a national sample of tobacco users to provide data that may be used to develop and support FDA's policies related to tobacco products, including their labels, labeling, and advertising.

The target population for the panel is tobacco users aged 18 years and older in housing units and in noninstitutionalized group quarters in the 50 states and the District of Columbia. A stratified four-stage sample design was used, with a goal of recruiting 4,000 adult tobacco users into the sample panel. The sample is designed to allow in-depth analysis of subgroups of interest and to the extent possible, provide insight into tobacco users more generally. Replenishment will be conducted to maintain the panel with a constant number of members following existing panel recruitment and enrollment methods.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN [1]

Activity/respondent	No. of respondents	No. of responses per respondent [2]	Total annual responses [3]	Average burden per response	Total hours [3]
Household Screening Respondent [4]	35,885	0.33	11,842	0.13 (8 minutes)	1,539
Panel Member Enrollment Survey	4,000	0.33	1,320	0.25 (15 minutes)	330
Panel Member Baseline Survey		0.33	1,320	0.25 (15 minutes)	330
Study A		0.33	1,320	0.33 (20 minutes)	436
Study B		0.33	1,320	0.33 (20 minutes)	436
Study C		0.33	1,320	0.33 (20 minutes)	436
Study D		0.33	1,320	0.33 (20 minutes)	436
Panel Replenishment Household Screening Respondent.	30,855	0.33	10,182	0.13 (8 minutes)	1,324
Panel Replenishment Enrollment Survey [5].	4,200	0.33	1,386	0.25 (15 minutes)	347
Panel Replenishment Baseline Survey [5]		0.33	1,386	0.25 (15 minutes)	347
Total					5,961

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.
[2] Assumes respondents will participate once over a 3-year period, or 0.33 responses annually.
[3] Amounts are rounded to the nearest whole number.
[4] Includes both mail and field screening.
[5] Assumes 1,400 additional panel members will be recruited annually (4,200 total) as part of the panel replenishment effort.

FDA's burden estimate is based on timed-readings of each instrument, including the mail and field screeners, enrollment survey, baseline survey, and Study A–D questionnaires. Of the total screening respondents, we expect 25 percent will respond only in the mail screening (household deemed ineligible), 65 percent will respond only in the field screening (mail screening nonrespondents), and the remaining 10 percent will respond in both the mail screening and the field screening. The latter includes eligible households from the mail screening that are subsequently field-screened to sample the panel member, and the 10 percent quality control sample of households whose mail screening ineligibility is verified through in-person screening. This assumes an estimated 10,285 household screening respondent during yearly panel replenishment (30,855 total). Replenishment panel members replace original panel members and become part of the 4,000-member panel that receives experimental/observational and panel maintenance surveys. This extension reflects an increase of 1,527 hours due to an additional year of panel replenishment and fielding of Studies B, C, and D. The estimated burden assumes 10,285 household screening respondents during yearly panel replenishment (30,855 total) and 1,400 additional panel members recruited annually (4,200 total) as part of the panel replenishment effort.

II. References

The following references are on display at the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they are also available electronically at *https://www.regulations.gov.* FDA has verified the website addresses, as of the date this document publishes in the **Federal Register**, but websites are subject to change over time.

1. Baker, R., Blumberg, S., Brick, M., et al., 2010, ''American Association for Public Opinion Research Report on Online Panels.'' *Public Opinion Quarterly,* 74(4), pp. 711–781.
2. Coen, T., Lorch, J. and Piekarski, L., 2005, ''The Effects of Survey Frequency on Panelists' Responses. Worldwide Panel Research: Developments and Progress,'' Amsterdam, European Society for Opinion and Marketing Research.
3. Nancarrow, C. and Catwright, T., 2007, ''Online Access Panels and Tracking Research, The Conditioning Issue,'' *International Journal of Market Research,* 49(5), pp. 435–447.
4. Kruse, Y., Callegaro, M., Dennis, J. M., et al., 2009, Panel Conditioning and Attrition in the AP-Yahoo! News Election Panel Study, Paper presented at the American Association for Public Opinion Research 64th Annual Conference.

Dated: October 17, 2018.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2018–23060 Filed 10–22–18; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Children's Graduate Medical Education Quality Bonus System (QBS) Initiative Response Form, OMB No. 0906–xxxx–New

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection

Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR must be received no later than December 24, 2018.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Quality Bonus System Initiative Response Form OMB No. 0906–xxxx [New].

Abstract: The Children's Hospitals Graduate Medical Education (CHGME) Payment Program provides federal funds to the nation's freestanding children's hospitals to help them maintain their graduate medical education (GME) programs that train resident physicians and dentists. CHGME Support Reauthorization Act of 2013 states that the Secretary may establish a Quality Bonus System (QBS), whereby the Secretary distributes bonus payments to hospitals participating in the CHGME program that meet standards specified by the Secretary. In order to qualify for the QBS payment in Fiscal Year (FY) 2019, CHGME award recipients must submit documentation as an attachment in the FY 2019 reconciliation application released in April 2019, describing the hospital's initiatives, resident curriculum, and direct resident involvement in the following areas:

a. Integrated care models (*e.g.,* integrated behavioral and mental health, care coordination across providers and settings);

b. Telehealth and/or Health Information Technology;

c. Population health;

d. Social determinants of health; and

e. Additional initiatives to improve access and quality of care to rural and/or underserved communities.

As specified in the CHGME statute, the QBS payment shall be remitted to qualified hospitals participating in the CHGME program that meet standards set forth by the Secretary of HHS. To demonstrate the fulfillment of such standards, it will be necessary for applicants to complete the QBS Response Initiative form and submit it as an attachment to the FY 2019 reconciliation application released in April of 2019. This form will be used to gather information relating to the hospitals' engagement in quality initiatives.

Likely Respondents: CHGME Program award recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
QBS Response Initiative Form	58	1	58	32.41	1,880
Total	58		58		1,880

HRSA specifically requests comments on (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.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2018–23133 Filed 10–22–18; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended, notice is hereby given of an Interagency Pain Research Coordinating Committee (IPRCC) meeting.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Interagency Pain Research Coordinating Committee.

Date: November 16, 2018.

Time: 8:30 a.m. to 5:00 p.m. *Eastern Time*—Approximate end time.

Agenda: The meeting will include discussions of committee business items including an updated Federal Pain Portfolio Analysis, an update on the Federal Pain Research Strategy and information about the NIH HEAL Initiative.

Place: National Institutes of Health, Building 35 A, Porter Neuroscience Center, Room 620/630, 35 Convent Drive, Bethesda, MD 20892.

Webcast Live: http://videocast.nih.gov/.

Deadlines: Submission of intent to submit written/electronic statement for comments: Friday, November 2, 2018. Submission of written/electronic statement for oral comments: Friday, November 9, 2018.

Contact Person: Linda L. Porter, Ph.D., Director, Office of Pain Policy & Planning, Office of the Director, National Institute of