. This specific manifest information collection differs depending on the communicable disease that is confirmed during air or maritime travel. CDC then uses this passenger and crew manifest information to coordinate with state and local health departments so they can follow-up with residents who live or are currently located in their jurisdiction. In general, state and local health departments are responsible for the contact investigations. In rare cases, CDC may use the manifest data to perform the contact investigation directly. In either case, CDC works with state and local health departments to ensure individuals are contacted and provided appropriate public health follow-up.

CDC estimates that for each traveler manifest ordered, airlines require approximately six hours to review the order, search their records, and send those records to CDC. There is no cost to respondents other than their time

perform these actions. CDC does not have a specified format for these submissions. The total estimated burden to respondents as a result of this information collection is 750 hours per year. While CDC has included maritime conveyance manifest orders in the public health rationale for this information collection, these orders are rare and are not included in the burden table.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Airline Medical Officer or Equivalent	Domestic TB Manifest Template	1	1	360/60
Airline Medical Officer or Equivalent	Domestic Non-TB Manifest Template	28	1	360/60
Airline Medical Officer or Equivalent	International TB Manifest Template	67	1	360/60
Airline Medical Officer or Equivalent	International Non-TB Manifest Template	29	1	360/60

Leroy A. 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.

[FR Doc. 2016–00275 Filed 1–8–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[CMS–9935–N]

HHS-Operated Risk Adjustment Methodology Meeting; March 25, 2016

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a meeting on the HHS-operated risk adjustment program, which is open to the public. The purpose of this stakeholder meeting is to solicit feedback on the HHS-operated risk adjustment methodology and to discuss potential improvements to the HHS risk adjustment methodology for the 2018 benefit year and beyond. This meeting, the ''HHS-operated Risk Adjustment Methodology Conference,'' will allow issuers, States, and other interested parties to discuss the contents of a White Paper to be published in advance of this meeting. This meeting will also provide an opportunity for participants to ask clarifying questions. The comments and information HHS obtains through this meeting may be used in future policy making for the HHS risk adjustment program.

DATES: *Date of Meeting:* March 25, 2016 from 9:00 a.m. to 4:30 p.m., Eastern daylight time (e.d.t.).

Deadline for Onsite Participation: March 18, 2016, 5:00 p.m., e.d.t.

Deadline for Webinar Meeting Participation: March 23, 2016, 5:00 p.m. e.d.t.

Deadline for Requesting Special Accommodations: March 18, 2016, 5:00 p.m. e.d.t.

Meeting Address: The meeting will be held at the CMS Single Site campus, 7500 Security Boulevard, Baltimore, MD 21244.

Registration: Registration will be on a first-come, first-serve basis, limited to two (2) participants per organization for the onsite location participation, and three (3) participants per organization for the webinar participation. Each individual can only register for either the onsite location participation or webinar participation. To change a registration option from onsite to webinar participation, the registrant must cancel the existing registration (onsite or webinar) before attempting to register for the other option.

Registration Instructions: To register to attend the meeting either onsite or through webinar participation, visit the Registration for Technical Assistance Portal (REGTAP) at *www.REGTAP.info.* If not already a REGTAP user, register as a new user, log in and go to ''My Dashboard'' and select ''Training Events'' to register for the onsite or webinar event for the HHS-operated Risk Adjustment Methodology Meeting. Registrants can only register to attend the meeting onsite at CMS *or* remotely by webinar.

FOR FURTHER INFORMATION CONTACT: For further information, please send inquiries about the logistics of the meeting to *registrar@REGTAP.info.* Users should submit inquiries and comments pertaining to content covered during the meeting to *www.REGTAP.info.* To submit an inquiry in REGTAP, select ''Submit an Inquiry'' from ''My Dashboard'' then select ''HHS-operated Risk Adjustment Methodology Meeting'' from the Event Title dropdown menu and enter the question or comment. Users can submit their comments and upload attachments as needed. REGTAP will send the user an acknowledgement upon receipt of the comment. The CCIIO's Press Office at (202) 690–6145 will handle all press inquiries.

SUPPLEMENTARY INFORMATION:

I. Background

This notice announces a meeting on the HHS-operated risk adjustment program to discuss potential improvements to the HHS risk adjustment methodology for the 2018 benefit year and beyond. This meeting will focus on the permanent risk adjustment program under section 1343 of the Affordable Care Act when HHS is operating a risk adjustment program on behalf of a State (referred to as the HHS-operated risk adjustment program).

We are committed to stakeholder engagement in developing the detailed processes of the HHS-operated risk adjustment program. The purpose of this meeting is to share information with issuers, States, and interested parties about the risk adjustment methodology, offer an opportunity for these stakeholders to comment on key elements of the risk adjustment methodology, and discuss potential improvements to the HHS risk adjustment methodology for the 2018 benefit year and beyond.

II. Meeting Agenda

The HHS-operated Risk Adjustment Methodology Conference will share information with stakeholders including issuers, States, and interested parties about the HHS-operated risk adjustment methodology and gather feedback on a White Paper on the HHS-operated risk adjustment methodology that will be issued in March 2016. The HHS-operated Risk Adjustment Methodology Conference will focus on an overview of the HHS-operated risk adjustment methodology and other international risk adjustment models, what we have learned from the 2014 benefit year of the risk adjustment program and specific areas of potential refinements to the