

**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. 2015–23567 Filed 9–18–15; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket Number CDC–2015–0080, NIOSH–  
283]

#### NIOSH Oil and Gas Sector Program— Strategic Plan for Research and Prevention, 2016–2025; Request for Comment

**AGENCY:** National Institute for  
Occupational Safety and Health  
(NIOSH) of the Centers for Disease  
Control and Prevention (CDC),  
Department of Health and Human  
Services (HHS).

**ACTION:** Notice of draft document  
available for public comment.

**SUMMARY:** The National Institute for  
Occupational Safety and Health  
(NIOSH) of the Centers for Disease  
Control and Prevention (CDC)  
announces the availability of a draft  
strategic plan entitled *NIOSH Oil and  
Gas Sector Program—Strategic Plan for  
Research and Prevention, 2016–2025* for  
public comment. The document and  
instructions for submitting comments  
can be found at [www.regulations.gov](http://www.regulations.gov).

**DATES:** Electronic or written comments  
must be received by October 21, 2015.

**ADDRESSES:** You may submit comments,  
identified by CDC–2015–0080 and  
Docket Number NIOSH–283, by either  
of the following methods:

- **Federal eRulemaking Portal:**  
[www.regulations.gov](http://www.regulations.gov). Follow the  
instructions for submitting comments.
- **Mail:** National Institute for  
Occupational Safety and Health, NIOSH  
Docket Office, 1090 Tusculum Avenue,  
MS C–34, Cincinnati, Ohio 45226–1998.

**Instructions:** All information received  
in response to this notice must include  
the agency name and docket number  
[CDC–2015–0080; NIOSH–283]. All  
relevant comments received will be  
posted without change to  
[www.regulations.gov](http://www.regulations.gov), including any  
personal information provided. Please  
make reference to CDC–2015–080 and  
Docket Number NIOSH–283. All  
information received in response to this  
notice will also be available for public  
examination and copying at the NIOSH

Docket Office, 1150 Tusculum Avenue,  
Room 155, Cincinnati, OH 45226–1998.

#### FOR FURTHER INFORMATION CONTACT:

David L. Caruso, NIOSH, Office of the  
Director, 626 Cochran Mill Road,  
Pittsburgh, PA 15236, (412) 386–6473  
(not a toll-free number), Email: [ake3@cdc.gov](mailto:ake3@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

The purpose of this strategic plan is  
to define and prioritize occupational  
safety and health research and  
prevention activities for NIOSH in the  
oil and gas exploration and production  
industry through 2025. This strategic  
plan focuses on conducting priority  
research to prevent injuries, illnesses  
and fatalities to workers employed in  
the onshore, exploration and production  
industry. The plan's research goals are  
organized according to the four areas  
that make up the NIOSH Oil and Gas  
Sector Program: (1) Epidemiology and  
surveillance, (2) exposure assessment,  
(3) control technologies, and (4)  
communications. The plan also includes  
performance measures that describe  
specific research activities that will be  
used to guide research, measure  
progress, and evaluate the success of the  
NIOSH Oil and Gas Sector Program in  
improving safety and health in this  
high-risk industry.

##### Information Needs

NIOSH is seeking public review and  
comment on this document from  
everyone with an interest in the health  
and safety of workers in the oil and gas  
extraction and production industry.

Dated: September 10, 2015.

**John Howard,**

Director, National Institute for Occupational  
Safety and Health, Centers for Disease Control  
and Prevention.

[FR Doc. 2015–23705 Filed 9–18–15; 8:45 am]

**BILLING CODE 4163–19–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–15–0009; Docket No. CDC–2015–  
0083]

#### 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 efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on a proposed revision of the  
information collection entitled  
“*National Disease Surveillance  
Program—I—Case Reports.*”

**DATES:** Written comments must be  
received on or before November 20,  
2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC–2015–  
0083 by any of the following methods:

- **Federal eRulemaking Portal:**  
[Regulations.gov](http://Regulations.gov). Follow the instructions  
for submitting comments.

- **Mail:** Leroy A. Richardson,  
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. All relevant comments  
received will be posted without change  
to [Regulations.gov](http://Regulations.gov), including any  
personal information provided. For  
access to the docket to read background  
documents or comments received, go to  
[Regulations.gov](http://Regulations.gov).

**Please note:** All public comment  
should be submitted through the  
Federal eRulemaking portal  
([Regulations.gov](http://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 the 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](mailto: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 OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

National Disease Surveillance Program I—Case Reports—(OMB Control Number 0920–0009, Expiration, 4/30/2016)—Revision—National Center for Emerging and Zoonotic Infectious Disease (NCEZID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Surveillance of the incidence and distribution of disease has been an important function of the US Public Health Service (PHS) since an 1878 Act of Congress authorized the PHS to collect morbidity reports. After the Malaria Control in War Areas Program had fulfilled its original 1942 objective of reducing malaria transmission, its basic tenets were carried forward and broadened by the formation of the Communicable Disease Center (CDC) in 1946. CDC was conceived of as a well-equipped, broadly staffed agency used to translate facts about analysis of morbidity and mortality statistics on communicable diseases and through field investigations.

The surveillance emphasis has shifted as certain diseases have declined in incidence, national emergencies have prompted involvement in new areas, and other diseases have taken on new aspects. Surveillance for the following diseases was approved three years ago: Creutzfeldt-Jakob Disease (CJD), Cyclosporiasis cayetanensis, Q Fever, Dengue, Reye Syndrome, Hantavirus pulmonary syndrome (HPS), Tick-borne Rickettsial Disease, Kawasaki syndrome, Trichinosis, Legionellosis, Tularemia, Lyme Disease (LD), Typhoid Fever, Malaria, Viral Hepatitis, and Plague. Due to change requests and surveillance systems moving to 0920–0728 (National Notifiable Diseases Surveillance System (NNDSS)) during the last three years, the following diseases/conditions are now included in this program: Creutzfeldt-Jakob Disease (CJD), Reye Syndrome, Kawasaki syndrome, and Acute Flaccid Myelitis. CDC needs to continue this surveillance package for another 3 years to maintain continuity in these surveillance systems. The data throughout the years are used to monitor the occurrence of non-notifiable conditions and to plan and conduct prevention and control programs at the state, territorial, local and national levels.

CDC currently collects data for certain diseases in summary form under OMB No. 0920–0004, (National Disease Surveillance Program II—Disease Summaries). These disease summaries are for important, yet different types of infections from those covered in this disease case reports request. Maintaining separate OMB numbers for these two types of data collections assists CDC in managing the two surveillance activities.

CDC works with state health departments to propose, coordinate, and evaluate nationwide surveillance systems. State epidemiologists are responsible for the collection, interpretation, and transmission of medical and epidemiological information to CDC.

The original purpose for reporting communicable diseases was to determine the prevalence of diseases dangerous to public health. However, collecting data also provided the basis for planning and evaluating effective programs for prevention and control of infectious diseases. Current information on disease incidence is needed to study present and emerging disease problems. CDC coordination of nationwide reporting maintains uniformity so that comparisons can be made from state to state and year to year.

In addition to development of prevention and control programs, surveillance data serves as statistical material for those engaged in research or medical practice, aid to health education officials and students, and data for manufacturers of pharmaceutical products. Annual surveillance data are published in the MMWR Surveillance Summary. The total burden requested is 190 hours, a decrease in 11,257 hours since the last submission. This is due to the other diseases moving to the Notifiable Diseases Surveillance System (0920–0728). There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Epidemiologist .....	CJD .....	20	2	20/60	13
Epidemiologist .....	Kawasaki Syndrome .....	55	8	15/60	110
Epidemiologist .....	Reye Syndrome .....	50	1	20/60	17
Epidemiologist .....	Acute Flaccid Myelitis .....	100	1	30/60	50
Total .....	.....	.....	.....	.....	190

**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.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-1771]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare &  
Medicaid Services.

**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 any of the following subjects: (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.

**DATES:** Comments must be received by November 20, 2015.

**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' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.

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:** Reports Clearance Office at (410) 786-1326.

#### 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-1771 Emergency and Foreign Hospital Services

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 previously approved collection;

#### Title of Information Collection:

Emergency and Foreign Hospital Services; *Use:* Section 1866 of the Social Security Act states that any provider of services shall be qualified to participate in the Medicare program and shall be eligible for payments under Medicare if it files an agreement with the Secretary to meet the conditions outlined in this section of the Act. Section 1814(d)(1) of the Social Security Act and 42 CFR 424.100, allows payment of Medicare benefits for a Medicare beneficiary to a nonparticipating hospital that does not have an agreement in effect with the Centers for Medicare and Medicaid Services. These payments can be made if such services were emergency services and if CMS would be required to make the payment if the hospital had an agreement in effect and met the conditions of payment. This form is used in connection with claims for emergency hospital services provided by hospitals that do not have an agreement in effect under Section 1866 of the Social Security Act. As specified in 42 CFR 424.103(b), before a non-participating hospital may be paid for emergency services rendered to a Medicare beneficiary, a statement must be submitted that is sufficiently comprehensive to support that an emergency existed. Form CMS-1771 contains a series of questions relating to the medical necessity of the emergency. The attending physician must attest that the hospitalization was required under the regulatory emergency definition and give clinical documentation to support the claim. A photocopy of the beneficiary's hospital records may be used in lieu of the CMS-1771 if the records contain all the information required by the form. *Form Number:* CMS-1771 (OMB control number: 0938-0023); *Frequency:* Annually; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 100; *Total Annual Responses:* 200; *Total Annual Hours:* 50. (For policy questions regarding this collection contact Shauntari Cheely at 410-786-1818.)

Dated: September 15, 2015.

**William N. Parham, III,**

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

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