

file format. Survey data files must conform to the data file layout specifications provided by the HCBS-CAHPS Database. Since the unit of analysis is at the program level, submitters will upload one data file per

program. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each

report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each program. The total burden is estimated to be 63 hours annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	51	1	5/60	4.25
Program Information Form	51	1	5/60	4.25
Data Use Agreement	51	1	3/60	2.5
Data Files Submission	13	4	1	52
Total	166	N/A	N/A	63

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one

submission process. The cost burden is estimated to be \$2,880 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Registration Form	51	4.25	^a \$53.69	\$228
Program Information Form	51	4.25	^a \$53.69	228
Data Use Agreement	51	2.5	^b \$94.25	236
Data Files Submission	13	52	^c \$42.08	2,188
Total	** 166	63	N/A	2,880

* National Compensation Survey: Occupational wages in the United States May 2017, "U.S. Department of Labor, Bureau of Labor Statistics."
 a Based on the mean hourly wage for Medical and Health Services Managers (11-9111).
 b Based on the mean hourly wage for Chief Executives (11-1011).
 c Based on the mean hourly wages for Computer Programmer (15-1131).
 ** The 51 POCs listed for the registration form, program information form and the data use agreement are the estimated POCs from the estimated participating programs.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the

proposed information collection. All comments will become a matter of public record.

Virginia L. Mackay-Smith,
Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-19-0255; Docket No. CDC-19-0057]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Resources and Services Database of the CDC National Prevention Information Network (NPIN) (OMB Control No. 0920-0255 Exp. 2/29/2020). The NPIN Resources and Services Database contains entries on approximately 10,000 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN websites.

DATES: CDC must receive written comments on or before September 3, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0057 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.regulations.gov). Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [Regulations.gov](https://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking portal ([regulations.gov](https://www.regulations.gov)) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: omb@cdc.gov.

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. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the

collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. 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 submissions of responses.
5. Assess information collection costs.

Proposed Project

Resources and Services Database of the National Prevention Information Network (NPIN) (OMB Control No. 0920–0255, Exp. 02/29/2020)—Revision—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a three year approval of Resources and Services Database of the National Prevention Information Network (NPIN). NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of

HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP’s mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with Human Immunodeficiency Virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 10,000 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN website. More than 1,400,000 unique visitors and more than 3,000,000 page views are recorded annually.

To accomplish CDC’s goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 400 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN website. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Initial Questionnaire	Registered nurses, Social and community service managers, and Health educators.	400	1	8/60	54
Telephone Script.	Registered nurses, Social and community service managers, and Health educators	6,100	1	6/60	610
Telephone Verification ..	Social and human service assistants.				
Email Verification	Registered nurses, Health educators, and Social and human service assistants, social and community service managers.	3,600	1	8/60	480
Total	1,144

Jeffrey M. Zirger

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 Disease Control and
Prevention**

[60Day-19-19BCG; Docket No. CDC-2019-
0053]

**Proposed Data Collection Submitted
for Public Comment and
Recommendations**

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
Control and Prevention (CDC), as part of
its continuing effort to reduce public
burden and maximize the utility of
government information, invites the
general public and other Federal
agencies the opportunity to comment on
a proposed and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled Core Elements of Antimicrobial
Stewardship in Nursing Homes. The
goal of the information collection is to
assess the impact of an intervention on
the knowledge, attitudes, practices, and
perceived provider-level barriers to
appropriate antibiotic prescribing in a
sample of health care providers in
nursing homes. The data will be used to
monitor the effect of an intervention
aimed at improving the antibiotic
stewardship behaviors of prescribers in
long-term care settings.

DATES: CDC must receive written
comments on or before September 3,
2019.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0053 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE, MS-D74, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
Regulations.gov.

Please note: Submit all comments
through the Federal eRulemaking portal
(*regulations.gov*) or by U.S. mail to the
address listed above.

FOR FURTHER INFORMATION CONTACT: To
request more information on the
proposed project or to obtain a copy of
the information collection plan and
instruments, contact Jeffrey M. Zirger,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE, MS-
D74, Atlanta, Georgia 30329; phone:
404-639-7570; Email: *omb@cdc.gov.*

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. In addition, the PRA also
requires Federal agencies to provide a
60-day notice in the **Federal Register**
concerning each proposed collection of
information, including each new
proposed collection, each proposed
extension of existing collection of
information, and each reinstatement of
previously approved information
collection before submitting the
collection to the OMB for approval. To
comply with this requirement, we are
publishing this notice of a proposed
data collection as described below.

The OMB is particularly interested in
comments that will help:

1. 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;
2. Evaluate the accuracy of the
agency's estimate of the burden of the
proposed collection of information,
including the validity of the
methodology and assumptions used;
3. Enhance the quality, utility, and
clarity of the information to be
collected; and
4. 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 submissions
of responses.
5. Assess information collection costs.

Proposed Project

Core Elements of Antimicrobial
Stewardship in Nursing Homes—New—
National Center for Emerging and
Zoonotic Infectious Diseases (NCEZID),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

The purpose of this survey is to
follow-up on formative research (OMB
Control Number 0920-1154), which
assessed the knowledge, attitudes,
practices and perceived provider-level
barriers to appropriate antibiotic
prescribing in a sample of health care
providers in nursing homes. This survey
was developed building upon
foundational work previously
completed. The questions were
originally pre-tested among a select
group (n=9) of prescribers recruited
from the participating corporations to
both obtain responses, as well as
performing cognitive assessment to
ensure clarity and robustness of content.

The preliminary findings suggested
that the questions presented were clear
and correctly understood and that the
topics covered were meaningful. The
inclusion of length of time in practice
was specifically relevant as preliminary
findings from the interviews, albeit
limited, suggest that a prescriber's
approach and attitudes surrounding
antibiotic prescribing may be impacted
by professional tenure. Specifically,
respondents described that the longer a
prescriber had been in practice, the
more reluctant they were to modify their
prescribing behaviors.

General findings consistently centered
on the variability in nurse/provider
communication. Themes of poor
communication encompassed multiple
elements. Key themes included: Poor
structure of information sharing, the
role of gatekeepers to the prescriber,
insufficient or otherwise irrelevant
detail, and an absence of therapy
recommendation from the nurses.
Additionally, respondents described the
physical environment/geographic
context that contributed to possible
instances of over-prescribing: Limited
availability of timely or rapid test
laboratory results, sites with affiliated
labs that are closed on the weekends
(thus requiring a staff member to drive
a sample multiple hours to the nearest
hospital), limited antibiotic options in
the facility's Emergency Kit (from which
staff frequently draw when starting a
prescription).

The current phase incorporates the
findings from previous exploratory work
and aims to address the quality of
communication between the nurses and
prescribers while also respecting the
rational for initial antibiotic initiation.
As the decision to initiate an antibiotic
prescription is largely influenced by
factors beyond the scope of this project,
the current study targeted the role of the
antibiotic follow-up to engage the
prescriber post-prescription to reassess