

the Common Formats, which is approximately 100 hours a year. The use of the Common Formats by PSOs and other entities is voluntary and is on an ongoing basis. This estimate of the

number of respondents is based on the feedback that AHRQ has received during meetings and technical assistance calls from PSOs and other entities that have been utilizing the

Common Formats. As the network for patient safety databases (NPSD) becomes operational, AHRQ will revise the estimate based on actual submissions.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
PSO Certification for Initial Listing Form	16	1	18	288
PSO Certification for Continued Listing Form	21	1	8	168
PSO Two Bona Fide Contracts Requirement Form	42	1	1	42
PSO Disclosure Statement Form	3	1	3	9
PSO Profile Form	70	1	3	210
PSO Change of Listing Information	61	1	05/60	5.08
OCR Patient Safety Confidentiality Complaint Form	1	1	20/60	0.33
PSO Voluntary Relinquishment Form	5	1	30/60	2.50
Common Formats	1,000	1	100	100,000
Total		NA	NA	100,724.91

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost
PSO Certification for Initial Listing Form	16	288	\$38.06	\$10,961.28
PSO Certification for Continued Listing Form	21	168	38.06	6,394.08
PSO Two Bona Fide Contracts Requirement Form	42	42	38.06	1,598.52
PSO Disclosure Statement Form	3	9	38.06	342.54
PSO Profile Form	70	210	38.06	7,992.60
PSO Change of Listing Form	61	5.08	38.06	193.34
OCR Patient Safety Confidentiality Complaint Form	1	0.33	38.06	12.55
PSO Voluntary Relinquishment Form	5	2.50	38.06	95.15
Common Formats	1,000	100,000	38.06	3,806,000.00
Total				3,833,590.06

*Based upon the mean of the hourly average wages for health care practitioner and technical occupations, 29-0000, National Compensation Survey, May 2016, "U.S. Department of Labor, Bureau of Labor Statistics." <https://www.bls.gov/oes/current/oes290000.htm>.

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 functions, including whether the information will have practical utility, and; for OCR's enforcement of confidentiality; (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.

Francis D. Chesley, Jr.,
Acting Deputy Director.

[FR Doc. 2018-11926 Filed 6-1-18; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meeting

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) announces the Special Emphasis Panel (SEP) meeting on AHRQ-HS-18-001, "Patient Safety Learning Laboratories: Pursuing Safety in Diagnosis and Treatment at the Intersection of Design,

Systems Engineering, and Health Services Research (R18)." Each SEP meeting will commence in open session before closing to the public for the duration of the meeting.

DATES: June 13-14, 2018 (*Open on June 13th from 8:00 a.m. to 8:30 a.m. and closed for the remainder of the meeting*).

ADDRESSES: Hilton Washington DC/ Rockville Hotel & Executive Meeting, 1750 Rockville Pike, Rockville, MD 20850.

FOR FURTHER INFORMATION CONTACT:

Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting should contact: Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 5600 Fishers Lane, Rockville, Maryland 20850, Telephone: (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: In accordance with section 10 (a)(2) of the

Federal Advisory Committee Act (5 U.S.C. App. 2), announcement is made of an Agency for Healthcare Research and Quality (AHRQ) Special Emphasis Panel (SEP) meeting on AHRQ-HS-18-001, "Patient Safety Learning Laboratories: Pursuing Safety in Diagnosis and Treatment at the Intersection of Design, Systems Engineering, and Health Services Research (R18)."

A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Each SEP meeting will commence in open session before closing to the public for the duration of the meeting. The SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2, section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for the "AHRQ-HS-18-001", "Patient Safety Learning Laboratories: Pursuing Safety in Diagnosis and Treatment at the Intersection of Design, Systems Engineering, and Health Services Research (R18)" is to be reviewed and discussed at this meeting. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Francis D. Chesley, Jr.,
Acting Deputy Director.

[FR Doc. 2018-11925 Filed 6-1-18; 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 "*Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component*."

DATES: Comments on this notice must be received by August 3, 2018.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at 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 emails at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Medical Expenditure Panel Survey (MEPS) Household Component (HC)

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection. For over thirty years, results from the MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and the 1987 National Medical Expenditure Survey) have been used by OMB, DHHS, Congress and a wide number of health services researchers to analyze health care use, expenses and health policy.

Major changes continue to take place in the health care delivery system. The MEPS is needed to provide information about the current state of the health care system as well as to track changes over time. The MEPS permits annual estimates of use of health care and expenditures and sources of payment for that health care. It also permits tracking individual change in employment, income, health insurance and health status over two years. The use of the NHIS as a sampling frame expands the MEPS analytic capacity by providing another data point for comparisons over time.

Households selected for participation in the MEPS-HC are interviewed five times in person. These rounds of interviewing are spaced about 5 months apart. The interview will take place with a family respondent who will

report for him/herself and for other family members.

The MEPS-HC has the following goal:

- To provide nationally representative estimates for the U.S. civilian noninstitutionalized population for:
- health care use, expenditures, sources of payment
- health insurance coverage

To achieve the goals of the MEPS-HC the following data collections are implemented:

1. Household Component Core Instrument.

The core instrument collects data about persons in sample households. Topical areas asked in each round of interviewing include priority condition enumeration, health status, health care utilization including prescribed medicines, expenses and payments, employment, and health insurance. Other topical areas that are asked only once a year include access to care, income, assets, satisfaction with providers, and children's health. While many of the questions are asked about the entire reporting unit (RU), which is typically a family, only one person normally provides this information. All sections of the current core instrument are available on the AHRQ website at http://meps.ahrq.gov/mepsweb/survey_comp/survey_questionnaires.jsp.

2. Adult Self-Administered Questionnaire.

A brief self-administered questionnaire (SAQ) will be used to collect self-reported data (rather than through household proxy) on health opinions and satisfaction with health care, and information on health status, preventive care and health care quality measures for adults 18 and older. This questionnaire is revised from the previous OMB clearance and received clearance on May 9, 2018.

3. **Veteran SAQ.** MEPS includes a new self-administered questionnaire for spring of 2019 data collection targeting the veteran population. The questionnaire asks questions in the following domains of interest: if a veteran is eligible for VA health care; if a Veteran is enrolled in VA health care; coordination of care in and out of the VA health care system, services provided to Veterans in and out of the VA health care system, and VA eligibility priority groups, for Veterans enrolled in VA health care and for Veterans eligible for VA health care. To assist in the correct identification of priority groups, the questionnaire may also include items assessing the following: presence of service-connected disability; service-connected disability rating; presence of presumptive-conditions; timing and era of active duty; and VA receipt of disability compensation benefits. AHRQ worked with the Veterans Health Administration to develop the questionnaire content.

4. **Diabetes Care SAQ.** There is no change in this instrument. A brief self-administered paper-and-pencil questionnaire on the quality of diabetes care is administered once a year (during rounds 3 and 5) to persons identified as having diabetes. Included are questions about the number of times the respondent reported having a hemoglobin A1c blood test, whether the respondent