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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10455 and CMS-  
 R-290]

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

**AGENCY:** Centers for Medicare &  
 Medicaid Services, HHS.

**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 *September 23,  
 2016*.

**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 the following:

1. Access CMS' Web site address at  
[http://www.cms.hhs.gov/  
 PaperworkReductionActof1995](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  
 requirements that members of the public  
 submit reports, keep records, or provide  
 information to a third party. Section  
 3506(c)(2)(A) of the PRA (44 U.S.C.  
 3506(c)(2)(A)) requires federal agencies  
 to publish a 30-day notice in the  
**Federal Register** concerning each  
 proposed collection of information,  
 including each proposed extension or  
 reinstatement of an existing collection  
 of information, before submitting the  
 collection to OMB for approval. To  
 comply with this requirement, CMS is  
 publishing this notice that summarizes  
 the following proposed collection(s) of  
 information for public comment:

1. *Type of Information Collection  
 Request:* Extension of a currently  
 approved collection; *Title of  
 Information Collection:* Report of a  
 Hospital Death Associated with  
 Restraint or Seclusion; *Use:* Executive  
 Order 13563, Improving Regulation and  
 Regulatory Review, was signed on  
 January 18, 2011. The order recognized  
 the importance of a streamlined,  
 effective, and efficient regulatory  
 framework designed to promote  
 economic growth, innovation, job  
 creation, and competitiveness. Each  
 agency was directed to establish an  
 ongoing plan to reduce or eliminate  
 burdensome, obsolete, or unnecessary  
 regulations to create a more efficient  
 and flexible structure.

The regulation that was published on  
 May, 16, 2012 (77 FR 29034) included  
 a reduction in the reporting requirement

related to hospital deaths associated  
 with the use of restraint or seclusion,  
 § 482.13(g). Hospitals are no longer  
 required to report to CMS those deaths  
 where there was no use of seclusion and  
 the only restraint was 2-point soft wrist  
 restraints. It is estimated that this will  
 reduce the volume of reports that must  
 be submitted by 90 percent for  
 hospitals. In addition, the final rule  
 replaced the previous requirement for  
 reporting via telephone to CMS, which  
 proved to be cumbersome for both CMS  
 and hospitals, with a requirement that  
 allows submission of reports via  
 telephone, facsimile or electronically, as  
 determined by CMS. Finally, the  
 amount of information that CMS needs  
 for each death report in order for CMS  
 to determine whether further on-site  
 investigation is needed has been  
 reduced.

The Child Health Act (CHA) of 2000  
 established in Title V, Part H, Section  
 591 of the Public Health Service Act  
 (PHSA) minimum requirements  
 concerning the use of restraints and  
 seclusion in facilities that receive  
 support with funds appropriated to any  
 Federal department or agency. In  
 addition, the CHA enacted Section 592  
 of the PHSA, which establishes  
 minimum mandatory reporting  
 requirements for deaths in such  
 facilities associated with use of restraint  
 or seclusion. Provisions implementing  
 this statutory reporting requirement for  
 hospitals participating in Medicare are  
 found at 42 CFR 482.13(g), as revised in  
 the final rule that published on May 16,  
 2012 (77 FR 29034). *Form Number:*  
 CMS-10455 (OMB control number:  
 0938-1210); *Frequency:* Occasionally;  
*Affected Public:* Private Sector; *Number  
 of Respondents:* 6,225; *Number of  
 Responses:* 6,225; *Total Annual Hours:*  
 2,054. (For policy questions regarding  
 this collection contact Karina Meushaw  
 at 410-786-1000.)

