(T32) '' *AHRQ RFA–HS17–011, National Research Service Award (NRSA) Institutional Research Training Grant (T32).*''

A SEP is a group of experts in fields related to health care research who are invited by AHRQ, and agree to be available on an as needed basis, to conduct scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Each SEP meeting will commence in open session before closing to the public for the duration of the meeting. The SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2, section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for the AHRQ RFA–HS17–011, ''*National Research Service Award (NRSA) Institutional Research Training Grant (T32),*'' are to be reviewed and discussed at this meeting. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dated: December 19, 2017.

Gopal Khanna,

Director.

[FR Doc. 2017–27664 Filed 12–22–17; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of an Upcoming Challenge Competition

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to conduct a Challenge Competition in Fall 2018 to develop user-friendly technical tools to collect and integrate patient-reported outcome data in electronic health records or other health information technology products.

FOR FURTHER INFORMATION CONTACT: Janey Hsiao, Health Scientist Administrator, Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Mail Stop 06E73A, Rockville, Maryland, 20857, Email: *Janey.hsiao@ahrq.hhs.gov,* Phone: (301) 427–1335.

SUPPLEMENTARY INFORMATION:

Background

The patient's perspective is central to healthcare decisions affecting prevention, diagnosis, treatment, and long-term care. Patient-reported outcomes (PROs) critically inform patient-centered outcomes research (PCOR) and can inform clinical management of individuals, shared decision making, patient self-management support, care planning, goal setting and goal attainment. PROs offer a complementary perspective to that of clinician assessments, and may provide greater insights into health status, function, symptom burden, adherence, health behaviors, and quality of life. However, standardized tools that collect PRO data in a way that is meaningful and useful to both patients and clinicians in primary care and ambulatory settings are not widely available.

The limited inclusion of PRO data in electronic health records (EHRs) and other health information technology (IT) solutions reduces the understanding and use of the patient's perspective in research and clinical care. Further, while some EHRs are currently able to capture some structured PRO data, including many of the NIH-funded Patient Reported Outcomes Measurement Information System® (PROMIS®) instruments, this information is not commonly collected in routine care. Thus, these data are often not available for both clinical care and research. Moreover, standards do not exist for collecting and integrating PRO data into health IT systems, thereby limiting the ability to easily share these data across health systems for research or other purposes including quality improvement.

Proposed Project

To fill these gaps, AHRQ intends to support the development of user-friendly, PRO-collection tools that utilize health IT standards, including application programming interfaces (APIs) to collect physical function data in ambulatory care settings (including primary care). Data element and data capture standards would allow for PRO assessments to be conducted and easily shared regardless of what EHR or health IT solution is being used. It would also allow for consistency in interpretation, and clarify the meaning of results for patient-provider communication and shared decision-making.

The development of user-friendly, PRO-collection tools will be conducted though a multi-phase Challenge Competition in Fall 2018. The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010. Only the winners from each phase can move on to the next phase so the participant pool becomes more limited throughout the competition. Developers will be asked to create tools based on implementation specifications provided by AHRQ. The tools should enable patients to share their physical function data with clinicians and researchers. AHRQ will convene a panel to judge the Challenge Competition. The judges of the Challenge Competition will evaluate the resulting submissions for adhering to the implementation specifications set forth in the Challenge Competition.

AHRQ will manage the Challenge Competition including developing the concept, designing prizes, drafting the **Federal Register** Notice, setting up the Challenge website, answering questions from developers, and giving prizes to winners. The Challenge Competition will be conducted by AHRQ in furtherance of the Secretary's authority to develop interoperable data networks that can link data from multiple sources, including electronic health records. 42 U.S.C. 299b–37(f).

Dated: December 19, 2017.

Gopal Khanna,

Director.

[FR Doc. 2017–27663 Filed 12–22–17; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–0822]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled *The National Intimate Partner and Sexual Violence Survey (NISVS)* to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and

Recommendations'' notice on September 20, 2017 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

The National Intimate Partner and Sexual Violence Survey (NISVS) (OMB Control Number 0920–0822, expiration date 7/30/2018)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a revision request for the currently approved National Intimate Partner and Sexual Violence Survey data collection project. Approval is requested for three years.

In 2010, NISVS reported that approximately 6.9 million women and 5.6 million men experienced rape, physical violence and/or stalking by an intimate partner within the last year. The health care costs of intimate partner violence (IPV) exceed $5.8 billion each year, nearly $3.9 billion of which is for direct medical and mental health care services.

In order to address this important public health problem, CDC implemented, beginning in 2010, the National Intimate Partner and Sexual Violence Surveillance System that produces national and state level estimates of IPV, Sexual Violence (SV) and stalking on an annual basis.

