

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:

### Information Collection

#### 1. *Type of Information Collection*

**Request:** Reinstatement with change of a previously approved collection; **Title of Information Collection:** Blueprint for Approval of State-Based Health Insurance Exchanges; **Use:** All States (including the 50 States, the Territories, and the District of Columbia herein referred to as States) have the opportunity under Section 1311(b) of the Affordable Care Act to establish Exchanges, subject to certification (or "Approval") that the Exchange meets Federal standards and will be able to offer health care coverage for the following plan year, beginning January 1, 2014. The original information collection request for the State Exchange Blueprint Data Collection Tool specified a single reporting tool for all the various exchange types and was partially paper based. Subsequent revisions simplified the tool by having separate collection tools for each type of exchange and on-line implementation of the tool to reduce the burden. This revision updates the tool to reflect current State Exchange model options (a State-based Exchange (SBE) or a State-based Exchange on the Federal Platform (SBE-FP,)) program requirements, updated regulatory requirements promulgated through the 2017, 2018 and the 2019 Payment Notice, as well as through the Marketplace Stabilization Rule, and replaces the requirement for document and evidence submissions with attestations across all sections to further reduce the burden.

Given the innovative nature of Exchanges and the statutorily-prescribed relationship between the secretary and States in their development and operation, it is critical that the Secretary work closely with States to provide necessary guidance and technical assistance to ensure that States can meet the prescribed timelines, federal requirements, and goals of the statute.

States seeking to establish a SBE or SBE-FP must build an Exchange that meets the requirements set out in Section 1311(d) of the Affordable Care Act and pursuant to CFR 155.105, FFE

states that seek to operate an SBE or SBE-FP must complete and submit an Exchange Blueprint Application. The Blueprint Application documents that an Exchange will meet the legal and operational requirements associated with the Exchange model a state chooses to pursue. As part of its Blueprint submission, a state will also agree to demonstrating operational readiness to implement and execute the required Exchange activities described in the Blueprint Application. **Form Number:** CMS-10416 (OMB control number: 0938-1172); **Frequency:** Once; **Affected Public:** State, Local, or Tribal governments; **Number of Respondents:** 21; **Total Annual Responses:** 7; **Total Annual Hours:** 221. (For policy questions regarding this collection contact Christy Woods at 301-492-5140.)

#### 2. *Type of Information Collection*

**Request:** Revision of a currently approved collection. **Title of Information Collection:** Quality Improvement Strategy Implementation Plan and Progress Form. **Use:** Section 1311(c)(1)(E) of the Patient Protection and Affordable Care Act requires qualified health plans (QHPs) offered through an Exchange must implement a quality improvement strategy (QIS) as described in section 1311(g)(1). Section 1311(g)(3) of the Patient Protection and Affordable Care Act specifies the guidelines under Section 1311(g)(2) shall require the periodic reporting to the applicable Exchange the activities that a qualified health plan has conducted to implement a strategy as described in section 1311(g)(1). CMS intends to have eligible QHP issuers complete the QIS Implementation Plan and Progress Form annually for initial certification and subsequent annual updates of progress in implementation of their strategy. The form will include topics to assess an issuer's compliance in creating a payment structure that provides increased reimbursement or other incentives to improve the health outcomes of plan enrollees, prevent hospital readmissions, improve patient safety and reduce medical errors, promote wellness and health, and reduce health and health care disparities, as described in Section 1311(g)(1) of the Patient Protection and Affordable Care Act.

The QIS Implementation Plan and Progress Form will allow: (1) The Department of Health & Human Services (HHS) to evaluate the compliance and adequacy of QHP issuers' quality

improvement efforts, as required by Section 1311(c) of the Patient Protection and Affordable Care Act, and (2) HHS will use the issuers' validated information to evaluate the issuers' quality improvement strategies for compliance with the requirements of Section 1311(g) of the Patient Protection and Affordable Care Act. **Form Number:** CMS-10540 (OMB Control Number: 0938-1286); **Frequency:** Annually; **Affected Public:** Public sector (Individuals and Households), Private sector (Business or other for-profits and Not-for-profit institutions); **Number of Respondents:** 250; **Total Annual Responses:** 250; **Total Annual Hours:** 12,000. (For policy questions regarding this collection contact Nidhi Singh Shah at 301-492-5110).

