The motor vehicle fatality rate in this industry (7.6 fatalities/100,000 workers) was almost nine times that for all industries, and second only to that in the transportation, warehousing, and utilities industry (9.3 fatalities/100,000 workers) during 2003–2009. Nearly every worker in the OGE industry drives as part of their job.

Well sites are often in remote locations, requiring workers to drive on rural roads which may lack safety features such as lighting, guard rails, and adequate road grading. Workers travel long distances from their homes to work sites and between work sites, putting them at increased risk of fatigue and motor vehicle crashes. In addition, OGE work is physically demanding, repetitive, and often conducted in all weather conditions. Long hours and shiftwork are typical; 12-hour shifts for two or more consecutive weeks are common. While it is speculated that these factors (*i.e.,* commuting practices, job tasks, time on task, working hours, consecutive shifts, seasonal effects) may increase the risk for fatigue and motor vehicle crashes, limited research has examined this among OGE workers.

NIOSH is seeking a one-year approval from OMB to conduct three surveys of U.S. land-based OGE workers who drive light-duty vehicles. The surveys will provide detailed information about determinants of fatigued driving and perceptions of fatigue monitoring devices among OGE workers, not available elsewhere. The study will take place among OGE field operations in collaboration with NIOSH industry partners who will provide access to their vehicles and data from trip records and accelerometers and allow installation of 2 fatigue-detection devices in their vehicles as intervention strategies.

Information gathered from this study will be used to identify evidence-based best practices in fatigue risk management, and highlight improvements that may be targeted to improve OGE worker safety. The surveys will be administered online or with hard copies to a sample of 45 workers. We estimate that 90% of workers (40) will complete the three surveys electronically and the others will opt to complete a hard copy version. The main questionnaire will take approximately 15 minutes to complete. The post-intervention survey will take approximately five minutes to complete, and the end of shift survey will take two minutes to complete.

The total estimated burden hours is 27. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Oil and Gas Extraction Workers who drive light-duty trucks.	Determinants of fatigued driving and perceptions of fatigue monitors (Tablet Version).	40	1	15/60	10
Oil and Gas Extraction Workers who drive light-duty trucks.	Determinants of fatigued driving and perceptions of fatigue monitors (Hardcopy).	5	1	15/60	2
Oil and Gas Extraction Workers who drive light-duty trucks.	End of shift survey (Tablet Version)	40	6	2/60	8
Oil and Gas Extraction Workers who drive light-duty trucks.	End of shift survey (Hardcopy)	5	6	2/60	1
Oil and Gas Extraction Workers who drive light-duty trucks.	Post-intervention survey (Tablet Version).	40	1	5/60	5
Oil and Gas Extraction Workers who drive light-duty trucks.	Post-intervention survey (Hardcopy)	5	1	5/60	1
Oil and Gas Extraction Workers who drive light-duty trucks.	Non-response survey	1	1	3/60	1
Total					27

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. 2018–01380 Filed 1–25–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10305]

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 the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected; and 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 February 26, 2018.

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*.

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 following:

1. Access CMS' website address at website address at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html*.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*
3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

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:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g)); *Use:* Medicare Part C and Part D sponsoring organizations (Medicare Advantage Organizations), must submit Medicare Part C, Medicare Part D, or Medicare Part C and Part D data (depending on the type of contracts they have in place with CMS). In order for the reported data to be useful for monitoring and performance measurement, the data must be reliable, valid, complete, and comparable among sponsoring organizations. To maintain the independence of the validation process, sponsoring organizations are responsible for hiring external, independent data validation contractors (DVCs) who meet a minimum set of qualifications and credentials. For the retrospective review in 2018, the DVCs will review data submitted by sponsoring organizations for CY2017. The main changes for the 2018 DV are to eliminate the Part C/D reporting section Sponsor Oversight of Agents and adding the Part D reporting section Improving Drug Utilization Review Controls. *Form Number:* CMS–10305 (OMB control number: 0938–1115); *Frequency:* Yearly; *Affected Public:* Private sector (Business or other for-profits); *Number of Respondents:* 574; *Total Annual Responses:* 574; *Total Annual Hours:* 24,050. (For policy questions regarding this collection contact Maria Sotirelis at 410–786–0552.)

Dated: January 23, 2018.

William N. Parham, III,

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

[FR Doc. 2018–01459 Filed 1–25–18; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1703–N]

Medicare Program; Request for Nominations to the Advisory Panel on Hospital Outpatient Payment

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is requesting nominations to fill vacancies on the Advisory Panel (the Panel) on Hospital Outpatient Payment (HOP). The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) on the clinical integrity of the Ambulatory Payment Classification (APC) groups and their associated weights, and supervision of hospital outpatient therapeutic services.

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: Please submit nominations electronically to the following email address: *APCPanel@cms.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Persons wishing to nominate individuals to serve on the Panel or to obtain further information may submit an email to the following email address: *APCPanel@cms.hhs.gov.*

News Media: Representatives should contact the CMS Press Office at (202) 690–6145.

Website: For additional information on the HOP Panel, updates to the Panel's activities, and submission of nominations to the HOP Panel, we refer readers to our website at: *http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html.*

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act), and allowed by section 222 of the Public Health Service Act (PHS Act) to consult with an expert outside panel, that is, the Advisory Panel (the Panel) on Hospital Outpatient Payment (HOP) regarding the clinical integrity of the Ambulatory Payment Classification (APC) groups and relative payment weights that are components of the Medicare Hospital Outpatient Prospective Payment System (OPPS), and the appropriate supervision level for hospital outpatient therapeutic services. The Panel is governed by the provisions of the 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 advisory panels. The Panel may consider data collected or developed by entities and organizations (other than the Department of Health and Human Services) as part of their deliberations.

We consider the technical advice provided by the Panel as we prepare both the proposed and final rulemaking to update the OPPS for the following calendar year (CY).

On May 20, 2016, we published a notice in the **Federal Register** that announced the August 2016 summer