

is particularly interested in comments that:

- (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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Knowledge, Attitudes, and Practices of U.S. Large Animal Veterinarians Concerning Common Veterinary Infection Control Measures When Working with Animal Obstetric Cases—

New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Veterinarians are particularly at risk of contracting zoonotic infectious diseases due to their close proximity to animals, especially during times of injury or illness. Some veterinarians may be unaware of recommended personal protection measures or opt not to participate in measures that would decrease their risk of contracting a zoonotic disease. In 1977, a survey conducted of 1182 veterinarians showed that approximately 43% of the respondents had contracted an infectious zoonotic disease. Today, this elevated zoonotic disease risk persists; the seroprevalence of Q fever in U.S. veterinarians is 22% and the seroprevalence of leptospirosis is 2.5%. Within the veterinary profession, large animal practitioners might have an increased risk of occupational exposure to infectious zoonotic diseases for many reasons, including decreased biosecurity measures available in the field and the limited space available on a mobile practice for personal protective equipment (PPE).

The goals of this study are to describe veterinarians’ knowledge of zoonotic infectious disease, identify veterinarians’ attitudes towards zoonotic infectious disease and personal risk, and determine practices to decrease personal risk of infection. By identifying knowledge gaps in personal

protective equipment (PPE) use, transmission risk factors, and disease identification/diagnosis, we aim to determine the best methods for education of veterinarians on relevant abortion-associated zoonotic infectious diseases.

The purpose of this study is to better describe veterinarians’ current knowledge of zoonotic diseases that cause abortion in large animals, determine common veterinary infection control practices when working up obstetric cases, and identify common barriers to PPE use. In order to develop effective messaging strategies, a deeper understanding of the attitudes and barriers to PPE use is needed.

Information will be collected through a web-based “Livestock abortion-associated zoonoses” survey. The estimated burden per response is 15 minutes. Respondents will be veterinarians interested in bovine, small ruminant, or swine medicine. Collaborating veterinary specialty organizations will distribute announcements about the survey to their memberships along with a link to the electronic survey. CDC anticipates that data analysis will be conducted on approximately 500 de-identified survey responses.

Findings will be used to improve and enhance zoonotic disease education and PPE guidance targeted to veterinarians. OMB approval is requested for one year. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 125.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Veterinarian	Livestock abortion-associated zoonoses	500	1	15/60

Jeffrey M. Zirger,
Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
[CMS-7056-N]
Medicare and Medicaid Programs, and Other Program Initiatives, and Priorities; Request for Nominations to the Advisory Panel on Outreach and Education (APOE)
AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Notice.

SUMMARY: This notice requests nominations for individuals to serve on the Advisory Panel on Outreach and Education (APOE).
DATES: Nominations will be considered if we receive them at the appropriate address, provided in the **ADDRESSES** section of this notice, no later than 5 p.m., Eastern Savings Time (e.s.t.) on January 16, 2019.
ADDRESSES: Mail or deliver nominations to the following address: Lynne Johnson, Acting Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-05-06, Baltimore, MD 21244-

1850 or email to Lynne.Johnson@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT:

Lynne Johnson, Acting Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-05-06, Baltimore, MD 21244, 410-786-0897, email Lynne.Johnson@cms.hhs.gov or visit the website 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 Advisory Panel on Medicare Education (the predecessor to the APOE) was created in 1999 to advise and make recommendations to the Secretary of Health and Human Services, 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 Prescription Drug, Improvement, and 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. CMS has had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. 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 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, CMS has 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, Pub. L. 111-148, and Health Care and Education Reconciliation Act of 2010, Pub. L. 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 a competitive marketplace, called an Affordable Insurance Exchange (also called Health Insurance MarketplaceSM, or MarketplaceSM). In order to effectively implement and administer these changes, we must provide information to consumers, providers, and other stakeholders through education and outreach programs regarding how existing programs will change and the expanded range of health coverage options available, including private health insurance coverage through the MarketplaceSM. The APOE allows us to consider a broad range of views and information from interested audiences in connection with this effort and to identify opportunities to enhance the effectiveness of education strategies concerning the Affordable Care Act.

The scope of this Panel also includes advising on issues pertaining to the education of providers and stakeholders with respect to the Affordable Care Act and certain provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5).

On January 21, 2011, the Panel's charter was renewed and the Panel was renamed the Advisory Panel for Outreach and Education. The Panel's charter was most recently renewed on January 19, 2017, and will terminate on January 19, 2019 unless renewed by appropriate action.

II. Provisions of This Notice

A. Renewal of the APOE

On January 19, 2017, the APOE charter was renewed. The APOE will advise the Department of Health and Human Services and CMS on developing and implementing education programs that support individuals with

or who are eligible for coverage through the Health Insurance Marketplace, Medicare, Medicaid, and the CHIP about options for selecting health care coverage under these and other programs envisioned under health care reform to ensure improved access to quality care, including prevention services. The scope of this FACA group also includes advising on education of providers and stakeholders with respect to health care reform and certain provisions of the HITECH Act enacted as part of the ARRA.

