

approved for the 2014 revision. This reflects both a slight decrease in the anticipated number of Health Hazard

Evaluation requests (300 to 290) as well as changes in the response requirements

of requests received based upon recent program experience.

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Employees/employee representatives/or employers.	Health Hazard Evaluation Request Form .....	290	1	12/60
Employees .....	Health Hazard Evaluation specific interview example.	2,580	1	15/60
Employees .....	Health Hazard Evaluation specific questionnaire example.	3,700	1	30/60
Employees .....	Employee Contact Postcard .....	2,150	1	5/60
Follow-back for onsite evaluations—employer & employee representative Year 1.	Initial Site Visit Followback Survey form .....	244	1	10/60
Employer & employee representative Year 1	Closeout for Health Hazard Evaluation Followback Survey with site visit.	244	1	20/60
Employer & employee representative Year 2	1 Year Later for Health Hazard Evaluation Followback Survey with site visit.	244	1	15/60
Follow-back for evaluations without onsite—employer & employee representative Year 1.	Closeout for Health Hazard Evaluation without site visit.	98	1	10/60
Employer & employee representative Year 2	1 Year Later for Health Hazard Evaluation without site visit.	98	1	15/60

**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. 2017–19744 Filed 9–15–17; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC)—Health Disparities Subcommittee (HDS)**

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Committee to the Director, Centers for Disease Control and Prevention—Health Disparities Subcommittee (ACD, CDC–HDS). This meeting is open to the public, limited only by the room that accommodates 45 people and audio phone line that accommodates 50 callers. The public is also welcome to listen to the meeting by dialing 866–918–8397 and enter code 9346283, this conference line is available to the first 50 callers. The public comment period

is from 9:45 a.m. to 9:50 a.m. and 3:45 p.m. to 3:55 p.m. The deadline to register for in-person attendance and/or notice of intent to make oral or written comment is October 30, 2017. To register, please send an email to [ACDDirector@cdc.gov](mailto:ACDDirector@cdc.gov).

**DATES:** The meeting will be held on November 9, 2017, 8:30 a.m. to 4:00 p.m. ET.

**ADDRESSES:** CDC, Building 21, 12th Floor, Rooms 12105–12101, 1600 Clifton Road NE., Atlanta, Georgia 30329.

*Bridge line:* 866–918–8397 and enter code 9346283.

**FOR FURTHER INFORMATION CONTACT:**

Leandris Liburd, Ph.D., M.P.H., M.A., Designated Federal Officer, Health Disparities Subcommittee, Advisory Committee to the Director, CDC, 1600 Clifton Road NE., M/S K–77, Atlanta, Georgia 30329. Telephone (404) 498–6482, Email: [ACDDirector@cdc.gov](mailto:ACDDirector@cdc.gov).

**SUPPLEMENTARY INFORMATION:**

*Purpose:* The Subcommittee will provide counsel to ACD, CDC on strategic and other health disparities and health equity issues and provide guidance on opportunities for CDC.

*Matters to be Considered:* The Health Disparities Subcommittee Agenda will include discussions on addressing health disparities in achieving the agency's overarching health impact goals including selected observations from the HDS for the ACD, CDC to consider, and on progress of the HDS, and on progress toward activities related to data disaggregation and childhood

trauma. Agenda items are subject to change as priorities dictate.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2017–19779 Filed 9–15–17; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Healthcare Infection Control Practices Advisory Committee (HICPAC)**

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), announces the following meeting for the Healthcare Infection Control Practices Advisory Committee (HICPAC). This meeting is

open to the public, limited only by room seating available. The public is also welcome to listen to the meeting by 866-836-4010, passcode: 18307719, and, and 100 teleconference lines are available.

**DATES:** The meeting will be held on November 8, 2017, 9:00 a.m. to 5:00 p.m., EST and November 9, 2017, 9:00 a.m. to 12:00 p.m., EST.

**ADDRESSES:** Centers for Disease Control and Prevention, Global Communications Center, Building 19, Auditorium B, 1600 Clifton Road NE., Atlanta, Georgia 30329.

**FOR FURTHER INFORMATION CONTACT:** Erin Stone, M.A., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, 1600 Clifton Road NE., Mailstop A-07, Atlanta, Georgia 30329, Telephone (404) 639-4045, Email: [hicpac@cdc.gov](mailto:hicpac@cdc.gov).

**SUPPLEMENTARY INFORMATION:**

*Purpose:* The Committee is charged with providing advice and guidance to the Director, Division of Healthcare Quality Promotion (DHQP), the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), the Director, CDC, the Secretary, Health and Human Services regarding (1) the practice of healthcare infection prevention and control; (2) strategies for surveillance, prevention, and control of infections, antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of CDC guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

*Matters to be Considered:* The agenda will include updates on CDC's activities for prevention of healthcare associated infections (HAIs), and DHQP's modeling efforts. It will also include updates from the following HICPAC workgroups: The Guideline for Prevention of Infection in Neonatal Intensive Care Unit (NICU) Patients; the Guideline for Prevention of Infection in Healthcare Personnel; the workgroup on updating the CDC recommendation categorization scheme; the workgroup on developing CDC recommendations for products and practices; and the National Healthcare Safety Network (NHSN) Surveillance Workgroup.

Agenda items are subject to change as priorities dictate.

Time will be available for public comment. The public is welcome to submit written comments in advance of the meeting. Comments should be submitted in writing by email to the contact person listed below. The deadline for receipt is October 25, 2017.

All requests must contain the name, address, and organizational affiliation of the speaker, as well as the topic being addressed. Written comments should not exceed one single-spaced typed page in length and delivered in 3 minutes or less. Members of the public who wish to provide public comments should plan to attend the public comment session at the start time listed. Please note that the public comment period may end before the time indicated, following the last call for comments. Written comments received in advance of the meeting will be included in the official record of the meeting. Registration is required to attend in person or on the phone. Interested parties may register at [www.cdc.gov/hicpac](http://www.cdc.gov/hicpac).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2017-19778 Filed 9-15-17; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10292 and CMS-R-148]

#### Agency Information Collection Activities: Submission for OMB Review; 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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by October 18, 2017.

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806 OR Email: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

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' Web site address at Web site 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](mailto:Paperwork@cms.hhs.gov).
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786-4669.

**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. 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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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