which are requirements associated with a voluntary safe harbor for Federally Qualified Health Centers under the Federal anti-kickback statute. *See* 72 FR 56632 (October 4, 2007). The safe harbor protects certain arrangements involving goods, items, services, donations, and loans provided by individuals and entities to certain health centers funded under section 330 of the Public Health Service Act.

Likely Respondents: Health Centers.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of respondent	Number of respondents	Number responses per respondent	Average burden hour per response	Total burden hours
Health Center (administrative professional)	4,983	1	1	4,983

OS specifically requests comments on (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.

Darius Taylor,

Information Collection Clearance Officer.

[FR Doc. 2014–23322 Filed 9–30–14; 8:45 am]

BILLING CODE 4152–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–14QJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of Hospital Preparedness in a Mass Casualty Event—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Hospital preparedness for responding to public health emergencies including mass casualty incidents and epidemics have become a major national challenge. Following the World Trade Center attack of September 11, Hurricane Katrina of 2005, and the 2011 Alabama tornadoes, there is continued and heightened interest of using surveys to assess hospital readiness for various disasters and mass casualty incidents. Current patterns in terrorist activity increase the potential for civilian casualties from explosions. Explosions, particularly in confined spaces, can inflict severe multisystem injuries on numerous patients and produce unique challenges to health care providers and the systems that support them. The U.S. healthcare system and its civilian healthcare providers have minimal experience in treating patients with explosion-related injuries and deficiencies in response capability could result in increased morbidity and mortality and increased stress and fear in the community. Additionally, the surge of patients after an explosion typically occurs within minutes of the event and can quickly overwhelm nearby hospital resources. This potential for many casualties and an immediate surge of patients may stress and limit the ability of emergency management service systems, hospitals, and other health care facilities to care for critically injured victims. As a result, there remains a gap in our preparedness efforts.

CDC is requesting OMB approval for one year for this project. This project will address this gap in readiness and preparedness.

The purpose of this project will be to (1) develop minimum standards into the assessment tool to enable a review or an evaluation of hospital readiness and (2) develop strategies for dissemination and implementation of the interview tool.

A pilot of the questionnaire, sent to four respondents, has been completed and necessary adjustments to the overall questionnaire have been made during March of 2014.

A national sample of 400 randomly selected hospitals will be selected for participation. The Chief Executive Officers (CEOs) from sampled hospitals will be mailed an introductory letter, contacted by telephone a few days later and asked if the hospital's emergency preparedness coordinator/manager can complete the survey. The emergency preparedness coordinator/manager will complete the main survey online using the survey Web site with a goal of 320 completed surveys. CDC estimates the total time required to complete the survey as 2 hours, including reading the instructions. The survey covers hospital preparedness efforts across departments, number of staff, participation in training and exercises, agreements with other responders, and hospital characteristics.

After data are gathered from the survey, responses will be compiled, analyzed and summarized. The results will be used to develop an

implementation manual, training materials and dissemination plan for dissemination. A final study report will also be created.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 740.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
CEO	Screen	400	1	15/60
Emergency Preparedness Coordinator/Manager	Survey	320	1	2

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–23318 Filed 9–30–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–14VK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Improving the Understanding of Traumatic Brain Injury through Policy and Program Evaluation Research—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Traumatic brain injury (TBI) is one of the highest priorities in public health because of its magnitude, economic and human impact, and preventability. Improving the recognition and management of mild TBIs—such as concussions that occur during youth sports—can help reduce the harm caused by such injuries and prevent future consequences.

More than 7 million U.S. high school students participate in organized sports each year. Sports-related concussions are common injuries among youth and have potentially serious consequences. CDC's public health efforts have included the development of the Heads Up education campaign, which focuses on raising awareness of the signs and symptoms of concussions and improving the management of concussions among youth athletes.

Individual states and the District of Columbia have taken the initiative and passed laws aimed at improving the management of youth sports-related concussions. In 2009, Washington State enacted the first such law to manage youth sports-related concussions—the Lystedt Law. Since there is currently no model law for managing youth sports-related concussions, 49 other states and the District of Columbia developed their own laws independently. While there are similarities across the states, an examination of the laws shows considerable variation in the breadth and scope of the laws. Despite the proliferation of state laws and the dissemination of concussion education materials, little is known about the reach, use, and effectiveness of these laws in improving the management of youth sports-related concussions. The major danger faced by young athletes who have experienced a concussive event is that they are allowed to return to play while still experiencing symptoms. If the state laws are effective, they should reduce the number of athletes who return to play while symptomatic.

The primary goal of the current proposal is to examine the relationship between state laws aimed at managing youth sports-related TBIs and youth athletes returning to play while symptomatic. In addition, the study also intends to assess variations in knowledge, attitudes, and behavior regarding concussions; the use of concussion education materials, including Heads Up; and state policies governing requirements for identification and management of concussions in youth athletics. With the data collected during the proposed study, CDC will be able to assess the effectiveness of state laws in reducing the number of youth athletes who return to play with concussion symptoms, the general knowledge and understanding of concussions, and the effectiveness of education and training about concussions. This will enable CDC to make recommendations for improving state policies and improve the agency's Heads Up concussion education training program.

CDC requests OMB approval to collect data from three national subsamples: (1) Soccer coaches, coaching boys and girls ages 14–18 on club soccer teams; (2)