The charter will terminate on January 19, 2019, unless renewed by appropriate action. The APOE was chartered under 42 U.S.C. 222 of the Public Health Service Act, as amended. The APOE is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

In accordance with the renewed charter, the APOE will advise the Secretary of Health and Human Services and the CMS Administrator concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid, and the CHIP, or coverage available through the Health Insurance MarketplaceSM and other CMS programs.
- Enhancing the federal government's effectiveness in informing Health Insurance MarketplaceSM, Medicare, Medicaid, and CHIP consumers, issuers, providers, and stakeholders, through education and outreach programs, on issues regarding these programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers, and stakeholders.
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Health Insurance MarketplaceSM, Medicare, Medicaid, and CHIP education programs, and other CMS programs.
- Assembling and sharing an information base of "best practices" for helping consumers evaluate health coverage options.
- Building and leveraging existing community infrastructures for information, counseling, and assistance.
- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices, and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care,

including prevention services, envisioned under the Affordable Care Act.

B. Requests for Nominations

The APOE shall consist of no more than 20 members. The Chair shall either be appointed from among the 20 members, or a Federal official will be designated to serve as the Chair. The charter requires that meetings shall be held up to four times per year. Members will be expected to attend all meetings. The members and the Chair shall be selected from authorities knowledgeable in one or more of the following fields:

- Senior citizen advocacy.
- Outreach to minority and underserved communities.
- Health communications.
- Disease-related advocacy.
- Disability policy and access.
- Health economics research.
- Behavioral health.
- Health insurers and plans.
- Health IT.
- Social Media.
- Direct patient care.
- Matters of labor and retirement.

Representatives of the general public may also serve on the APOE.

This notice also requests nominations for 10 individuals to serve on the APOE to fill current vacancies and 10 vacancies that will become available in 2019. This notice is an invitation to interested organizations or individuals to submit their nominations for membership (no self-nominations will be accepted). The CMS Administrator will appoint new members to the APOE from among those candidates determined to have the expertise required to meet specific agency needs, and in a manner to ensure an appropriate balance of membership. We have an interest in ensuring that the interests of both women and men, members of all racial and ethnic groups, and disabled individuals are adequately represented on the APOE. Therefore, we encourage nominations of qualified candidates who can represent these interests. Any interested organization or person may nominate one or more qualified persons.

Each nomination must include a letter stating that the nominee has expressed a willingness to serve as a Panel member and must be accompanied by a curricula vitae and a brief biographical summary of the nominee's experience.

While we are looking for experts in a number of fields, our most specific needs are for experts in outreach to minority and underserved communities, health communications, disease-related advocacy, disability policy and access, health economics research, behavioral

health, health insurers and plans, Health IT, social media, direct patient care, and matters of labor and retirement.

We are requesting that all submitted curricula vitae include the following:

- Date of birth.
- Place of birth.
- Title and current position.
- Professional affiliation.
- Home and business address.
- Telephone and fax numbers.
- Email address.
- Areas of expertise.

Phone interviews of nominees may also be requested after review of the nominations.

In order to permit an evaluation of possible sources of conflict of interest, potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts.

Members are invited to serve for 2-year terms, contingent upon the renewal of the APOE by appropriate action prior to its termination. A member may serve after the expiration of that member's term until a successor takes office. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term.

III. Copies of the Charter

The Secretary's Charter for the APOE is available on the CMS website at: <https://www.facadatabase.gov/FACA/apex/FACAPublicCommittee?id=a10t0000001gzCAAQ>, or you may obtain a copy of the charter by submitting a request to the contact listed in the **FOR FURTHER INFORMATION** section of this notice.

Dated: December 3, 2018.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

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BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects: Trafficking Victim Assistance Program Data Collection.

Title: Trafficking Victim Assistance Program Data Collection.

OMB No.: 0970-0467.

Description: The Trafficking Victims Protection Act of 2000 (TVPA), as amended, authorizes the Secretary of

Health and Human Services to expand benefits and services to foreign nationals in the United States who are victims of severe forms of trafficking in persons. Such benefits and services may include services to assist potential victims of trafficking (Section 107(b)(1)(B) of the TVPA, 22 U.S.C. 7105(b)(1)(B)). The Office on Trafficking in Persons (OTIP) awards cooperative agreements to organizations to provide case management services to foreign national victims of human trafficking pursuing HHS Certification and their qualified family members. The awarded organizations must provide comprehensive case management and referrals to qualified persons, either directly through its own organization or by partnering with other organizations through subcontracts or both.

Persons qualified for services under this grant are victims of a severe form of trafficking in persons who have received HHS Certification or Eligibility, potential victims of a severe form of trafficking who are actively seeking to achieve HHS Certification or Eligibility, family members with derivative T visas, and minor dependent children of foreign victims of severe forms of trafficking in persons or potential victims of trafficking.

To help measure each grant project's performance and the success of the program in assisting the target population, to assist grantees to assess and improve their projects over the course of the project period, and to fulfill instructions for a consolidated report to several committees of the House of Representatives, OTIP proposes to collect information from TVAP grantees on a monthly, quarterly, or annual basis, including participant demographics (*e.g.*, age, sex, and country of origin), types of trafficking experienced (sex, labor, or both), types of enrollment, types of services provided, types of health screening and medical services received, the names of the entities providing medical services, the amount of money expended on each type of service provided, the amount of money expended on each type of client enrollment, types of partnerships developed through the grant, and the types of training and technical assistance provided to subrecipient organizations or other partners.

This information will help OTIP assess the project's performance in assisting foreign national victims of trafficking and will better enable TVAP grantees to meet the program objectives and to monitor and evaluate the quality of case management services provided by any subcontractors. OTIP will also include aggregate information in reports