TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response [1]	Total burden hours
164.520	Notice of Privacy Practices for Protected Health Information (health care providers—dissemination and acknowledgement).	613,000,000 [14]	1	3/60	30,650,000
164.522	Rights to Request Privacy Protection for Protected Health Information.	20,000 [15]	1	3/60	1,000
164.524	Access of Individuals to Protected Health Information (disclosures).	200,000 [16]	1	3/60	10,000
164.526	Amendment of Protected Health Information (requests).	150,000	1	5/60	12,500
164.526	Amendment of Protected Health Information (denials).	50,000	1	5/60	4,166
164.528	Accounting for Disclosures of Protected Health Information.	5,000 [17]	1	3/60	250
Total					921,813,702

[1] The figures in this column are averages based on a range. Small entities may require fewer hours to conduct certain compliance activities, particularly with respect to Security Rule requirements, while large entities may spend more hours than those provided here.
[2] This estimate includes 700,000 estimated covered entities and 1 million estimated business associates. The Omnibus HIPAA Final Rule burden analysis estimated that there were 1–2 million business associates. However, because many business associates have business associate relationships with multiple covered entities, we believe the lower end of this range is more accurate.
[3] This element includes the burden of updating documentation in accordance with the evaluation required by 45 CFR 164.306. Therefore, we do not separately address the burden associated with the evaluation.
[4] Total number of breach incidents in 2015.
[5] Average number of individuals affected per breach incident in 2015.
[6] This number includes all 267 large breaches and all 2,479 breaches affecting 10–499 individuals. As we stated in the preamble to the Omnibus HIPAA Final Rule, although some breaches involving fewer than 10 individuals may require substitute notice, we believe the costs of providing such notice through alternative written means or by telephone is negligible.
[7] We again assume that call center staff will spend 5 minutes per call, but now with an average of 4,124 individuals affected by breaches requiring substitute notice. Multiplying these figures results in 5.75 hours per breach. This estimate is much lower than the 46.26 hours per breach requiring substitute notice in our previous estimate, which we believe was the result of an arithmetic error. The estimate of 4,124 individuals being affected by breaches requiring substitute notice results from the assumption that the number of callers to the toll-free number will equal 10% of the sum of all individuals affected by large breaches (113,250,136) and 5% of individuals affected by small breaches (.05 × 285,413 = 14,270). We calculate .10 * (113,250,136 + 14,270) = 11,326,440.
[8] As noted in the previous footnote, this number equals 10% of the sum of all individuals affected by large breaches and 5% of individuals affected by small breaches.
[9] This number includes 7.5 minutes for each individual who calls: an average of 2.5 minutes to wait on the line/decide to call back and 5 minutes for the call itself.
[10] The total number of breaches affecting 500 or more individuals in 2015.
[11] The total number of breaches affecting fewer than 500 individuals in 2015.
[12] The number of entities who use and disclose protected health information for research purposes.
[13] As in our previous submission, we assume that half of the approximately 200,000,000 individuals insured by covered health plans will receive the plan's NPP by paper mail, and half will receive the NPP by electronic mail.
[14] We estimate that each year covered health care providers will have first-time visits with 613 million individuals, to whom the providers must give a NPP.
[15] We assume covered entities address 20,000 requests for confidential communications or restrictions on disclosures per year.
[16] We estimate that covered entities annually fulfill 200,000 requests from individuals for access to their protected health information.
[17] We estimate that covered entities annually fulfill 5,000 requests from individuals for an accounting of disclosures of their protected health information.

OS specifically requests comments on (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.

Terry S. Clark,

Assistant Information Collection Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Establishment of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 and Solicitation of Nominations for Membership

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

ACTION: Notice.

Authority: 42 U.S.C. 217a. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C., App.), which sets forth standards for the formation and use of federal advisory committees.

SUMMARY: The U.S. Department of Health and Human Services (HHS) announces the establishment of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) and invites nominations for membership.

DATES: Nominations for membership to the Committee must be submitted by 6:00 p.m. ET on April 18, 2016.

