Alternatives Under Consideration

As part of the EIS, GSA will study the impacts of developing an up to 2.1 million rentable square feet consolidated FBI HQ on three site alternatives. These sites are:

- Greenbelt—this site is known as the Greenbelt Metro Station located near the intersection of Interstates 95/495 and Greenbelt Station (exit 24) in Prince George's County, Maryland.
- Landover—this site is known as the former Landover Mall located along Brightseat Road near the intersection of Interstates 95/495 (exit 17) and Landover Road (MD 202) in Prince George's County, Maryland.
- Springfield—this site is known as the GSA Franconia Warehouse Complex located along Loisdale Road just south of the Franconia-Springfield Parkway overpass and east of Interstate 95 in Fairfax County, Virginia.

Additionally, GSA will study potential impacts related to the exchange of the JEH parcel. GSA also will evaluate a ''No Action Alternative'', in which FBI would remain in the current locations without consolidation at a new permanent location.

Resource areas to be addressed in the EIS will include, but not be limited to: Air quality, noise, land use, socioeconomics, traffic and transportation, infrastructure and community services, natural resources, biological resources, cultural resources, and safety and environmental hazards. The analysis will evaluate direct, indirect, and cumulative impacts. Relevant and reasonable measures that could avoid or mitigate environmental effects will also be analyzed. In conjunction with the NEPA process, GSA will undertake any consultations required by applicable laws or regulations, including NHPA.

Scoping Process

In accordance with NEPA, a scoping process will be conducted to: (1) Aid in determining the alternatives to be considered and the scope of issues to be addressed; and (2) identify the significant environmental issues related to the proposed FBI HQ consolidation that should be addressed during the preparation of the Draft EIS. Scoping will be accomplished through a series of public scoping meetings; mail and email correspondence to potentially interested persons, agencies, and organizations; social media and other web-based communications; and meetings with agencies having an interest in the FBI HQ consolidation. GSA is also using the NEPA scoping process to facilitate consultation with the public under Section 106 of the NHPA (36 CFR Part 800). GSA welcomes comments from the public to ensure that the agency takes into account the effects of the proposed action on historic and cultural resources.

GSA will publish announcement notices in the *Washington Post, Washington Business Journal, Springfield Connection, Greenbelt Patch,* and *Hyattsville Patch* approximately one to two weeks prior to the public scoping meetings. After receiving scoping comments, GSA will respond to them in the EIS and through the Section 106 consultation process. GSA will make available to the public a comment/response matrix summarizing the scoping and Section 106 comments in the Draft and Final EIS.

Written Comments: Agencies and the public are encouraged to provide written comments on the scoping issues related to the EIS for the proposed FBI HQ consolidation in addition to, or in lieu of, providing comments at the public scoping meeting. Written comments must be postmarked no later than October 23, 2014, and sent to the General Services Administration, Attention: Nia Francis, Project Manager, 301 7th Street SW., Room 4004, Washington, DC 20407. Email: *fbiheadquarters@gsa.gov* using the subject line: NEPA Scoping Comment.

Dated: September 3, 2014.

Mina Wright,

Director, Office of Planning and Design Quality, National Capital Region, Public Buildings Service.

[FR Doc. 2014–21329 Filed 9–5–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Standards Committee; Schedule for the Assessment of HIT Policy Committee Recommendations

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: Section 3003(b)(3) of the American Recovery and Reinvestment Act of 2009 mandates that the HIT Standards Committee develop a schedule for the assessment of policy recommendations developed by the HIT Policy Committee and publish it in the **Federal Register**. This notice fulfills the requirements of Section 3003(b)(3) and updates the schedule posted in the **Federal Register** on May 8, 2013. In anticipation of receiving recommendations originally developed by the HIT Policy Committee, the HIT Standards Committee has created six (6) workgroups to analyze the following areas: (1) Content standards; (2) semantic standards; (3) transport and security; (4) implementation, certification, and testing; (5) architecture, services and application program interfaces (APIs); (6) a steering committee to provide continuity across all other groups. Other groups are convened to address specific issues as needed.

HIT Standards Committee's Schedule for the Assessment of HIT Policy Committee Recommendations is as follows:

The National Coordinator will establish priority areas based in part on recommendations received from the HIT Policy Committee regarding health information technology standards, implementation specifications, and/or certification criteria. Once the HIT Standards Committee is informed of those priority areas, it will:

(A) Direct the appropriate workgroup or other special group to develop a report for the HIT Standards Committee, to the extent possible, within 90 days, which will include, among other items, the following:

(1) An assessment of what standards, implementation specifications, and certification criteria are currently available to meet the priority area;

(2) An assessment of where gaps exist (*i.e.,* no standard is available or harmonization is required because more than one standard exists) and identify potential organizations that have the capability to address those gaps; and

(3) a timeline, which may also account for NIST testing, where appropriate, and include dates when the HIT Standards Committee is expected to issue recommendation(s) to the National Coordinator.

(B) Upon receipt of a report from a workgroup or other special group, the HIT Standards Committee will:

(1) Accept the timeline provided by the subcommittee, and, if necessary, revise it; and

(2) assign subcommittee(s) to conduct research and solicit testimony, where appropriate, and issue recommendations to the full committee in a timely manner.

(C) Advise the National Coordinator, consistent with the accepted timeline in (B)(1) and after NIST testing, where appropriate, on standards, implementation specifications, and/or certification criteria, for the National Coordinator's review and determination whether or not to endorse the recommendations, and possible

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