

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Healthcare Research and Quality****Meeting of the National Advisory Council on Healthcare Research and Quality Subcommittee on Quality Measures for Children's Healthcare**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice of public meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. App. 2, this notice announces a meeting of the National Advisory Council on Healthcare Research and Quality Subcommittee on Quality Measures for Children's Healthcare.

**DATES:** The open meeting will be held on Wednesday, September 12, 2012, from 8 a.m. to 5 p.m.

**ADDRESSES:** Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland 20814.

**FOR FURTHER INFORMATION CONTACT:** Preyanka Makadia, Office of Extramural Research, Education, and Priority Populations (OEREP), Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20850, Email: [PREYANKA.MAKADIA@AHRQ.hhs.gov](mailto:PREYANKA.MAKADIA@AHRQ.hhs.gov), Phone: (301) 427-1538.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Preyanka Makadia, no later than August 15, 2012.

**SUPPLEMENTARY INFORMATION:****I. Purpose**

The National Advisory Council for Healthcare Research and Quality (NAC) was established in accordance with Section 9341 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services (DHHS) and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to AHRQ's conduct of its mission including providing guidance on (A) priorities for healthcare research, (B) the field of health care research including training needs and information dissemination on healthcare quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships. The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

**2. Background**

AHRQ's NAC has established a Subcommittee on Quality Measures for Children's Healthcare (SNAC). Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act to enact section 1139A (42 U.S.C. 1320b-9a). Section 1139A(b) charged the Department of Health and Human Services (HHS) with improving pediatric health care quality measures. The Secretary of DHHS posted the initial core set of children's health care quality measures for public comment on December 29, 2009, in Volume 74, No. 248 of the **Federal Register** ([http://OIG.hhs.gov/authorities/docs/2010/fr\\_notice\\_12302009.pdf](http://OIG.hhs.gov/authorities/docs/2010/fr_notice_12302009.pdf)). The Subcommittee was created to provide advice to the NAC as AHRQ undertakes responsibilities to improve the initial core quality measure set and develop and test a portfolio of evidence-based, consensus pediatric quality measures for potential use by public and private programs. AHRQ is working closely with the Centers for Medicare and Medicaid Services (CMS) in implementing these provisions, including public posting of improvements to the initial core quality measure set and other CHIPRA purposes (i.e., for use by public and private programs other than, or in addition to, Medicaid and CHIP). For more information about AHRQ's role in carrying out the quality provisions of CHIPRA, see <http://www.AHRQ.gov/CHIPRA>. A roster of the Subcommittee members is available at <http://www.AHRQ.gov/CHIPRA/QMSNACLIST12.htm>. The September 12, 2012 meeting will be held as a part of this effort.

The Secretary will post an improved and enhanced core set of health care quality measures for voluntary use by Medicaid and CHIP by Jan 1, 2013, and annually thereafter. On February 24, 2012, AHRQ solicited public nomination of children's health care quality measures for inclusion in the CHIPRA 2013 Improved Core Set of Health Care Quality Measures.

On September 12, 2012, the SNAC will assess measures submitted by the public in response to a solicitation posted on February 24, 2012 (CHIPRA **Federal Register** notice number 2012-4267) (<http://www.GPO.gov/fdsys/pkg/FR-2012-02-24/pdf/2012-4267.pdf>), as well as measures submitted by AHRQ-CMS Pediatric Quality Measures Program Centers of Excellence (see <http://www.AHRQ.gov/CHIPRA/PQMPFACT.htm> for details). AHRQ will solicit measures again in 2013 and 2014 and the SNAC will meet in September

of 2013 and 2014 to review these measures.

The agenda for the September 12, 2012 meeting will be available on the AHRQ Web site at <http://www.AHRQ.gov/CHIPRA> no later than September 5, 2012.

Dated: August 2, 2012.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2012-19470 Filed 8-9-12; 8:45 am]

**BILLING CODE 4160-90-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

**[60-Day-12-0008]**

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

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Kimberly S. Lane, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Emergency Epidemic Investigations—Revision—(0920-0008)(expires 1/21/2013), Scientific Education and Professional Development Program Office (SEPDPO), Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description of the Proposed Project*

One of the objectives of CDC's epidemic services is to provide for the prevention and control of epidemics, and protect the population from public health crises such as human-made or natural biological disasters and chemical emergencies. CDC meets this objective, in part, by training investigators, maintaining laboratory capabilities for identifying potential problems, collecting and analyzing data, and recommending appropriate actions to protect the public's health. When state, local, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches skilled epidemiologists from the Epidemic Intelligence Service (EIS) to investigate and resolve the problem. Resolving public health problems rapidly ensures cost-effective health care and enhances health promotion and disease prevention.

The purpose of the Emergency Epidemic Investigation surveillance is to collect data from the general public on the conditions surrounding and

preceding the onset of a problem. The data is collected from 15,000 respondents in the general public for an annualized total of 3,750 burden hours (15,000 respondents × 15 minutes per survey). These data are collected in a timely fashion so that information can be used to develop prevention and control techniques, to interrupt disease transmission, and to help identify the cause of an outbreak. The Epi-Aid Satisfaction Survey for Requesting Officials is to assess the promptness of the investigation and the usefulness of recommendations; data are collected from 100 state and local health officials for an annualized total of 25 burden hours (100 respondents × 15 minutes per survey). This survey of state and local health officials was modified to better measure and address overall satisfaction, communication, response, and team composition and professionalism of the Epi-Aid team. The Epi-Aid mechanism is a means for Epidemic Intelligence Service (EIS) officers of CDC, along with other CDC staff, to provide technical support to state health agencies requesting assistance with epidemiologic field

investigations. This mechanism allows CDC to respond rapidly to public health problems in need of urgent attention, thereby providing an important service to state and other public health agencies. Through Epi-Aids, EIS officers (and, sometimes, other CDC trainees) receive supervised training while actively participating in epidemiologic investigations. EIS is a two-year program of training and service in applied epidemiology through CDC, primarily for persons holding doctoral degrees.

Shortly after completion of the Epi-Aid investigation, an Epi Trip Report is delivered to the state health agency official(s) who requested assistance. The state and local health officials, requestors of the Epi-Aid assistance can comment on both the timeliness and the practical utility of the recommendations from the investigation by completing the Epi-Aid Satisfaction Survey for Requesting Officials to assess the promptness of the investigation and the usefulness of the recommendations. There is no cost to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Form Name	Number of respondents	Number of responses per respondent	Avg burden per response (in hours)	Total burden (in hours)
Requestors of Epi-Aids .....	Epi-Aid Satisfaction Survey for Requesting Official.	100	1	15/60	25
General Public .....	Emergency Epidemic Investigations	15,000	1	15/60	3,750
<b>Total .....</b>					<b>3,775</b>

**Kimberly Lane,**  
*Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-12-0573]

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

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Kimberly S. Lane, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information

technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

National HIV Surveillance System (NHSS) (OMB No. 0920-0573, Expiration 01/31/2013)-Revision-National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is authorized under Sections 304 and 306 of the Public Health Service Act (42 U.S.C. 242b and 242k) to collect information on cases of human immunodeficiency virus (HIV) and indicators of HIV disease and HIV disease progression including AIDS. These national HIV surveillance data collected by CDC are the primary source of information used to monitor the extent and characteristics of the HIV burden in the U.S.