

information will have practical utility; (2) the accuracy of VHA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

**Authority:** 38 U.S.C. 527.

**Title:** Accelerated Aging among Vietnam-Era Veterans Survey.

**OMB Control Number:** 2900—NEW.

**Type of Review:** New collection.

**Abstract:** The National Center for PTSD (NCPTSD) was recently allocated funds by Congress to be used for research to advance the prevention and treatment of PTSD. The original language of the legislation states the following: "The committee recognizes the importance of the VA National Center for PTSD in promoting better prevention, diagnoses, and treatment of PTSD." In response to this, we have developed a study that aims to understand how and the degree to which warzone deployment is associated with increased morbidity and mortality, with particular attention to potential differences among white, black, and Hispanic Veterans, as well as male and female Veterans. To this end, we will consider multiple aspects of military service, deployment experiences, and current stressors of Vietnam-era Veterans in relation to current physical and mental health outcomes. This information will directly inform intervention efforts aimed at prevention or treatment of chronic disorders such as PTSD, depression, and substance/alcohol use disorders, as well as comorbid physical health conditions, particularly in underserved portions of our Veteran population. This type of information can inform system-wide interventions that can maximize Veterans' likelihood of receiving timely and evidence-based healthcare, thereby preventing long-term health problems.

**Affected Public:** Individuals and households.

**Estimated Annual Burden:** Mail Survey: 3,420 hours. Telephone Survey: 2,738 hours.

**Estimated Average Burden per Respondent:** Mail Survey: 45 minutes. Telephone Survey: 45 minutes.

**Frequency of Response:** Annually.  
**Estimated Number of Respondents:** Mail Survey: 4,560. Telephone Survey: 3,650.

By direction of the Secretary:

**Cynthia D. Harvey-Pryor,**

*Department Clearance Officer, Office of Quality, Privacy and Risk, Department of Veterans Affairs.*

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## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900—NEW]

### Agency Information Collection Activity Under OMB Review: Federal Medical Care Recovery Act Bill Requests

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Health Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before August 2, 2018.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW, Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to "OMB Control No. 2900—NEW" in any correspondence.

#### FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Office of Quality, Privacy and Risk (OQPR), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 461–5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB Control No. 2900—NEW" in any correspondence.

#### SUPPLEMENTARY INFORMATION:

**Authority:** 38 U.S.C. 501, 38 CFR 1.900 et. Seq.; 42 U.S.C. 2651–2653; 38 U.S.C. 1729; 28 CFR 43.2; and E.O. 9397.

**Title:** Federal Medical Care Recovery Act Bill Requests; Request for VA Billing, CHAMPVA Request for Billing.

**OMB Control Number:** 2900—NEW.

**Type of Review:** New collection.

**Abstract:** The purpose of collecting this information is to provide basic information from which potential liability can be assessed for VA to recover the cost of care from the liable party instead of the American taxpayer and Veteran paying for the care. Failure to provide any or all of the requested information may delay or result in VA's inability to create accident-related billing, assert a claim for reimbursement, and assist the Veteran in their personal injury or workers compensation claim. Without a third party paying for the care, the Veteran may owe VA copayments. With regards to the CHAMPVA form alone: Failure to provide any or all of the requested information may delay or result in VA's inability to provide CHAMPVA benefits.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 83 FR 16922 on April 17, 2018, pages 16922 and 16923.

**Affected Public:** Individuals and households.

**Estimated Annual Burden:** Request for VA Billing—385 hours. CHAMPVA Request for Billing—303 hours.

**Estimated Average Burden per Respondent:** Request for VA Billing—7 minutes. CHAMPVA Request for Billing—7 minutes.

**Frequency of Response:** Annually.

**Estimated Number of Respondents:** Request for VA Billing—3,300. CHAMPVA Request for Billing—2,600.

By direction of the Secretary:

**Cynthia D. Harvey-Pryor,**

*Department Clearance Officer, Office of Quality, Privacy and Risk, Department of Veterans Affairs.*

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