

period, which is tentatively scheduled from 3:45 p.m. to 3:55 p.m. This meeting is also available by teleconference. Please dial (888) 324-9970 and enter code 32077657.

Purpose: The Subcommittee will contribute to the ACD's advice to the CDC Director on strategic and other health disparities and health equity issues and provide guidance on opportunities for CDC.

Matters for Discussion: The Health Disparities Subcommittee will receive update from STLT Social Determinants of Health (SDOH) Think Tank Collaboration, Funding Opportunity Announcement (FOA) Health Equity Guidance Update and Discussion, HDS priorities, Internal Nomination Process and Update, Health Equity Indicators as well as an update from CDC's Principal Deputy Director.

The agenda is subject to change as priorities dictate.

Contact Person for More Information: Leandro 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 (770) 488-8343, Email: xdy8@cdc.gov. 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.

Elaine L. Baker,

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

[FR Doc. 2016-24365 Filed 10-6-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2016-0092]

2018 National Health Interview Survey Questionnaire Redesign

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

ACTION: Notice with comment period.

SUMMARY: The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), in the Department of Health and Human Services (HHS) announces the opening

of a docket to obtain public comment on the redesign of the National Health Interview Survey (NHIS) questionnaire (OMB Control No. 0920-0214, expires 01/31/2019) Any proposed changes will be submitted in future notices in compliance with the Paperwork Reduction Act (PRA). The content and structure of the NHIS will be updated in 2018 to improve the measurement of covered health topics, reduce respondent burden by shortening the length of the questionnaire, harmonize overlapping content with other federal health surveys, establish a long-term structure of ongoing and periodic topics, and incorporate advances in survey methodology and measurement.

DATES: Written comments must be received on or before November 7, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2016-0092 by any of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting comments.

- **Mail:** Verita C. Buie, Office of Planning, Budget, and Legislation, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, MS-08, Hyattsville, MD 20782.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Marcie Cynamon, Director, of the Division of Health Interview Statistics, National Center for Health Statistics, 3311 Toledo Road, MS-P08, Hyattsville, MD 20782-2064, phone: (301) 458-4174.

SUPPLEMENTARY INFORMATION: The National Center for Health Statistics (NCHS) is redesigning the National Health Interview Survey (NHIS) to be fielded in 2018. The NHIS is the principal source of information on the health of the civilian noninstitutionalized population of the United States. Established by the National Health Survey Act of 1956, the survey has been in the field continuously since July 1957. NHIS data are used widely throughout the Department of Health and Human Services (HHS) to monitor trends in illness and disability and to track progress toward achieving national health objectives. The data are used by HHS and the public health research community in determining barriers to

accessing and using health care services, and in tracking those health conditions and behaviors related to the leading causes of morbidity and mortality.

The redesigned NHIS questionnaire and survey structure will be introduced in January 2018. The redesign process presents an opportunity to (1) ensure the survey is capturing the current health and health care needs of individuals in the United States and producing data of the highest-possible quality; and (2) reduce respondent burden by shortening the overall questionnaire length and harmonizing its content with other federal health surveys. The redesign is strategically timed to coordinate with the data cycle used to monitor Healthy People 2020 objectives, providing a clean transition into the next decade of monitoring the nation's critical public health indicators. The redesigned questionnaire reflects advances in survey methodology and measurement since the last NHIS redesign in 1997. This proposal incorporates a long-term structure for the content of the survey. There will be content that remains on the survey each year and content that will be collected on a rotating basis (collected for one or two years, off for one year). The periodicity of rotating content will be established several years in advance. Approximately 15 to 20 minutes of interview time each year will be reserved for sponsored content that addresses the data needs of other federal agencies and partners.

The proposed structure of the redesigned NHIS will differ from the current structure. Since 1997, the NHIS has consisted of a family questionnaire, a sample adult questionnaire, and a sample child questionnaire. The new structure will include a sample adult questionnaire and a sample child questionnaire only; however, in the redesigned NHIS, much of the content from the family section will be collected within the sample adult and sample child interviews. To complete these questionnaires, one adult aged 18 years and over and one child aged 17 years and under (if applicable) will be randomly selected from each sampled household. Information about the sample adult will be collected from the sample adult himself/herself unless s/he is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult.

Content from the family questionnaire that will still be obtained from respondents in the redesigned NHIS

includes questions at the beginning of the interview that will capture the age, sex, active duty military status, race, and ethnicity of everyone who usually lives or stays in the household. Some content from the family questionnaire (e.g., family income, financial burden of medical care, housing tenure) will be moved into the two remaining questionnaires.

Public comment on the first draft of these questionnaires will be critical as we continue to revise and improve the content and question text during the redesign process. The first draft of the questionnaires may be found in the docket under Supporting and Related Materials.

Dated: October 4, 2016.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2016-24348 Filed 10-6-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10605, CMS-R-5, CMS-10311, and CMS-10242]

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 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 on the collection(s) of information must be received by the OMB desk officer by November 7, 2016.

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*.

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 the 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.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786-1326.

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 publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* The Health Insurance Enforcement and Consumer Protections Grant Program; *Use:* Section 1003 of the Affordable Care Act (ACA) adds a new section 2794 to the PHS Act

entitled, "Ensuring That Consumers Get Value for Their Dollars." Specifically, section 2794(a) requires the Secretary of the Department of Health and Human Services (the Secretary) (HHS), in conjunction with the States, to establish a process for the annual review of health insurance premiums to protect consumers from unreasonable rate increases. Section 2794(c) directs the Secretary to carry out a program to award grants to States. Section 2794(c)(2)(B) specifies that any appropriated Rate Review Grant funds that are not fully obligated by the end of FY 2014 shall remain available to the Secretary for grants to States for planning and implementing the insurance market reforms and consumer protections under Part A of title XXVII of the Public Health Service Act (PHS Act). States that apply for funds are required to complete the grant application. States that are awarded funds under this funding opportunity are required to provide the CMS with four quarterly reports, and one annual report per year (except for the last year of the grant) until the end of the grant period detailing the state's progression towards planning and/or implementing the market reforms under Part A of Title XXVII of the PHS Act. A final report is due at the end of the grant period. *Form Number:* CMS-10605 (OMB control number: 0938-NEW); *Frequency:* Annually and Quarterly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 23; *Total Annual Responses:* 115; *Total Annual Hours:* 2,898. (For policy questions regarding this collection contact Jim Taing at 301-492-4182.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Physician Certification/Recertification in Skilled Nursing Facilities (SNFs) Manual Instructions; *Use:* Section 1814(a) of the Social Security Act (the Act) requires specific certifications in order for Medicare payments to be made for certain services. Before the enactment of the Omnibus Budget Reconciliation Act of 1989 (OBRA1989, Public Law 101-239), section 1814(a)(2) of the Act required that, in the case of post hospital extended care services, a physician certify that the services are or were required to be given because the individual needs or needed, on a daily basis, skilled nursing care (provided directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter, can only be provided in a SNF on an inpatient basis. The