

is authorized by subsection 511(g)(1) of Title V of the Social Security Act (42 U.S.C. 711(g)(1)) as added by section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148) (Affordable Care Act) and amended by Public Law 114–10 (Medicare Access and CHIP Reauthorization Act of 2015), Section 218.

The purpose of the Committee is to review, and make recommendations on, the design and plan for the evaluation required under paragraph 511(g)(2); maintain and advise the Secretary regarding the progress of the evaluation; and comment, if the Committee so desires, on the report submitted to Congress under subsection 511(g)(3).

The Department of Health and Human Services has contracted with MDRC (formerly known as Manpower Demonstration Research Corporation), a nonprofit, nonpartisan education and social policy research organization, to conduct the evaluation of the MIECHV program.

As specified in the legislation, the evaluation provided a state-by-state analysis of the needs assessments and the States' actions in response to the assessments. Additionally, as specified in the legislation, the evaluation will provide an assessment of: (a) The effect of early childhood home visiting programs on outcomes for parents, children, and communities with respect to domains specified in the authorizing legislation (such as maternal and child health status, school readiness, and domestic violence, among others); (b) the effectiveness of such programs on different populations, including the extent to which the ability to improve participant outcomes varies across programs and populations; and (c) the potential for the activities conducted under such programs, if scaled broadly, to enhance health care practices, eliminate health disparities, improve health care system quality, and reduce costs.

Naomi Goldstein,

Director, Office of Planning, Research, and Evaluation, ACF.

Michael Lu,

Associate Administrator, Maternal and Child Health Bureau, HRSA.

[FR Doc. 2015–21332 Filed 9–3–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than October 5, 2015.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Providing Primary Care and Preventive Medical Services in Ryan White-Funded Medical Care Settings, OMB No. 0915–xxxx—New

Abstract: Since 1990, the Ryan White HIV/AIDS Program (Ryan White Program) has funded the provision of HIV care to eligible persons living with HIV (PLWH). With the advent of effective antiretroviral treatment, PLWH are living longer and normal lives. With this shift, PLWH are beginning to experience typical health issues that come with aging. Ryan White Program-funded clinics are seeing their patients develop other common preventable chronic diseases such as diabetes, heart disease, and hypertension. In addition, clinicians need to address non-primary care issues such mental health and substance abuse issues that are prevalent to PLWH and interferes with managing and treating HIV and other conditions. By shifting HIV care into a

broader system of primary care, including preventative care, clinics can offer a more holistic approach to further improving the lives of PLWH.

However, with limited resources, these Ryan White-funded clinics may struggle to provide primary and preventative care services in-house or have insufficient referral systems. This study will examine how Ryan White-funded clinics are integrating the provision of primary and preventative care services to the overall HIV care model. Specifically, it will look at the protocols and strategies used by clinics to manage care for PLWH, specifically care coordination, referral systems, and patient-centered strategies to keep PLWH in care.

Need and Proposed Use of the Information: The proposed study will provide the HRSA HIV/AIDS Bureau and policymakers with a better understanding of how the Ryan White Program currently provides primary and preventative care to PLWH. The first online survey will be targeted to clinic directors from a sample of about 160 Ryan White-funded clinics and will collect data on care models used; primary care services, including preventive services; and coordination of care. Data collected from this survey will provide the HIV/AIDS Bureau with a general overview of the various HIV care models used as well as insight to possible facilitators and barriers to providing primary and preventative care services. More in-depth data collection will be conducted with a smaller number of 30 clinics representing clinic type (publicly funded community health organization, other community-based organization, health department, and hospital or university-based) and size. There will be three data collection instruments used: (1) an online survey completed by three clinicians at each of the clinics, (2) a data extraction of select primary and preventative care services, and (3) a telephone interview with the medical director. The clinician survey will provide a more in-depth look at the clinic protocols and strategies and how they are being used and implemented by the clinicians. The data extraction will provide quantitative information on the provision of select primary and preventative care services within a certain time period. With these data, the study team can assess the accuracy of information provided in the online surveys on the provision of care. Lastly, the interviews with the medical director will allow the study team to follow-up on the results of the survey and data extraction and collect qualitative data and more in-depth details on the provision of primary and preventative

care services, specifically any facilitators and barriers. These data will provide the HIV/AIDS Bureau with the background to make informed policies and changes to the Ryan White Program in this new era when the well-being of PLWH demands a more complex and long-term HIV care model.