Data collection in the 2018–2019 cycle is slated to begin in mid-March 2018. Data will be collected in two periods. The first collection will be March 2018 through mid-September 2018 and the second collection will be mid-September 2018 through mid-March 2019.

The current request for revision is to conduct the 2018–2019 data collection. This data collection will use the version of the survey used for the 2016–2017 data collection period revised to reduce redundancy, and remove questions for active duty women and men in the military and wives of active duty men, as they will not be a part of the next wave of data collection. The request will allow the continuation of data collection among non-institutionalized adult men and women aged 18 years or older in the United States assessing lifetime and past 12 month experiences of IPV, SV and stalking. The current request also includes modifying data collection protocols to improve response rate and reduce non-response bias in response to recommendations provided by a methodology workgroup convened at the request of the Office of Management and Budget (OMB).

To comply with OMB's terms of clearance for 2014 and 2016, CDC collaborated with Bureau of Justice Statistics in convening a workgroup to obtain expert feedback and input on how to enhance the NISVS survey methodology. Workgroup participants provided guidance on how to improve the system's survey design (*e.g.,* methods, sampling frame, recruitment, mode of administration, etc.) with the goals of increasing response rates, reducing non-response bias, and maximizing the collaborative opportunities across Federal surveys for covering populations of interest. Four meetings of the workgroup, which included a representative from OMB and a representative from CDC's Board of Scientific Counselors, began in February of 2017 and were completed in July of 2017. Recommendations from the workgroup, provided to CDC in a written report, have been used to inform both the 2018–2019 efforts as well as plans for a substantial re-design of the survey design and administration after 2019. Additionally, the primary recommendations provided by the workgroup along with CDC's proposed activities to address the recommendations were presented to the National Center for Injury Prevention and Control's Board of Scientific Counselors (BSC) in September 2017. The BSC provided additional ideas for opportunities to learn about other Federal agencies' advances and experiments related to survey methods, as well as ideas for collaboration across Federal agencies, which CDC staff are currently pursuing.

NCIPC has also worked to improve the performance of the NISVS data collection tool (without altering its core content on IPV, SV, and stalking prevalence), decrease the level of burden on respondents, and reduce the time required to complete data processing, validation, and packaging for public release. In addition, the inclusion of questions in the NISVS data collection tool, about child exposure to physical or psychological IPV; normative beliefs about IPV, SV, and bystander intervention; and barriers to bystander intervention, further aligns NISVS surveillance approaches with stakeholder needs and demonstrates responsiveness to their expressed recommendations for surveillance improvement. The survey will be conducted among English or Spanish speaking male and female adults (18 years and older) living in the United States. The estimated annual burden hours requested are 22,700. There is a reduction of 4,406 hours from the previously approved hours of 27,106. There are no extra costs to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Non-Participating Household (Screened)	NISVS Survey Instrument. First section non-participating.	204,000	1	3/60
Eligible Household (Completes Survey)	NISVS Survey Instrument. Section for participating.	30,000	1	25/60

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. 2017–27687 Filed 12–22–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2017–0068; Docket Number NIOSH–299]

Final National Occupational Research Agenda for Cancer, Reproductive, Cardiovascular and Other Chronic Disease Prevention (CRC)

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 availability.

SUMMARY: NIOSH announces the availability of the final National Occupational Research Agenda for Cancer, Reproductive, Cardiovascular and Other Chronic Disease Prevention (CRC).

DATES: The final document was published on December 1, 2017.

ADDRESSES: The document may be obtained at the following link: *https://www.cdc.gov/niosh/nora/crosssectors/crc/researchagenda.html.*

FOR FURTHER INFORMATION CONTACT: Emily Novicki, (*NORACoordinator@cdc.gov*), National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Mailstop E–20, 1600 Clifton Road NE, Atlanta, GA 30329, phone (404) 498–2581 (not a toll free number).

SUPPLEMENTARY INFORMATION: On August 9, 2017, NIOSH published a request for public review in the **Federal Register** (82 FR 37228) of the draft version of the National Occupational Research Agenda for CRC. All comments received were reviewed and addressed where appropriate.

Frank Hearl,

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

[FR Doc. 2017–27762 Filed 12–22–17; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-18–0314; Docket No. CDC–2017–0099]

Proposed Data Collections 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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled The National Survey of Family Growth (NSFG), designed to provide nationally representative, scientifically credible data on factors related to birth and pregnancy rates, family formation and dissolution patterns, and reproductive health.

DATES: CDC must receive written comments on or before February 26, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0099 by any of the following methods:

Federal eRulemaking Portal: 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. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all Comments through the Federal eRulemaking portal (*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 Leroy A. Richardson, 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*.

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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information,