

TABLE 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection method or project activity	Number of respondents A.	Total burden hours B.	Average hourly rate C.	Total cost burden B*C D.
Key Informant Interviews:				
Grantee leadership	12	36	\$110.74	\$3,986.64
Cooperative leadership	12	36	110.74	3,986.64
Cooperative partners	24	60	110.74	6,644.40
Unaffiliated organizations	12	24	110.74	2,657.76
Practices in network not participating in Heart Health QI project	8	16	136.49	2,183.84
Practices in network participating in Heart Health QI project	20	28	136.49	3,821.72
Member Checking Sessions:				
Grantee leadership	4	12	110.74	1,328.88
Cooperative leadership	4	12	110.74	1,328.88
Cooperative partners	4	6	110.74	664.44
Unaffiliated organizations	2	6	110.74	664.44
Network practices	12	18	110.74	1,993.32
Total	112	254	29,260.96

Note: the rates were based on the mean hourly wages from the Bureau of Labor & Statistics for the closest categories of respondents and doubled to account for overhead and fringe.

The mean hourly wage rates were obtained from the Bureau of Labor & Statistics and doubled to account for overhead and fringe benefits. The occupational codes used were as follows:

- For grantee and cooperative leadership, partners, and unaffiliated organizations—medical and health service managers (11–9111, \$53.37)
- For practices—an average of physicians (29–1228, \$97.81), medical and health services managers (11–9111, \$53.37), and nurse practitioners (29–1171, \$53.77)

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, 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.

Dated: July 30, 2020.
Virginia L. Mackay-Smith,
Associate Director.
 [FR Doc. 2020–17013 Filed 8–4–20; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. 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.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)-PAR 18–812, NIOSH Member Conflict.
Date: October 27, 2020.
Time: 1:00 p.m.–5:00 p.m., EDT

Place: Teleconference.
Agenda: To review and evaluate grant applications.
For Further Information Contact: Michael Goldcamp, Ph.D., Scientific Reviewer Officer, Office of Extramural Programs, CDC/NIOSH, 1095 Willowdale Road, Morgantown, WV 26506, Telephone: (304) 285–5951, *MGoldcamp@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,
Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2020–17094 Filed 8–4–20; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Revised Procedures and Standards: Home Visiting Evidence of Effectiveness (HomVEE) Review

AGENCY: Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services (HHS), oversees the Home Visiting Evidence of Effectiveness