

Occupational Safety and Health in the 21st Century.”⁴

To identify and assess different options, NIOSH plans to conduct the following activities: (1) Hold the public teleconference announced in this notice to receive comments regarding funding approaches for its state based occupational health surveillance programs and (2) seek additional public comments through this docket.

NIOSH is interested in comments related to the funding mechanism as it relates to impact on the conduct of state agency activities, including comments on the following questions:

1. What are the advantages and disadvantages to the states if NIOSH continues using research cooperative agreements for funding of state occupational health surveillance programs?
2. What are the advantages and disadvantages to the states if NIOSH changed to using a non-research mechanism for funding state occupational health surveillance programs?
3. If the non-research mechanism would specifically prohibit the use of any funds for research, would this have a negative effects on state occupational health surveillance program development or direction? If so, please describe.
4. Only research cooperative agreements are covered by Certificates of Confidentiality that protect the confidentiality of sensitive information collected from research subjects by our grantees. Do states need or use these certificates?
5. Would a non-research cooperative agreement mechanism impact the ability of universities acting as *bonafide* agents of the states to apply and receive funding under this mechanism? If so, how?
6. Non-research proposals undergo “objective review,” which employs CDC reviewers in place of external peer reviewers. Scoring of applications would likely use the criteria described above (occupational health burdens in the state; approach for tracking these concerns; relevance and potential impact of the public health actions proposed; and organizational capacity of the state). Are there concerns related to these criteria or the use of objective review?
7. It is possible that NIOSH will continue to employ an external peer review process for scoring of applications. Are there concerns related to the use of external peer review?

⁴ See <https://www.nap.edu/catalog/24835/a-smarter-national-surveillance-system-for-occupational-safety-and-health-in-the-21st-century>.

8. Using the principles of Burden, Need and Impact,⁵ the new Notice of Funding Opportunity will focus on surveillance activities that address the occupational safety and health burden of the applicant state. How will this directive impact the applying states?

9. The 2014 cooperative agreement (PAR-14-275) funded three programmatic levels (fundamental, fundamental plus, and expanded programs) to address the varying levels of surveillance capacity of applicant states. Should this 3-tier funding strategy be continued? If not, what other strategy might be considered?

10. How does the 3-tier funding strategy affect states’ ability to explore emerging occupational safety and health issues?

11. Occupational Health Indicators⁶ have been a central component of the NIOSH state based surveillance program. What are the advantages and disadvantages to your state program of continuing to calculate and use the Occupational Health Indicators?

Public Meeting

NIOSH will hold a public teleconference meeting to solicit comments on the future funding mechanism of its state-based occupational health surveillance program. The meeting is open to the public, limited only by the capacity of 250 connections to the web-based conference.

Confirm your attendance to this meeting by sending an email to ksouza@cdc.gov by September 9, 2019. An email confirming registration will be sent from NIOSH and will include details needed to participate.

Requests to make a statement at the public meeting should be emailed to ksouza@cdc.gov by September 2, 2019. All requests to make statements should contain the name, address, telephone number, and relevant business affiliations of the presenter. Presenters will be assigned a 5-minute slot on the agenda. Oral statements only will be permitted—presentations of slides will not be permitted. NIOSH will confirm presentation requests by email, and will provide additional instructions regarding the presentation, including the approximate start time for the presentation.

If a presenter is not in attendance when his/her presentation is scheduled to begin, the remaining presenters will

⁵ See <https://www.cdc.gov/niosh/programs/pps/bni.html> for more information about Burden, Need and Impact.

⁶ See <https://www.cste.org/page/OHIndicators> for more information about Occupational Health Indicators.

be heard in order. After the last scheduled presenter is heard, those who missed their opportunity may be allowed to present, limited by time available.

Attendees who wish to speak, but did not submit a request for the opportunity to make a presentation, may be given this opportunity after the scheduled presenters are heard, at the discretion of the presiding official and limited by time available. Those who do not have an opportunity to comment during the teleconference are encouraged to submit written comments to the NIOSH docket.

The public meeting will be recorded, transcribed, and posted without change to <http://www.regulations.gov>, including any personal information provided.

Frank J. Hearl,

Chief of Staff, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-2567]

Agency Information Collection Activities: Proposed Collection; 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 (the 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of

information technology to minimize the information collection burden.

DATES: Comments must be received by October 18, 2019.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number ____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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’ website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>

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: William N. Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see **ADDRESSES**).

CMS-2567 Statement of Deficiencies and Plan of Correction Supporting Regulations

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. *Type of Information Collection Request:* Reinstatement without change of a currently approved collection; *Title of Information Collection:* Statement of Deficiencies and Plan of Correction Supporting Regulations; *Use:* Section 1864(a) of the Social Security Act requires that the Secretary use state survey agencies to conduct surveys to determine whether health care facilities meet Medicare and Clinical Laboratory Improvement Amendments participation requirements. The Form CMS-2567 is the means by which the survey findings are documented. This section of the law further requires that compliance findings resulting from these surveys be made available to the public within 90 days of such surveys. The Form CMS-2567 is the vehicle for this disclosure. The form is also used by health care facilities to document their plan of correction and by CMS, the states, facilities, purchasers, consumers, advocacy groups, and the public as a source of information about quality of care and facility compliance. The regulations at 42 CFR 488.18 require that state survey agencies document all deficiency findings on a statement of deficiencies and plan of correction, which is the CMS-2567. Sections 488.26 and 488.28 further delineate how compliance findings must be recorded and that CMS prescribed forms must be used. *Form Number:* CMS-2567 (OMB Control Number: 0938-0391); *Frequency:* Yearly and occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 64,500; *Total Annual Responses:* 64,500; *Total Annual Hours:* 129,000. (For policy questions regarding this collection contact Caecilia Blondiaux at 410-786-2190.)

Dated: August 13, 2019.

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Meeting

AGENCY: Administration for Children and Families (ACF), Department of Health and Human Services.

ACTION: Announcement of meeting and call for public comments on recommendations to improve the Nation’s response to the sex trafficking of children and youth.

SUMMARY: Notice is hereby given, pursuant to the provisions of the Federal Advisory Committee Act (FACA) and the Preventing Sex Trafficking and Strengthening Families Act, that a meeting of the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States (Committee) will be held on October 4, 2019. The purpose of the meeting is for the Committee to discuss its work on its interim report on recommended best practices for states to follow to combat the sex trafficking of children and youth based on multidisciplinary research and promising, evidence-based models, and programs.

The members of the Committee request any examples and comments from the public to inform their work and have also requested input on the following specific topics pertaining to combating the sex trafficking of children and youth in the United States:

- *Screening and Identification:* Intersections with interpersonal violence; screening or universal approaches.
- *Service Provision:* Models for multi-agency response protocols; evaluated training curricula for service providers; case management and specialized service models.
- *Housing:* Prevention efforts of public housing authorities.
- *Prevention:* Initiatives of city, county, and state public health departments.
- *Data:* Strategies for state Medicaid offices to collect quality measures regarding violence or exploitation; collection and protection of exploitation data in health records.

- *Child Welfare:* Evidence-informed or -based curricula for child welfare providers, child and youth service providers, and foster parents; child welfare policies and procedures for identifying and responding to trafficking; interagency data sharing agreements that pertain to child sex