Dated: August 21, 2018.

**William N. Parham, III,**

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

[FR Doc. 2018-18437 Filed 8-24-18; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

**Title:** Administration for Native Americans Annual Data Report.

**OMB No.:** 0970-0475; Renewal.

**Description:** The Administration for Native Americans is seeking renewal of the Annual Data Report (ADR). The ADR is an annual report to be completed at the end of every budget period of an ANA discretionary grant. The purpose of this information collection is to annually collect grantee data on outcome indicators, youth and elder engagement, partnerships, community participation, benefits and lessons learned. At the end of the project period, ANA will also collect data on beneficiaries, the overall achievement of the project goal, and project sustainability.

This information collection will be housed in the On-Line Data Collection (OLDC) with in *GrantSolutions.gov*.

**Respondents:** Tribal Government, Native non-profit organizations, Tribal Colleges & Universities receiving ANA discretionary funding.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| ADR .....  | 275                   | 1                                  | 1                                 | 275                |

*Estimated Total Annual Burden Hours: 275.*

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW, Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV); Attn: Desk Officer for the Administration for Children and Families.

**Robert A. Sargis,**  
Reports Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria**

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that a meeting is scheduled to be held for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council). The meeting will be open to the public; a public comment session will be held during the meeting. Pre-registration is required for members of the public who wish to attend the meeting and who wish to participate in

the public comment session. Individuals who wish to attend the meeting and/or send in their public comment via email should send an email to [CARB@hhs.gov](mailto:CARB@hhs.gov). Registration information is available on the website <http://www.hhs.gov/ash/carb/> and must be completed by September 19, 2018; all in-person attendees must pre-register by this date. Additional information about registering for the meeting and providing public comment can be obtained at <http://www.hhs.gov/ash/carb/> on the Meetings page.

**DATES:** The meeting is scheduled to be held on September 26, 2018, from 9:00 a.m. to 5:00 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for the meeting will be posted on the website for the Advisory Council at <http://www.hhs.gov/ash/carb/> when this information becomes available. Pre-registration for attending the meeting in person is required to be completed no later than September 19, 2018; public attendance at the meeting is limited to the available space.

**ADDRESSES:** This public meeting is being held at the Sheraton Columbus Hotel at Capitol Square, 75 East State Street, Columbus, OH, 43215. The meeting can also be accessed through a live webcast on the day of the meeting. For more information, visit <http://www.hhs.gov/ash/carb/>.

**FOR FURTHER INFORMATION CONTACT:** Jomana Musmar, Acting Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room 715H, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. Phone: (202) 690-5566; email: [CARB@hhs.gov](mailto:CARB@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Under Executive Order 13676, dated September 18, 2014, authority was given to the Secretary of HHS to establish the Advisory Council, in consultation with the Secretaries of Defense and Agriculture. Activities of the Advisory Council are governed by the provisions of Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards

for the formation and use of federal advisory committees.

The Advisory Council will provide advice, information, and recommendations to the Secretary of HHS regarding programs and policies intended to support and evaluate the implementation of Executive Order 13676, including the National Strategy for Combating Antibiotic-Resistant Bacteria and the National Action Plan for Combating Antibiotic-Resistant Bacteria. The Advisory Council shall function solely for advisory purposes.

In carrying out its mission, the Advisory Council will provide advice, information, and recommendations to the Secretary regarding programs and policies intended to preserve the effectiveness of antibiotics by optimizing their use; advance research to develop improved methods for combating antibiotic resistance and conducting antibiotic stewardship; strengthen surveillance of antibiotic-resistant bacterial infections; prevent the transmission of antibiotic-resistant bacterial infections; advance the development of rapid point-of-care and agricultural diagnostics; further research on new treatments for bacterial infections; develop alternatives to antibiotics for agricultural purposes; maximize the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers; and improve international coordination of efforts to combat antibiotic resistance.

The September 26, 2018, public meeting will be dedicated to the Advisory Council's deliberation and vote of the Infection Prevention and Stewardship Working Group's draft report with recommendations, in addition to other topic areas surrounding antibiotic-resistance and One Health. The meeting agenda will be posted on the Advisory Council website at <http://www.hhs.gov/ash/carb/> when it has been finalized. All agenda items are tentative and subject to change.

Public attendance at the meeting is limited to the available space. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Advisory Council at the