

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. 2016-20259 Filed 8-23-16; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10455 and CMS-
 R-290]

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

AGENCY: Centers for Medicare &
 Medicaid Services, HHS.

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 *September 23,
 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](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:* Extension of a currently
 approved collection; *Title of
 Information Collection:* Report of a
 Hospital Death Associated with
 Restraint or Seclusion; *Use:* Executive
 Order 13563, Improving Regulation and
 Regulatory Review, was signed on
 January 18, 2011. The order recognized
 the importance of a streamlined,
 effective, and efficient regulatory
 framework designed to promote
 economic growth, innovation, job
 creation, and competitiveness. Each
 agency was directed to establish an
 ongoing plan to reduce or eliminate
 burdensome, obsolete, or unnecessary
 regulations to create a more efficient
 and flexible structure.

The regulation that was published on
 May, 16, 2012 (77 FR 29034) included
 a reduction in the reporting requirement

related to hospital deaths associated
 with the use of restraint or seclusion,
 § 482.13(g). Hospitals are no longer
 required to report to CMS those deaths
 where there was no use of seclusion and
 the only restraint was 2-point soft wrist
 restraints. It is estimated that this will
 reduce the volume of reports that must
 be submitted by 90 percent for
 hospitals. In addition, the final rule
 replaced the previous requirement for
 reporting via telephone to CMS, which
 proved to be cumbersome for both CMS
 and hospitals, with a requirement that
 allows submission of reports via
 telephone, facsimile or electronically, as
 determined by CMS. Finally, the
 amount of information that CMS needs
 for each death report in order for CMS
 to determine whether further on-site
 investigation is needed has been
 reduced.

The Child Health Act (CHA) of 2000
 established in Title V, Part H, Section
 591 of the Public Health Service Act
 (PHSA) minimum requirements
 concerning the use of restraints and
 seclusion in facilities that receive
 support with funds appropriated to any
 Federal department or agency. In
 addition, the CHA enacted Section 592
 of the PHSA, which establishes
 minimum mandatory reporting
 requirements for deaths in such
 facilities associated with use of restraint
 or seclusion. Provisions implementing
 this statutory reporting requirement for
 hospitals participating in Medicare are
 found at 42 CFR 482.13(g), as revised in
 the final rule that published on May 16,
 2012 (77 FR 29034). *Form Number:*
 CMS-10455 (OMB control number:
 0938-1210); *Frequency:* Occasionally;
Affected Public: Private Sector; *Number
 of Respondents:* 6,225; *Number of
 Responses:* 6,225; *Total Annual Hours:*
 2,054. (For policy questions regarding
 this collection contact Karina Meushaw
 at 410-786-1000.)

2. *Type of Information Collection
 Request:* Extension of a currently
 approved collection; *Title:* Medicare
 Program: Procedures for Making
 National Coverage Decisions; *Use:* We
 revised our April 27, 1999 (64 FR
 22619) notice and published a new
 notice on September 26, 2003 (68 FR
 55634) that described the process we
 use to make Medicare coverage
 decisions including decisions regarding
 whether new technology and services
 can be covered. We have made changes
 to our internal procedures in response
 to the comments we received following
 publication of the 1999 notice and
 experience under our new process. Over
 the past several years, we received
 numerous suggestions to further revise
 our process to continue to make it more

open, responsive, and understandable to the public. We share the goal of increasing public participation in the development of Medicare coverage issues. This will assist us in obtaining the information we require to make a national coverage determination in a timely manner and ensuring that the Medicare program continues to meet the needs of its beneficiaries. *Form Number:* CMS–R–290 (OMB control number: 0938–0776); *Frequency:* Annual; *Affected Public:* Private Sector: Business or other for-profits; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 8,000. (For policy questions regarding this collection contact Katherine Tillman at 410–786–9252.)

Dated: August 18, 2016.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2016–20216 Filed 8–23–16; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–7042–N]

Health Insurance MarketplaceSM; and the Medicare, Medicaid, and Children's Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education (APOE), September 21, 2016

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the new meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of Health Insurance MarketplaceSM and the Medicare, Medicaid, and Children's Health Insurance Programs consumer education strategies. This meeting is open to the public.

DATES: *Meeting Date:* Wednesday, September 21, 2016, 8:30 a.m. to 4:00 p.m. eastern daylight time (e.d.t.).

Deadline for Meeting Registration, Presentations, Special Accommodations

and Comments: Wednesday, September 7, 2016, 5:00 p.m., e.d.t.

ADDRESSES: *Meeting Location:* U.S. Department of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 425A, Conference Room, Washington, DC 20201.

Presentations and Written Comments: Presentations and written comments should be submitted to: Abigail Huffman, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1–05–06, Baltimore, MD 21244–1850 or via email at Abigail.Huffman1@cms.hhs.gov.

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the Web site <https://www.regonline.com/apoesept2016meeting> or by contacting the DFO as listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

FOR FURTHER INFORMATION CONTACT: Abigail Huffman, Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1–05–06, Baltimore, MD 21244, 410–786–0897, email Abigail.Huffman1@cms.hhs.gov. Additional information about the APOE is available on the Internet at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.html>. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Advisory Panel for Outreach and Education (APOE) (the Panel) is governed by the provisions of Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees. The Panel is authorized by section 1114(f) of the Social Security Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a).

The Secretary of the U.S. Department of Health and Human Services (HHS) (the Secretary) signed the charter establishing the Citizen's Advisory

Panel on Medicare Education¹ (the predecessor to the APOE) on January 21, 1999 (64 FR 7899, February 17, 1999) to advise and make recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105–33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108–173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. We have had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. The successful MA program implementation required CMS to consider the views and policy input from a variety of private sector constituents and to develop a broad range of public-private partnerships.

In addition, Title I of the MMA authorized the Secretary and the Administrator of CMS (by delegation) to establish the Medicare prescription drug benefit. The drug benefit allows beneficiaries to obtain qualified prescription drug coverage. In order to effectively administer the MA program and the Medicare prescription drug benefit, we have substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options and benefits available, and to develop better tools to evaluate these plans and benefits.

The Affordable Care Act (Patient Protection and Affordable Care Act, Public Law 111–148, and Health Care and Education Reconciliation Act of 2010, Public Law 111–152) expanded the availability of other options for health care coverage and enacted a number of changes to Medicare as well as to Medicaid and the Children's Health Insurance Program (CHIP). Qualified individuals and qualified employers are now able to purchase private health insurance coverage through competitive marketplaces, called Affordable Insurance Exchanges (we also call an Exchange a Health

¹ We note that the Citizen's Advisory Panel on Medicare Education is also referred to as the Advisory Panel on Medicare Education (65 FR 4617). The name was updated in the Second Amended Charter approved on July 24, 2000.