

public comments about the impact and use of Evidence-based Practice Center (EPC) Program evidence reviews. Members of the public include health care delivery organizations, guideline developers, payers, quality measure developers, research funders, and other organizations, including patient organizations, that have used AHRQ EPC evidence reviews.

**DATES:** Comments must be received by xxxx, 2019.

**ADDRESSES:** Send responses to *epc@ahrq.hhs.gov*.

**FOR FURTHER INFORMATION CONTACT:** The AHRQ EPC Program at *epc@ahrq.hhs.gov*.

**SUPPLEMENTARY INFORMATION:**

Established in 1997, the mission of the EPC Program (<https://effectivehealthcare.ahrq.gov/about/epc>) is to create evidence reviews that improve health care by supporting evidence-based decision making by patients, providers, and policymakers. Evidence reviews summarize and synthesize existing literature and evidence using rigorous methods.

Understanding that knowledge synthesis is, by itself, insufficient to change health care practice and improve patient outcomes, the EPC Program has relied on partners who are committed to using these reports. Over the 20 years of its existence, the EPC Program has partnered with clinical professional organizations, federal agencies, and other health care organizations. These organizations have used EPC evidence reviews for a variety of activities, including developing clinical practice guidelines, coverage decisions, program planning, funding opportunities and more.

The EPC Program is committed to innovation and improving the utility of its evidence reviews. AHRQ wants to hear specific details about how organizations and people have used the information from EPC evidence reviews. This is especially important since 2019 is the last fiscal year in which funds appropriated to the Patient-Centered Outcomes Research Trust Fund, which has funded many EPC evidence reviews, will be made available to HHS. Therefore, the EPC Program wants to understand the impact of the AHRQ EPC evidence reviews and the effectiveness of its partnerships.

AHRQ seeks feedback:

- From clinical professional societies or other groups who used AHRQ EPC evidence reviews for developing guidelines
- From payers who used an AHRQ EPC evidence review to make coverage or other decisions

- From health systems who used an AHRQ EPC evidence review to change how health care is practiced or delivered

- From research funders who used an AHRQ EPC evidence review to set a research agenda

- From other organizations including patient organizations that have used AHRQ EPC evidence reviews for various purposes

Specific questions of interest to AHRQ include, but are not limited to:

- How you heard about the AHRQ EPC review
- How you used the AHRQ EPC evidence review
- How the AHRQ EPC evidence review changed your decision, recommendation, or action
- What you would have done in the absence of an EPC report
- Was the AHRQ EPC evidence review acknowledged or referenced in your decision, recommendation, or action? If so, how? And if not, why not?
- Your assessment of the value of the unique contribution provided by AHRQ in conducting evidence reviews for improving patient care and outcomes
- Based on your experiences, suggestions for how the EPC program can make its evidence reviews more useful and impactful

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. AHRQ will use the information submitted in response to this RFI at its discretion, and will not provide comments to any respondent's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential or sensitive information should be included in your response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s). The contents of all submissions will be made available to the public upon request. Submitted

materials must be publicly available or able to be made public.

**Gopal Khanna,**

*Director.*

[FR Doc. 2019-10451 Filed 5-17-19; 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) is announcing a Special Emphasis Panel (SEP) meeting on AHRQ-HS-19-001, "Patient Safety Learning Laboratories (2019): Pursuing Safety in Diagnosis and Treatment at the Intersection of Design, Systems Engineering, and Health Services Research (R18)."

**DATES:** June 12, 2019 (Open on June 12th from 8:00 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

**ADDRESSES:** Bethesda Marriott Hotel, 5151 Pooks Hill Rd., Bethesda, MD 20852.

**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: Heather Phelps, Acting Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 5600 Fishers Lane, Rockville, Maryland 20850, Telephone: (301) 427-1128.

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

**SUPPLEMENTARY INFORMATION:** A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by AHRQ, and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the SEP 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.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. 2), announcement is made of an AHRQ SEP meeting on AHRQ-HS-19-001, "Patient Safety Learning Laboratories (2019): 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. 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–19–001, “Patient Safety Learning Laboratories (2019): Pursuing Safety in Diagnosis and Treatment at the Intersection of Design, Systems Engineering, and Health Services Research (R18)” are 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.

**Gopal Khanna,**

*Director.*

[FR Doc. 2019–10452 Filed 5–17–19; 8:45 am]

**BILLING CODE 4160–90–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10455 and CMS–10379]

#### 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 June 19, 2019.

**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>.

1. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.

2. 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:* Report of a Hospital Death Associated with Restraint or Seclusion; *Use:* The final rule, which finalized the regulations at 42 CFR 482.13(g), published on May, 16, 2012 (77 FR 29074) included a reduction in the reporting requirements related to hospital deaths associated with the use of restraint or seclusion. Section § 482.13(g) requires that hospitals must use form CMS–10455 to report those deaths associated with restraint and/or seclusion directly to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO). In addition, the final rule replaced the previous requirement for reporting via telephone to CMS, which proved to be cumbersome for both CMS and hospitals, with a requirement that allows the submission of reports on the form CMS–10455 via facsimile or electronically, as determined by CMS. This reporting requirement applies to hospitals, Critical Access Hospitals (CAHs) and rehabilitation or psychiatric distinct part units (DPUs) in hospitals and CAHs. Currently, the hospital, CAH, or rehabilitation or psychiatric DPU must submit the form CMS–10455 to the CMS RO via fax or email, based on RO’s preference. Beginning on May 9, 2014, hospitals were no longer required to report to CMS, those deaths that were not associated with the use of seclusion and where the only restraints used were 2-point soft wrist restraints. This reporting requirement change resulted in no necessary edits to the form CMS–10455. However, despite the change in reporting requirements, hospitals and CAHs continued to submit unnecessary CMS–10455 forms when there was only use of 2-point soft wrist restraints without the use of seclusion. Therefore, form CMS–10455 was modified in July 2018 to include instructions stating that the submission of this form is not required for deaths associated with the use of only 2-point soft wrist restraints without seclusion. It was estimated that this change would reduce the volume of reports to be submitted by 90 percent for hospitals.

In this information collection request, CMS is seeking OMB approval for an electronically submitted version of the currently approved paper version of form CMS–10455. *Form Number:* CMS–10455 (OMB control number: 0938–1210); *Frequency:* Occasionally; *Affected Public:* Private Sector; *Number of Respondents:* 6,389; *Number of Responses:* 6,389; *Total Annual Hours:* 6,389. (For policy questions regarding