EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
—Practice Director	3	1	1	3
Total	6	1	1	6
Total	80	na	na	53

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Team Survey:				
—Providers	21	11	[a] $62.13	$14,352
—Other Clinical Staff	34	17	[b] 14.69	8,491
Total	55	28	na	22,843
Key Informant Interviews (Site Visit):				
—Medical Director	2	2	[c] 92.08	368
—Practice Director	2	2	[d] 47.34	189
—Providers	5	2	[a] 62.13	621
—Other Clinical Staff	10	2	[b] 14.69	294
Total	19	8	na	1,472
Key Informant Interviews (Phone calls):				
—Medical Director	3	2	[c] 92.08	552
—Practice Director	3	2	[d] 47.34	284
Total	6	4	na	836
Total	80	na	na	25,151

* National Compensation Survey: Occupational wages in the United States May 2012, "U.S. Department of Labor, Bureau of Labor Statistics."
[a] Based on the average mean wages for three categories of primary care provider ($92.08—MDs; $44.45 PAs; and $43.97—NPs).
[b] Based on the mean wage of Medical Assistants.
[c] Based on the mean wages for MDs.
[d] Based on the mean wages for Medical and Health Services Managers.
[e] Based on the mean wages for Data Analyst (Computer and Information Analyst).

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 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.

Dated: March 31, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–07795 Filed 4–7–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting for Software Developers on the Common Formats for Patient Safety Data Collection and Event Reporting—Agenda & Registration Information

In reference to **Federal Register**, Vol. 79, No. 15, pages 3815–3816, published on January 23, 2014 (*https://www.federalregister.gov/articles/2014/01/23/2014-01242/meeting-for-software-developers-on-the-common-formats-for-patient-safety-data-collection-and-event*), AHRQ is now providing additional information on the Software Developers Meeting—AHRQ Common Formats meeting agenda and registration.

As indicated in the previous notice, the PSO Privacy Protection Center (PSOPPC) is coordinating the meeting. On Friday, April 25, 2014, the meeting will start at 10:00 a.m. with welcome and updates on data submissions issues. After a networking lunch, a keynote presentation will focus on electronic health record (EHR) technology, patient safety, and federal regulation. Finally, the meeting will conclude with presentations on and discussion of federal initiatives involving the Common Formats. Throughout the meeting there will be interactive discussion to allow meeting participants not only to provide input, but also to respond to the input provided by others. Meeting information, including the full

agenda, is available on the PSO PPC Web site *http://www.cvent.com/events/2014-software-developers-meeting-ahrq-common-formats/event-summary-f7d00f4b5a6c402797bf8defbf7b8930.aspx*.

AHRQ requests that interested persons register with the PSO PPC as soon as possible; the meeting space will accommodate approximately 150 participants. If space is available, non-registered individuals will be able to register on-site beginning at 9:00 a.m. at the John M. Eisenberg Conference Center; please contact the PSO PPC by telephone at (866) 571–7712 and by email at *SUPPORT@PSOPPC.ORG* to inquire about space availability.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Diversity Management on (301) 827–4840, no later than Friday, April 11, 2014.

More information about the Common Formats can be obtained through AHRQ's PSO Web site: *http://www.PSO.AHRQ.gov/index.html*.

Dated: April 1, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–07804 Filed 4–7–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30-Day-14–14FA]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to 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

State Surveillance under the National Toxic Substance Incidents Program (NTSIP)—NEW—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is sponsoring the National Toxic Substance Incidents Program (NTSIP) to gather information from many resources to protect people from harm caused by spills and leaks of toxic substances. The NTSIP information will be used to help prevent or reduce the harm caused by toxic substance incidents. The NTSIP is modeled partially after the Hazardous Substances Emergency Events Surveillance (HSEES) Program which ran from 1992 to 2012 [OMB number: 0923–0008; expiration date 01/31/2012], with additions suggested by stakeholders to have a more complete program. The NTSIP has three components: A national database, state surveillance, and the response team. This information collection request is focused on the state surveillance component.

The NTSIP is the only federal public health-based surveillance system to coordinate the collection, collation, analysis, and distribution of acute toxic substance incidents data to public health and safety practitioners. Because thousands of acute spills occur annually around the country, it is necessary to establish this surveillance system to describe the public health impacts on the population of the United States. The ATSDR is seeking a three-year approval for the ongoing collection of information for the state surveillance system.

The main objectives of this information collection are to:

1. Describe toxic substance releases and the public health consequences associated with such releases within the participating states,

2. Identify and prioritize vulnerabilities in industry, transportation, and communities as they relate to toxic substance releases, and

3. Identify, develop, and promote strategies that could prevent ongoing and future exposures and resultant health effects from toxic substance releases.

The NTSIP surveillance system will be incident-driven and all acute toxic substance incidents occurring within participating states will be included.

A standardized set of data will be collected by the NTSIP coordinator for each incident. The NTSIP coordinator may be a federal employee assigned to the state health department or an employee of the state health department. State, but not federal, NTSIP coordinators will incur recordkeeping burden during two phases.

During the first phase, the NTSIP coordinators will rapidly collect and enter data from a variety of existing data sources. Examples of existing data sources include, but are not limited to, reports from the media, the National Response Center, the U.S. Department of Transportation Hazardous Materials Information Reporting System, and state environmental protection agencies. Approximately 65% of the information is expected to be obtained from existing data sources.

The second phase of the information collection will require the NTSIP coordinators to alert other entities of the incident when appropriate and to request additional information to complete the remaining unanswered data fields. Approximately 35% of the information is expected to be obtained from calling, emailing, or faxing additional types of respondents by the NTSIP coordinators.

These additional respondents will incur reporting burden and include, but are not limited to, the on-scene commander of the incident, emergency government services (e.g., state divisions of emergency management, local emergency planning committees, fire or Hazmat units, police, and emergency medical services), the responsible party (i.e., the ''spiller''), other state and local government agencies, hospitals and local poison control centers.

The NTSIP coordinator will enter data directly into an ATSDR internet-based data system. NTSIP materials, including a public use data set, annual report, and published articles will be made available on the ATSDR NTSIP Web page at *http://www.atsdr.cdc.gov/ntsip/*.

There are no costs to respondents other than their time. The total estimated annual burden hours are 1,821.