EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Mail/email *	6,000	1	20/60	2,000
Telephone	600	1	40/60	400
Web-based	3,000	1	10/60	500
Focus Groups	1,500	1	2.0	3,000
In-person	600	1	1.0	600
Automated **	1,500	1	1.0	1,500
Cognitive Testing ***	600	1	1.5	900
Totals	13,800	na	na	8,900

* May include telephone non-response follow-up in which case the burden will not change.
** May include testing of database software, CAPI software or other automated technologies.
*** May include cognitive interviews for questionnaire or toolkit development, or ''think aloud'' testing of prototype Web sites.

EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Mail/email	6,000	2,000	$38.06	$76,120
Telephone	600	400	38.06	15,224
Web-based	3,000	500	38.06	19,030
Focus Groups	1,500	3,000	38,06	114,180
In-person	600	600	38.06	22,836
Automated	1,500	1,500	38.06	57,090
Cognitive Testing	600	900	38.06	34,254
Totals	13,800	8,900	na	338,734

* Based upon the average wages for 29–000 (Healthcare Practitioner and Technical Occupations), ''National Compensation Survey: Occupational Wages in the United States, May 2016,'' U.S. Department of Labor, Bureau of Labor Statistics *https://www.bls.gov/oes/current/oes_nat.htm#29-0000.*

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.

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2017–15883 Filed 7–27–17; 8:45 am]

BILLING CODE 4160–90–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.*''

This proposed information collection was previously published in the **Federal Register** on April 28, 2017, and allowed 60 days for public comment. No substantive comments were received; however changes have been made to the burden estimates in Exhibit 1, resulting in an increase of 1,316 burden hours. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by August 28, 2017.

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—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. Employer-sponsored health insurance is the source of coverage for 84.4 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 the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics for private industry are produced at the National, State, and sub-State (metropolitan area) level. 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.

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), and to conduct research on health care, 42 U.S.C. 299a.

Method of Collection

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

(1) *Pre-screener Questionnaire*—The purpose of the Pre-screener 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 Pre-screener Questionnaire is used to collect basic information, such as number of employees. For establishments that do offer health insurance, the Pre-screener Questionnaire collects contact name and address information for the person in the establishment best equipped to complete the full questionnaire.

(2) *Establishment Questionnaire*—The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their employees, including 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 plans) offered by establishments. This questionnaire obtains information on 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.

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

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the MEPS–IC. The Pre-screener questionnaire will be completed by 30,041 respondents and takes 5 minutes to complete. The Establishment questionnaire will be completed by 25,914 respondents and takes 23 minutes to complete. The Plan questionnaire will be completed by 22,943 respondents and will require an average of 2.5 responses per respondent. Each Plan questionnaire takes 11 minutes to complete. The total annualized burden hours are estimated to be 22,952 hours.

Exhibit 2 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 $733,776.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS FOR THE 2018–2019 MEPS–IC

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	30,041	1	5/60	2,503
Establishment Questionnaire	25,914	1	*23/60	9,934
Plan Questionnaire	22,943	2.5	11/60	10,515
Total	78,898	na	na	22,952

*The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire and two plan questionnaires (on average, each establishment completes 2.5 plan questionnaires). The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2018–2019 MEPS–IC

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	30,041	2,503	31.97	$80,021
Establishment Questionnaire	25,914	9,934	31.97	317,590
Plan Questionnaire	22,943	10,515	31.97	336,165

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2018–2019 MEPS–IC—Continued

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Total	78,898	22,952	na	733,776

*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at *https://www.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 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.

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2017–15884 Filed 7–27–17; 8:45 am]

BILLING CODE 4160–90–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 information collection project: ''*The AHRQ Safety Program for Improving Surgical Care and Recovery.*''

This proposed information collection was previously published in the **Federal Register** titled ''*The AHRQ Safety Program for Enhancing Surgical Care and Recovery,*'' on May 18, 2017 and allowed 60 days for public comment. AHRQ did not receive any substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by August 28, 2017.

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).

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

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection. The AHRQ Safety Program for Improving Surgical Care and Recovery is a quality improvement project that aims to provide technical assistance to hospitals to help them implement evidence-based practices to improve outcomes and prevent complications among patients who undergo surgery. Enhanced recovery pathways are a constellation of preoperative, intraoperative, and postoperative practices that decrease complications and accelerate recovery. A number of studies and meta-analyses have demonstrated successful results. In order to facilitate broader adoption of these evidence-based practices among U.S. hospitals, this AHRQ project will adapt the Comprehensive Unit-based Safety Program (CUSP), which has been demonstrated to be an effective approach to reducing other patient harms, to enhanced recovery of surgical patients. The approach uses a combination of clinical and cultural (*i.e.,* technical and adaptive) intervention components which include promoting leadership and frontline staff engagement, close teamwork among surgeons, anesthesia providers, and nurses, as well as enhancing patient communication and engagement. Interested hospitals will voluntarily participate.

This project has the following goals:

- Improve outcomes of surgical patients by disseminating and supporting implementation of evidence-based enhanced recovery practices within the CUSP framework.
- Develop a bundle of technical and adaptive interventions and associated tools and educational materials to support implementation.
- Provide technical assistance and training to hospitals for implementing enhanced recovery practices.
- Assess the adoption, and evaluate the effectiveness of, the intervention among the participating hospitals.

This project is being conducted by AHRQ through its contractor Johns Hopkins University; with subcontractors Westat, and the American College of Surgeons. The *AHRQ Safety Program for Improving Surgical Care and Recovery* is being undertaken pursuant to AHRQ's mission to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. 42 U.S.C. 299.

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

(1) *Safety Culture Survey.* Hospitals will assess the impact of participation in the project on perioperative safety culture by having their staff members who will be part of the enhanced recovery program complete a survey adapted from the AHRQ Surveys on Patient Safety Culture (SOPS) at the beginning and end of the program. The hospital's enhanced recovery project team will receive their survey results and then debrief their staff on their safety culture and identify opportunities for further improvement. The national