ADDRESSES: Nominations should be submitted by email to *HP2030@hhs.gov.*

Alternatively, nominations may also be sent to the following address: Emmeline Ochiai; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; 1101 Wootton Parkway, Suite LL–100; Rockville, MD 20852; Email: *HP2030@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Designated Program Official, Emmeline Ochiai; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion;1101 Wootton Parkway, Suite LL–100; Rockville, MD 20852; Email: *HP2030@hhs.gov.* Additional information is available at *www.healthypeople.gov.*

SUPPLEMENTARY INFORMATION: Each decade since 1979, HHS has published a comprehensive set of national public health objectives. Known as Healthy People, this initiative has been grounded in the notion that setting science-based, measurable objectives and monitoring progress can motivate action. As HHS prepares to produce objectives for the next decade, it seeks the assistance of a federal advisory committee to help ensure that those objectives are salient and science-based. The Committee will provide relevant and objective advice through an open process that fosters the cooperation and commitment from both the public and private sectors.

The Committee will be established to provide independent advice based on current scientific evidence for use by the HHS Secretary (the Secretary) or her designee in the development of Healthy People 2030. The Committee will advise the Secretary on HHS' approach for Healthy People 2030. Framed around health determinants and risk factors, this approach will generate a focused set of objectives that address high-impact public health challenges. The Committee will perform the single, time-limited task of providing advice regarding creating Healthy People 2030. The Committee will advise the Secretary on the Healthy People 2030 mission statement, vision statement, framework, and organizational structure. The Committee will provide advice on HHS' selection criteria for identifying a focused set of measurable, nationally representative objectives. The selection criteria will assist the Secretary in defining the objectives that represent the most critical public health issues that are high-impact priorities supported by current, national data sets.

The Committee will meet, at a minimum, one time per year. It is expected to begin meeting in fall of 2016 and to meet approximately four times per year during the course of its operation. Pursuant to FACA, meetings will be open to the public except as determined otherwise by the Secretary or her designee in keeping with all applicable laws.

Individuals selected for appointment to the Committee will be invited to serve as members until the charter expires or the Committee accomplishes its mission. Unless renewed, the charter will expire two years from the date it is established. The Committee will operate until its report is delivered to the Secretary or the charter expires, whichever comes first.

Prospective members of the Committee should be nationally known experts in the fields of disease prevention and health promotion. The membership may include former Assistant Secretaries for Health. Expertise is sought in specific specialty areas such as biostatistics, business, epidemiology, health communications, health economics, health information technology, health policy, health sciences, health systems, international health, outcomes research, public health law, social determinants of health, special populations, and state and local public health and from a variety of public, private, philanthropic, and academic settings. Individuals will be selected to serve as Committee members based upon their qualifications, level of expertise and knowledge, and ability to contribute to the work to be performed by the Committee. Individuals will not be appointed to serve as members of the Committee to represent the viewpoints of any specific group. Rather members will be selected to represent balanced viewpoints of the current scientific evidence sought by the Secretary to meet the Committee's charge.

Nominations: HHS will consider nominations, including self-nominations, for Committee membership of individuals qualified to carry out the above-mentioned duties. The following information should be included in the package of materials submitted for each individual being nominated for consideration: (1) The name, address, daytime telephone number, and email address of the nominator (if applicable), and the individual being nominated; (2) a letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.,* specific attributes which qualify the nominee for service in this capacity), and a statement from the nominee that the nominee is willing to serve as a member of the Committee; and (3) a current copy of the nominee's curriculum vitae (CV) no more than 10 pages in length. Inclusion of the following is requested in the CV: (1) Current and/or past grant awards; (2) publications showing both breadth and experience in areas of specialization; (3) paid and non-paid board and advisory appointments; (4) education and occupational history; and (5) an attestation that the submitted information is accurate and complete. All nominations must include the required information. Incomplete nominations will not be processed for consideration. Federal employees should not be nominated for appointment to this Committee.

Equal opportunity practices regarding membership appointments to the Committee will be aligned with HHS policies. When possible, every effort will be made to ensure that the Committee is a diverse group of individuals with representation from various academic institutions, disability status, ethnic identities, genders, geographic areas, and racial groups.

All appointed members of the Committee will serve as special government employees. As such, they are subject to the ethical standards of conduct for federal employees. Upon entering the position and annually throughout the term of appointment, members of the Committee will be required to complete and submit a report of their financial holdings, consultancies, and research grants and/or contracts. The purpose of this report is to determine if the individual has any interests and/or activities that may conflict with performance of his or her official duties as a member of the Committee. Committee members are entitled to receive reimbursement for travel and per diem expenses incurred for conducting official business in accordance with federal standard travel regulations. Committee members are not entitled to receive any other compensation for the services they perform.

Dated: March 9, 2016.

Don Wright,

Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration