

file format. Survey data files must conform to the data file layout specifications provided by the HCBS-CAHPS Database. Since the unit of analysis is at the program level, submitters will upload one data file per

program. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each

report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each program. The total burden is estimated to be 63 hours annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form .....	51	1	5/60	4.25
Program Information Form .....	51	1	5/60	4.25
Data Use Agreement .....	51	1	3/60	2.5
Data Files Submission .....	13	4	1	52
<b>Total .....</b>	<b>166</b>	<b>N/A</b>	<b>N/A</b>	<b>63</b>

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one

submission process. The cost burden is estimated to be \$2,880 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Registration Form .....	51	4.25	<sup>a</sup> \$53.69	\$228
Program Information Form .....	51	4.25	<sup>a</sup> \$53.69	228
Data Use Agreement .....	51	2.5	<sup>b</sup> \$94.25	236
Data Files Submission .....	13	52	<sup>c</sup> \$42.08	2,188
<b>Total .....</b>	<b>** 166</b>	<b>63</b>	<b>N/A</b>	<b>2,880</b>

\* National Compensation Survey: Occupational wages in the United States May 2017, "U.S. Department of Labor, Bureau of Labor Statistics."

a Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

b Based on the mean hourly wages for Chief Executives (11-1011).

c Based on the mean hourly wages for Computer Programmer (15-1131).

\*\* The 51 POCs listed for the registration form, program information form and the data use agreement are the estimated POCs from the estimated participating programs.

**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's health care research and health care information dissemination functions, including whether the information will have practical utility; (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.

**Virginia L. Mackay-Smith,**  
*Associate Director.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-19-0255; Docket No. CDC-19-0057]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Resources and Services Database of the CDC National Prevention Information Network (NPIN) (OMB Control No. 0920-0255 Exp. 2/29/2020). The NPIN Resources and Services Database contains entries on approximately 10,000 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN websites.

**DATES:** CDC must receive written comments on or before September 3, 2019.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2019-0057 by any of the following methods:

- *Federal eRulemaking Portal:*

*Regulations.gov.* Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov.*

*Please note: Submit all comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.*

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: *omb@cdc.gov.*

**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. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the

collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.
5. Assess information collection costs.

**Proposed Project**

Resources and Services Database of the National Prevention Information Network (NPIN) (OMB Control No. 0920-0255, Exp. 02/29/2020)—Revision—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting a three year approval of Resources and Services Database of the National Prevention Information Network (NPIN). NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of

HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP's mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with Human Immunodeficiency Virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 10,000 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN website. More than 1,400,000 unique visitors and more than 3,000,000 page views are recorded annually.

To accomplish CDC's goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 400 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN website. There are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Initial Questionnaire	Registered nurses, Social and community service managers, and Health educators.	400	1	8/60	54
Telephone Script.	Registered nurses, Social and community service managers, and Health educators	6,100	1	6/60	610
Telephone Verification ..	Social and human service assistants.				
Email Verification .....	Registered nurses, Health educators, and Social and human service assistants, social and community service managers.	3,600	1	8/60	480
Total .....					1,144

**Jeffrey M. Zirger**

Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-19-19BCG; Docket No. CDC-2019-  
0053]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing effort to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies the opportunity to comment on  
a proposed and/or continuing  
information collection, as required by  
the Paperwork Reduction Act of 1995.  
This notice invites comment on a  
proposed information collection project  
titled Core Elements of Antimicrobial  
Stewardship in Nursing Homes. The  
goal of the information collection is to  
assess the impact of an intervention on  
the knowledge, attitudes, practices, and  
perceived provider-level barriers to  
appropriate antibiotic prescribing in a  
sample of health care providers in  
nursing homes. The data will be used to  
monitor the effect of an intervention  
aimed at improving the antibiotic  
stewardship behaviors of prescribers in  
long-term care settings.

**DATES:** CDC must receive written  
comments on or before September 3,  
2019.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2019-  
0053 by any of the following methods:

- *Federal eRulemaking Portal:*  
*Regulations.gov.* Follow the instructions  
for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE, MS-D74, Atlanta,  
Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. CDC will post, without  
change, all relevant comments to  
*Regulations.gov.*

*Please note:* Submit all comments  
through the Federal eRulemaking portal  
(*regulations.gov*) or by U.S. mail to the  
address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact Jeffrey M. Zirger,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE, MS-  
D74, Atlanta, Georgia 30329; phone:  
404-639-7570; Email: *omb@cdc.gov.*

**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. In addition, the PRA also  
requires Federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
previously approved information  
collection before submitting the  
collection to the OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

The OMB is particularly interested in  
comments that will help:

1. Evaluate whether the proposed  
collection of information is necessary  
for the proper performance of the  
functions of the agency, including  
whether the information will have  
practical utility;
2. Evaluate the accuracy of the  
agency's estimate of the burden of the  
proposed collection of information,  
including the validity of the  
methodology and assumptions used;
3. Enhance the quality, utility, and  
clarity of the information to be  
collected; and
4. Minimize the burden of the  
collection of information on those who  
are to respond, including through the  
use of appropriate automated,  
electronic, mechanical, or other  
technological collection techniques or  
other forms of information technology,  
*e.g.*, permitting electronic submissions  
of responses.
5. Assess information collection costs.

#### Proposed Project

Core Elements of Antimicrobial  
Stewardship in Nursing Homes—New—  
National Center for Emerging and  
Zoonotic Infectious Diseases (NCEZID),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

The purpose of this survey is to  
follow-up on formative research (OMB  
Control Number 0920-1154), which  
assessed the knowledge, attitudes,  
practices and perceived provider-level  
barriers to appropriate antibiotic  
prescribing in a sample of health care  
providers in nursing homes. This survey  
was developed building upon  
foundational work previously  
completed. The questions were  
originally pre-tested among a select  
group (n=9) of prescribers recruited  
from the participating corporations to  
both obtain responses, as well as  
performing cognitive assessment to  
ensure clarity and robustness of content.

The preliminary findings suggested  
that the questions presented were clear  
and correctly understood and that the  
topics covered were meaningful. The  
inclusion of length of time in practice  
was specifically relevant as preliminary  
findings from the interviews, albeit  
limited, suggest that a prescriber's  
approach and attitudes surrounding  
antibiotic prescribing may be impacted  
by professional tenure. Specifically,  
respondents described that the longer a  
prescriber had been in practice, the  
more reluctant they were to modify their  
prescribing behaviors.

General findings consistently centered  
on the variability in nurse/provider  
communication. Themes of poor  
communication encompassed multiple  
elements. Key themes included: Poor  
structure of information sharing, the  
role of gatekeepers to the prescriber,  
insufficient or otherwise irrelevant  
detail, and an absence of therapy  
recommendation from the nurses.  
Additionally, respondents described the  
physical environment/geographic  
context that contributed to possible  
instances of over-prescribing: Limited  
availability of timely or rapid test  
laboratory results, sites with affiliated  
labs that are closed on the weekends  
(thus requiring a staff member to drive  
a sample multiple hours to the nearest  
hospital), limited antibiotic options in  
the facility's Emergency Kit (from which  
staff frequently draw when starting a  
prescription).

The current phase incorporates the  
findings from previous exploratory work  
and aims to address the quality of  
communication between the nurses and  
prescribers while also respecting the  
rational for initial antibiotic initiation.  
As the decision to initiate an antibiotic  
prescription is largely influenced by  
factors beyond the scope of this project,  
the current study targeted the role of the  
antibiotic follow-up to engage the  
prescriber post-prescription to reassess