

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF-271 Outlay Report and Request for Reimbursement for Construction Programs	100,000	1	1	100,000
Total	100,000	.....	.....	100,000

Terry Clark,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2018-22342 Filed 10-12-18; 8:45 am]

BILLING CODE 4151-AE-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0990-new]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before December 14, 2018.

ADDRESSES: Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795-7714.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990-New-60D and project title for reference, to *Sherrette.funn@hhs.gov*, or call 202-795-7714, the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this 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.

Information Collection Request Title: National Survey of Health Information Exchange Organizations (HIO).

Abstract: Electronic health information exchange (HIE) is one of three goals specified by Congress in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act to ensure that the \$30 billion federal investment in electronic health records (EHRs) results in higher-quality, lower-cost care. The ability of providers to share data electronically is a core goal of HITECH and a central feature of a high-performing healthcare delivery system. Greater EHR adoption without data flowing between systems substantially limits quality and efficiency gains as well as reduces the value of the health IT investment.

There is growing consensus that achieving broad-based HIE is one of the most difficult components of HITECH. This is because successful HIE at scale involves coordination between many stakeholders, including but not limited to federal and state policymakers, healthcare delivery organizations, EHR and HIE vendors, and specific

organizations supporting HIE, such as health information organizations (HIOs) and health information service providers (HISPs). Further, the issues requiring coordination are diverse, spanning technical standards, consent regulations, business models and incentives, workflow integration, trust and governance, and information privacy and security.

Three HIE issues have proven particularly challenging: Implementation of and use of standards, information blocking, and sustainability. The ultimate goal of our project is to administer a survey instrument to HIOs in order to generate the most current national statistics and associated actionable insights on electronic health information exchange to inform policy efforts.

Need and Proposed Use of the Information: Collecting timely, national data from HIOs in the three domains of standards, information blocking, and sustainability is valuable to inform both HIE-specific policy efforts as well as broader health system reform efforts. By developing a survey instrument addressing these topics, collecting national data from a census of HIOs (and related HIE efforts), and analyzing the data to identify important new insights, the proposed project fills a critical gap in current knowledge and will provide policymakers with actionable results to inform progress towards greater interoperability and exchange of clinical data.

Likely Respondents: Given the relatively small number of HIOs in the U.S.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
HIO Survey	200	1	20/60	67
Total .....	.....	.....	.....	67

Terry Clark,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. 2018-22344 Filed 10-12-18; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-4040-0012]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before December 14, 2018.

ADDRESSES: Submit your comments to *ed.calimag@hhs.gov* or (202) 690-7569.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990-New-60D and project title for reference, to

Sherrette.funn@hhs.gov, or call 202-795-7714, the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this 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.

Information Collection Request Title: SF-270 Request for Advance or Reimbursement.

Abstract: The SF-270 Request for Advance or Reimbursement form is used by grant awardees to request financial assistance funds for the purpose of reimbursement or for advance of funds.

Need and Proposed Use of the Information: The SF-270 Request for Advance or Reimbursement form is used by grant awardees in post-award financial activities related to Federal financial assistance.

Likely Respondents: Federal financial assistance awardees.

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 the ICs are summarized in the table below.

HHS estimates that the form will take 1 hour to complete each form.

Once OMB approves the use of the SF-270 Request for Advance or Reimbursement form as a common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
The SF-270 Request for Advance or Reimbursement	100,000	1	1	100,000
Total	100,000	.....	.....	100,000

Terry Clark,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. 2018-22343 Filed 10-12-18; 8:45 am]
BILLING CODE 4151-AE-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Nursing Research; Notice to Close Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections

552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Nursing Research Special Emphasis Panel Training Grants.

Date: October 26, 2018.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, One Democracy Boulevard, 6701 Democracy Boulevard, Suite 703, Bethesda, MD 20892.

Contact Person: Weiqun Li, MD, Scientific Review Officer, National Institute of Nursing

Research, National Institutes of Health, 6701 Democracy Boulevard, Bethesda, MD 20892, (301) 594-5966, *wli@mail.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.361, Nursing Research, National Institutes of Health, HHS)

Dated: October 9, 2018.

Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018-22308 Filed 10-12-18; 8:45 am]

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