adoption of the proposed recommendations by the Secretary of the Department of Health and Human Services.

The standards and related topics which the HIT Standards Committee is expected to address over the coming year include, but may not be limited to: Quality measurement; the extended portfolio of standards for the nationwide health information network; distributed queries and results; radiology; consumer-mediated information exchange; public health; data portability; and a process for the maintenance of standards.

For a listing of upcoming HIT Standards Committee meetings, please visit the ONC Web site at *http://www.healthit.gov/facas/calendar.*

Notice of this schedule is given under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111–5), section 3003.

Dated: August 18, 2014.

Michelle Consolazio,

FACA Lead, Office of Policy, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2014–21333 Filed 9–5–14; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–0666]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) 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 submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666), exp. 12/31/2015—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN currently consists of five components: Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility (LTCF), and Dialysis. Two new components will be added within the next one to two years: Outpatient Procedure and Antimicrobial Use & Resistance.

The Antimicrobial Use and Resistance (AUR) component will be launched within NHSN that will specifically examine antimicrobial use (AU) and antimicrobial resistance (AR) within healthcare facilities. The goal of the AUR component is to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance as part of local or regional efforts to reduce antimicrobial resistant infections through antimicrobial stewardship efforts or interruption of transmission of resistant pathogens at their facility. This revision submission includes one new form specific to the NHSN AUR component.

Significant additions were made to three NHSN facility surveys. Questions about infection control practices were added to gain a better understanding of current practices and identify areas to target prevention efforts among facilities that have reported a multidrug-resistant organism. Questions about antibiotic stewardship were added to gain a better understanding of current efforts to improve antibiotic use in hospitals and to assess the quality of hospital antibiotic stewardship programs.

Additionally, minor revisions have been made to 31 other forms within the package to clarify and/or update surveillance definitions. Three forms are being removed as patient vaccination monitoring will be removed from NHSN.

The previously approved NSHN package included 56 individual collection forms; the current revision request adds one new form and removes three forms for a total of 54 forms. The reporting burden will increase by 172,943 hours, for a total of 4,277,716 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Registered Nurse (Infection Preventionist)	NHSN Registration Form	2,000	1	5/60
Registered Nurse (Infection Preventionist)	Facility Contact Information	2,000	1	10/60
Registered Nurse (Infection Preventionist)	Patient Safety Component—Annual Hospital Survey.	6,000	1	50/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Registered Nurse (Infection Preventionist)	Group Contact Information	1,000	1	5/60
Registered Nurse (Infection Preventionist)	Patient Safety Monthly Reporting Plan	6,000	12	15/60
Registered Nurse (Infection Preventionist)	Primary Bloodstream Infection (BSI)	6,000	44	30/60
Registered Nurse (Infection Preventionist)	Pneumonia (PNEU)	6,000	72	30/60
Registered Nurse (Infection Preventionist)	Ventilator-Associated Event	6,000	144	25/60
Registered Nurse (Infection Preventionist)	Urinary Tract Infection (UTI)	6,000	40	30/60
Staff RN	Denominators for Neonatal Intensive Care Unit (NICU).	6,000	9	3
Staff RN	Denominators for Specialty Care Area (SCA)/Oncology (ONC).	6,000	9	5
Staff RN	Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA).	6,000	54	5
Registered Nurse (Infection Preventionist)	Surgical Site Infection (SSI)	6,000	36	35/60
Staff RN	Denominator for Procedure	6,000	540	5/60
Laboratory Technician	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables.	6,000	12	5/60
Pharmacy Technician	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables.	6,000	12	5/60
Registered Nurse (Infection Preventionist)	Central Line Insertion Practices Adherence Monitoring.	1,000	100	5/60
Registered Nurse (Infection Preventionist)	MDRO or CDI Infection Form	6,000	72	30/60
Registered Nurse (Infection Preventionist)	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	6,000	24	15/60
Registered Nurse (Infection Preventionist)	Laboratory-identified MDRO or CDI Event	6,000	240	15/60
Registered Nurse (Infection Preventionist)	Long-Term Care Facility Component—Annual Facility Survey.	250	1	1
Registered Nurse (Infection Preventionist)	Laboratory-identified MDRO or CDI Event for LTCF.	250	8	15/60
Registered Nurse (Infection Preventionist)	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	250	12	5/60
Registered Nurse (Infection Preventionist)	Urinary Tract Infection (UTI) for LTCF	250	9	30/60
Registered Nurse (Infection Preventionist)	Monthly Reporting Plan for LTCF	250	12	5/60
Registered Nurse (Infection Preventionist)	Denominators for LTCF Locations	250	12	3.25
Registered Nurse (Infection Preventionist)	Prevention Process Measures Monthly Monitoring for LTCF.	250	12	5/60
Registered Nurse (Infection Preventionist)	LTAC Annual Survey	400	1	50/60
Registered Nurse (Infection Preventionist)	Rehab Annual Survey	1,000	1	50/60
Registered Nurse (Infection Preventionist)	Antimicrobial Use & Resistance Component—Monthly Reporting Plan.	100	12	5/60
Occupational Health RN/Specialist	Healthcare Personnel Safety Component Annual Facility Survey.	50	1	8
Occupational Health RN/Specialist	Healthcare Personnel Safety Monthly Reporting Plan.	11,000	1	5/60
Occupational Health RN/Specialist	Healthcare Worker Demographic Data	50	200	20/60
Occupational Health RN/Specialist	Exposure to Blood/Body Fluids	50	50	1
Occupational Health RN/Specialist	Healthcare Worker Prophylaxis/Treatment	50	30	15/60
Laboratory Technician	Follow-Up Laboratory Testing	50	50	15/60
Occupational Health RN/Specialist	Healthcare Worker Prophylaxis/Treatment-Influenza.	50	50	10/60
Medical/Clinical Laboratory Technologist	Hemovigilance Module Annual Survey	500	1	2
Medical/Clinical Laboratory Technologist	Hemovigilance Module Monthly Reporting Plan.	500	12	1/60
Medical/Clinical Laboratory Technologist	Hemovigilance Module Monthly Reporting Denominators.	500	12	1
Medical/Clinical Laboratory Technologist	Hemovigilance Adverse Reaction	500	48	15/60
Medical/Clinical Laboratory Technologist	Hemovigilance Incident	500	10	10/60
Staff RN	Outpatient Procedure Component—Annual Facility Survey.	5,000	1	5/60
Staff RN	Outpatient Procedure Component—Monthly Reporting Plan.	5,000	12	15/60
Staff RN	Outpatient Procedure Component Event	5,000	25	40/60
Staff RN	Outpatient Procedure Component—Monthly Denominators and Summary.	5,000	12	40/60
Registered Nurse (Infection Preventionist)	Outpatient Dialysis Center Practices Survey	6,500	1	1.75
Staff RN	Dialysis Monthly Reporting Plan	6,500	12	5/60
Staff RN	Dialysis Event	6,500	60	20/60
Staff RN	Denominators for Dialysis Event Surveillance	6,500	12	6/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Staff RN	Prevention Process Measures Monthly Monitoring for Dialysis.	1,500	12	30/60
Staff RN	Dialysis Patient Influenza Vaccination	325	75	10/60
Staff RN	Dialysis Patient Influenza Vaccination Denominator.	325	5	10/60
Epidemiologist	State Health Department Validation Record ..	152	50	15/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–21257 Filed 9–5–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS Computer Match No. 2014–04; HHS Computer Match No. 1402]

Privacy Act of 1974

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended; the Improper Payments Elimination and Recovery Improvement Act of 2012, Public Law (Pub. L.) 112–248, 126 Stat. 2390 (31 U.S.C. 3321 (note)); and OMB Memorandum M–13–20 (Protecting Privacy while Reducing Improper Payments with the Do Not Pay Initiative), this notice announces the establishment of a CMP that CMS plans to conduct with the Bureau of the Fiscal Service (Fiscal Service), Department of Treasury.

DATES: *Effective Dates:* Comments are invited on all portions of this notice. Public comments are due 30 days after publication. The matching program will become effective no sooner than 40 days after the report of the matching program is sent to Office of Management and Budget (OMB) and Congress, or 30 days after publication in the **Federal Register**, whichever is later.

ADDRESSES: The public should send comments to: CMS Privacy Officer, Division of Privacy Policy, Privacy Policy and Compliance Group, Office of E-Health Standards & Services, Offices of Enterprise Management, CMS, Room S2–24–25, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m.—3:00 p.m., Eastern Time zone.

FOR FURTHER INFORMATION CONTACT: John Sofokles, Government Technical Lead, Systems Management Division (SMD), Data Analytics and Control Group (DACG), Center for Program Integrity (CPI), CMS, Mail Stop AR–18–50, 7500 Security Boulevard, Baltimore, MD 21244–1805, Office Phone: 410–786–6373, Email: *John.Sofokles@cms.hhs.gov*

SUPPLEMENTARY INFORMATION: The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 101–503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records (SOR) are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;

2. Obtain the Data Integrity Board approval of the match agreements;

3. Furnish detailed reports about matching programs to Congress and OMB;

4. Notify applicants and beneficiaries that the records are subject to matching; and,

5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

This matching program meets the requirements of the Privacy Act of 1974, as amended.

Celeste Dade-Vinson,

Health Insurance Specialist, Centers for Medicare & Medicaid Services.

CMS Computer Match No. 2014–04
HHS Computer Match No. 1402

NAME:

''Computer Matching Agreement between the Department of Health and Human Services, Centers for Medicare & Medicaid Services, and the Department of Treasury, Bureau of the Fiscal Service to Detect Instances of Programmatic Waste, Fraud, and Abuse''

SECURITY CLASSIFICATION:

Unclassified

PARTICIPATING AGENCIES:

Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) and the Department of Treasury, Bureau of the Fiscal Service (Fiscal Service).

AUTHORITY FOR CONDUCTING MATCHING PROGRAM:

This Computer Matching Program (CMP) is executed to comply with the provisions of the Privacy Act of 1974 (5 U.S.C. 552a), as amended, the Improper Payments Elimination and Recovery Improvement Act of 2012, Public Law 112–248, 126 Stat. 2390 (31 U.S.C. 3321 (note)); OMB Memorandum M–13–20 (Protecting Privacy while Reducing Improper Payments with the Do Not Pay Initiative); the Office of Management and Budget (OMB) Circular A–130 entitled, Management of Federal Information Resources, at 61 FR 6428–6435 (February 20, 1996), and OMB guidelines pertaining to computer matching at 54 FR 25818 (June 19, 1989) and 56 FR 18599 (April 23, 1991); and the computer matching portions of Appendix I to OMB Circular No. A–130 as amended at 61 FR 6428, February 20, 1996;