2. *Type of Information Collection  
 Request:* Extension of a currently  
 approved collection; *Title:* Medicare  
 Program: Procedures for Making  
 National Coverage Decisions; *Use:* We  
 revised our April 27, 1999 (64 FR  
 22619) notice and published a new  
 notice on September 26, 2003 (68 FR  
 55634) that described the process we  
 use to make Medicare coverage  
 decisions including decisions regarding  
 whether new technology and services  
 can be covered. We have made changes  
 to our internal procedures in response  
 to the comments we received following  
 publication of the 1999 notice and  
 experience under our new process. Over  
 the past several years, we received  
 numerous suggestions to further revise  
 our process to continue to make it more

open, responsive, and understandable to the public. We share the goal of increasing public participation in the development of Medicare coverage issues. This will assist us in obtaining the information we require to make a national coverage determination in a timely manner and ensuring that the Medicare program continues to meet the needs of its beneficiaries. *Form Number:* CMS–R–290 (OMB control number: 0938–0776); *Frequency:* Annual; *Affected Public:* Private Sector: Business or other for-profits; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 8,000. (For policy questions regarding this collection contact Katherine Tillman at 410–786–9252.)

Dated: August 18, 2016.

**William N. Parham, III,**

*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–7042–N]

#### Health Insurance Marketplace<sup>SM</sup>; and the Medicare, Medicaid, and Children's Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education (APOE), September 21, 2016

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces the new meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of Health Insurance Marketplace<sup>SM</sup> and the Medicare, Medicaid, and Children's Health Insurance Programs consumer education strategies. This meeting is open to the public.

**DATES:** *Meeting Date:* Wednesday, September 21, 2016, 8:30 a.m. to 4:00 p.m. eastern daylight time (e.d.t.).

*Deadline for Meeting Registration, Presentations, Special Accommodations*

*and Comments:* Wednesday, September 7, 2016, 5:00 p.m., e.d.t.

**ADDRESSES:** *Meeting Location:* U.S. Department of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 425A, Conference Room, Washington, DC 20201.

*Presentations and Written Comments:* Presentations and written comments should be submitted to: Abigail Huffman, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1–05–06, Baltimore, MD 21244–1850 or via email at [Abigail.Huffman1@cms.hhs.gov](mailto:Abigail.Huffman1@cms.hhs.gov).

**Registration:** The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the Web site <https://www.regonline.com/apoesept2016meeting> or by contacting the DFO as listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:** Abigail Huffman, Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1–05–06, Baltimore, MD 21244, 410–786–0897, email [Abigail.Huffman1@cms.hhs.gov](mailto:Abigail.Huffman1@cms.hhs.gov). Additional information about the APOE is available on the Internet at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.html>. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

#### **SUPPLEMENTARY INFORMATION:**

##### **I. Background**

The Advisory Panel for Outreach and Education (APOE) (the Panel) is governed by the provisions of Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees. The Panel is authorized by section 1114(f) of the Social Security Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a).

The Secretary of the U.S. Department of Health and Human Services (HHS) (the Secretary) signed the charter establishing the Citizen's Advisory

Panel on Medicare Education<sup>1</sup> (the predecessor to the APOE) on January 21, 1999 (64 FR 7899, February 17, 1999) to advise and make recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105–33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108–173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. We have had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. The successful MA program implementation required CMS to consider the views and policy input from a variety of private sector constituents and to develop a broad range of public-private partnerships.

In addition, Title I of the MMA authorized the Secretary and the Administrator of CMS (by delegation) to establish the Medicare prescription drug benefit. The drug benefit allows beneficiaries to obtain qualified prescription drug coverage. In order to effectively administer the MA program and the Medicare prescription drug benefit, we have substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options and benefits available, and to develop better tools to evaluate these plans and benefits.

The Affordable Care Act (Patient Protection and Affordable Care Act, Public Law 111–148, and Health Care and Education Reconciliation Act of 2010, Public Law 111–152) expanded the availability of other options for health care coverage and enacted a number of changes to Medicare as well as to Medicaid and the Children's Health Insurance Program (CHIP). Qualified individuals and qualified employers are now able to purchase private health insurance coverage through competitive marketplaces, called Affordable Insurance Exchanges (we also call an Exchange a Health

<sup>1</sup> We note that the Citizen's Advisory Panel on Medicare Education is also referred to as the Advisory Panel on Medicare Education (65 FR 4617). The name was updated in the Second Amended Charter approved on July 24, 2000.