| Data collection activity | Number of<br>respondents<br>per year | Number of<br>responses per<br>respondent | Hours per<br>response | Total burden<br>hours |
|--------------------------|--------------------------------------|--|-----------------------|-----------------------|
| Total                    | 33                                   | 1  | 1                     | 33                    |

# EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

### EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Data collection activity   | Number of respondents | Total burden<br>hours | Average hour-<br>ly wage rate          | Total cost<br>burden                   |
|--|-----------------------|-----------------------|--|--|
| In-depth Interviews with external stakeholders:<br>• Acute Care Hospital Settings<br>• Ambulatory Surgical Centers<br>• ESRD facilities<br>• Long Term Care Settings | 9<br>8<br>8<br>8      | 9<br>8<br>8<br>8      | \$34.33*<br>34.33*<br>34.33*<br>34.33* | \$309.00<br>275.00<br>275.00<br>275.00 |
| Total  | 33                    | na                    | na                                     | 1,134.00                               |

\* Based upon May 2012 National Occupational Employment and Wage Estimates for Epidemiologists, retrieved from http://www.bls.gov/oes/ current/oes\_nat.htm#19-0000 on February 20, 2014.

### **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 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: April 9, 2014. **Richard Kronick**, *Director*. [FR Doc. 2014–09172 Filed 4–22–14; 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:** In accordance with section 10(a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. 2), announcement is made of an Agency for Healthcare Research and Quality (AHRQ) Special Emphasis Panel (SEP) meeting on "AHRQ RFA-HS14-007, Patient-Centered Outcomes Research (PCOR) for Deliberative Approaches: Patient and Consumer Input for Implementing Evidence-Based Health Care (R21)". Each SEP meeting will commence in open session before closing to the public for the duration of the meeting.

**DATES:** May 15–16, 2014 (*Open on May* 15 from 8:00 a.m. to 8:30 a.m. and closed for the remainder of the meeting).

ADDRESSES: Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, Maryland 20878.

#### FOR FURTHER INFORMATION CONTACT:

Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of this meeting should contact:

Mrs. Bonnie Campbell,

Committee Management Officer,

Office of Extramural Research,

Education and Priority Populations, AHRQ,

540 Gaither Road, Room 2038, Rockville, Maryland 20850,

Telephone: (301) 427-1554.

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 the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularlyscheduled 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.

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 RFA-HS14-007, Patient-Centered Outcomes Research (PCOR) for Deliberative Approaches: Patient and Consumer Input for Implementing Evidence-Based Health Care (R21)" 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.

Dated: April 9, 2014.

### **Richard Kronick**,

AHRQ Director.

[FR Doc. 2014–09175 Filed 4–22–14; 8:45 am] BILLING CODE 4160–90–P