A3. What are some advantages of newer generation sensors or direct reading devices for emergency response?

A4. Could wearable or embedded sensors have a major contribution? How?

A5. What are the primary stumbling blocks that impede sensor development and commercialization (*e.g.,* reliability, potential market size, investment capital, etc.)?

B. Standards and Guidance

B1. What existing standards or guidance are available with respect to sensor performance characteristics and validation of sensors?

B2. What standards need to be developed (for performance or manufacturing) to meet industry and emergency responder expectations for emerging sensor technologies?

B3. What guidance is needed with respect to sensors used in emergency response?

C. Training

C1. What training is available on when and how to use sensors in emergency response? Who is developing this training and how is it accessed (print, via web, etc.)?

C2. What additional training on sensors would be useful for emergency response?

C3. What standards or guidance are available on how training should be developed and conducted?

D. Sensors

D1. What capabilities would be highest priority for emergency response efforts? What are the current primary gaps in sensor functionality?

D2. What are the largest technical challenges in manufacturing facing sensor development (*e.g.,* integration, reliability)?

D3. What are the new tools for integration/engineering (*e.g.,* Wi-Fi, programmable logic, signal processing software, GPS/location services, development of multi-sensor networks, etc.) that will have the greatest impact on sensors used in emergency response?

D4. What, if any, unique emergency response issues might be expected for sensor manufacturing?

D5. What sample types have you used to demonstrate sensor performance (*e.g.,* real clinical samples, environmental samples/sites)?

D6. What procedures for standardized testing have you used to develop sensors?

D7. What would aid the sensor development community?

E. Additional Considerations

E1. What additional questions and considerations should be considered relevant to planning the development of a document to evaluate current and future sensor technologies used in emergency response?

E2. What elements of the sensor lifecycle are either missing, in need of clarification, or of greatest importance?

Responses to this notice are not offers and cannot be accepted by the Government to form a binding contract or to issue a grant. Information obtained as a result of this RFI may be used by the government for program planning on a non-attribution basis. Please do not include any information that might be considered proprietary, confidential, or personally identifying (such as home address or social security number).

Dated: January 12, 2016.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2016–00828 Filed 1–15–16; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–16CP]

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

Community-based tick control for the prevention of Rocky Mountain spotted fever in Hermosillo, Mexico—New—National Center for Emerging and Zoonotic Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) Rickettsial Zoonoses Branch (RZB) requests approval of a public health intervention assessment tool to demonstrate the efficacy and impact of public health research related to the prevention of Rocky Mountain spotted fever [RMSF] in Hermosillo, Mexico. These activities include monitoring cases, conducting tick control interventions, and performing participant surveys to assess the knowledge, attitudes, and practices relating to tick control and prevention.

The information collection for which approval is sought is in accordance with RZB's mission to reduce morbidity and mortality of rickettsial diseases and decrease the burden of disease through control and prevention methods. Authorizing Legislation comes from Section 301 of the Public Health Service Act (42 U.S.C. 241).

Approval of this data collection tool will allow RZB to collect information related to risk of RMSF to improve and inform prevention activities. Successful execution of RZB's public health mission requires the use of data collection activities in collaboration with multiple local and international partners. RZB proposes the use of pre/posttests to evaluate the changes in knowledge, attitudes, and practices relating to tick control as well as perceived impact of the intervention project. The project will collect basic

household information to document consent to participate. Data collection will be conducted in-person. Data will be recorded on paper forms and then entered into an electronic database.

RZB estimates involvement of 1,300 respondents and a maximum of 701 hours of burden for research activities each year. The collected information will not impose a cost burden on the respondents beyond that associated with their time to provide the required data.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General Public	Registration	500	1	20/60	167
General Public	KAP survey (pre- and post-intervention).	800	2	20/60	534

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. 2016–00867 Filed 1–15–16; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10467]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by *February 18, 2016.*

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 or, Email: *OIRA_submission@omb.eop.gov.*

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved information collection; *Title of Information Collection:* Evaluation of the Graduate Nurse Education Demonstration Program; *Use:* The Graduate Nurse Education (GNE) Demonstration is mandated under Section 5509 of the Affordable Care Act (ACA) under title XVIII of the Social Security Act (42 U.S.C. 1395 *et seq.*). According to Section 5509 of the ACA, the five selected demonstration sites receive ''payment for the hospital's reasonable costs for the provision of qualified clinical training to advance practice registered nurses.'' Section 5509 of the ACA also states that an evaluation of the graduate nurse education demonstration must be completed no later than October 17, 2017. This evaluation includes analysis of the following: (1) growth in the number of advanced practice registered nurses (APRNs) with respect to a specific base year as a result of the demonstration; (2) growth for each of the following specialties: clinical nurse specialist, nurse practitioner, certified nurse anesthetist, certified nurse-midwife; and (3) costs to the Medicare program as result of the demonstration.

All information collected through the Evaluation of the GNE project will be used to meet the requirements specified under the ACA Section 5509. We will also use the information to determine the overall effectiveness of the GNE project. The process evaluation seeks to understand how the demonstration is implemented overall, how that implementation has changed over time, which aspects of the demonstration have been successful or unsuccessful,