Likely Respondents: Clinics funded by the Ryan White HIV/AIDS Program.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing

and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden—Hours

Form name	Number of responses	Number of responses per respondents	Total responses	Average burden per response (in hours)	Total burden hours for all responses
Clinic Director Online Survey	130	1	130	0.5	65
Clinician Online Survey	90	1	90	0.5	45
Data Extraction	30	1	30	4.0	120
Medical Director Interview Guide	30	1	30	0.5	15
Total	280		280		245

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-22058 Filed 9-3-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice concerning the final effect of the HHS decision to designate a class of employees from the Westinghouse Electric Corp. in Bloomfield, New Jersey, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000.

FOR FURTHER INFORMATION CONTACT: Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, NIOSH, 1090 Tusculum Avenue, MS C-46, Cincinnati, OH 45226-1938, Telephone 877-222-7570. Information requests can also be submitted by email to DCAS@CDC.GOV.

SUPPLEMENTARY INFORMATION:

Authority: 42 U.S.C. 7384q(b), 42 U.S.C. 7384l(14)(C).

On July 28, 2015, as provided for under 42 U.S.C. 7384l(14)(C), the Secretary of HHS designated the following class of employees as an addition to the SEC:

All Atomic Weapons Employees who worked at the facility owned by Westinghouse Electric Corp., in Bloomfield, New Jersey, during the period from February 1, 1958, through May 31, 1958, or during the period from June 1, 1959, through June 30, 1959, for a number of work days aggregating at least 250 work days, occurring either solely under this employment, or in combination with work days within the parameters established for one or more other classes of employees included in the Special Exposure Cohort.

This designation became effective on August 27, 2015. Therefore, beginning on August 27, 2015, members of this class of employees, defined as reported in this notice, became members of the SEC.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2015-22042 Filed 9-3-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Secretarial Review and Publication of the Annual Report to Congress and the Secretary Submitted by the Consensus-Based Entity Regarding Performance Measurement

AGENCY: Office of the Secretary of Health and Human Services, HHS.

ACTION: Notice.

SUMMARY: This notice acknowledges the Secretary of the Department of Health and Human Services' (HHS) receipt and review of the 2015 Annual Report to Congress and the Secretary submitted by the consensus-based entity (CBE) in contract with the Secretary as mandated

by section 1890(b)(5) of the Social Security Act, which was created by section 183 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and amended by section 3014 of the Patient Protection and Affordable Care Act of 2010. The statute requires the Secretary to review and publish the report in the **Federal Register** together with any comments of the Secretary on the report not later than six months after receiving the report. This notice fulfills those requirements.

FOR FURTHER INFORMATION CONTACT:

Corette Byrd, (410) 786-1158.

The order in which information is presented in this notice is as follows:

- I. Background
- II. The 2015 Annual Report to Congress and the Secretary: "National Quality Forum Report of 2014 Activities to Congress and the Secretary of the Department of Health and Human Services"
- III. Secretarial Comments on the 2015 Annual Report to Congress and the Secretary
- IV. Future Steps
- V. Collection of Information Requirements

I. Background

In recent years we have seen significant improvements in many important dimensions of the quality of the nation's health care. The 2014 National Quality and Disparities Report, published in April 2015 by the Agency for Healthcare Research and Quality and available at <http://www.ahrq.gov/research/findings/nhqdr/nhqdr14/index.html>, shows, for example, significant improvement in the quality of hospital care in 2013, with an estimated 1.3 million fewer harmful conditions acquired by patients while in the hospital and 50,000 fewer deaths