Proposed Project

National Hospital Care Survey (NHCS) (OMB Control No. 0920–0212, Exp. 03/31/2022)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request for National Hospital Care Survey (NHCS) includes the collection of all inpatient and ambulatory Uniform Bill–04 (UB–04) claims data or electronic health record (EHR) data, as well as the collection of hospital-level information via a questionnaire from a sample of 608 hospitals.

The National Ambulatory Medical Care Survey (NAMCS) was conducted intermittently from 1973 through 1985, and annually since 1989. The survey is conducted under authority of Section 306 of the Public Health Service Act (42 U.S.C. 242k). The National Hospital Discharge Survey (NHDS) (OMB No. 0920–0212, Exp. Date 01/31/2019), conducted continuously between 1965 and 2010, was the Nation's principal source of data on inpatient utilization of short-stay, non-institutional, non-Federal hospitals, and was the principal source of nationally representative estimates on the characteristics of inpatients including lengths of stay, diagnoses, surgical and non-surgical procedures, and patterns of use of care in hospitals in various regions of the country. In 2011, NHDS was granted approval by OMB to expand its content and to change its name to the National Hospital Care Survey (NHCS).

In May 2011, recruitment of sampled hospitals for the NHCS began. Hospitals in the NHCS are asked to provide data on all inpatients from their UB–04 administrative claims, or EHRs. Hospital-level characteristics and data on the impact of COVID–19 on the hospital are collected through an Annual Hospital Interview. NHCS will continue to provide the same national health-care statistics on hospitals that NHDS provided. Additionally, NHCS collects more information at the hospital level (*e.g.,* volume of care provided by the hospital), which allow for analyses on the effect of hospital characteristics on the quality of care provided. NHCS data collected from UB–04 administrative claims and EHRs include all inpatient discharges, not just a sample. The confidential collection of personally identifiable information allows NCHS to link episodes of care provided to the same patient in the ED and/or OPD and as an inpatient, as well as link patients to the National Death Index (NDI) to measure post-discharge mortality, and Medicare and Medicaid data to leverage comorbidities. The availability of patient identifiers also makes analysis on hospital readmissions possible. This comprehensive collection of data makes future opportunities for surveillance possible, including analyzing trends and incidence of opioid misuse, acute myocardial infarction, heart failure and stroke, as well as trends and point prevalence of health care acquired infections and antimicrobial use.

Beginning in 2013, in addition to inpatient hospital data, hospitals participating in NHCS were asked to provide data on the utilization of health care services in their ambulatory settings (*e.g.,* EDs and OPDs). Due to low response rates and high level of missing data, OPD data were not collected in the last approval period (2019, 2020 and 2021). Collection of OPD may resume in future years.

Data collected through NHCS are essential for evaluating the health status of the population, for the planning of programs and policy to improve health care delivery systems of the Nation, for studying morbidity trends, and for research activities in the health field. There are no changes to the data collection survey. The only change is to the burden hours due to the increase of the sample size. The new total annualized burden is 7,184 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hospital DHIM or DHIT ..	Initial Hospital Intake Questionnaire	150	1	1	136
Hospital CEO/CFO	Recruitment Survey Presentation	150	1	1	136
Hospital DHIM or DHIT ..	Prepare and transmit UB–04 or State File for Inpatient and Ambulatory (monthly).	408	12	1	4,896
Hospital DHIM or DHIT ..	Prepare and transmit EHR for Inpatient and Ambulatory (quarterly).	200	4	1	800
Hospital CEO/CFO	Annual Hospital Interview	608	1	2	1,216
Total	.....	.....	.....	.....	7,184

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Multi-Agency Informational Meetings To Discuss Reporting Requirements for Entities; Public Webinars

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

ACTION: Notice of public webinars.

SUMMARY: The HHS/CDC's Division of Select Agents and Toxins (DSAT) and the U.S. Department of Agriculture/Animal and Plant Health Inspection Service (APHIS)'s Division of Agricultural Select Agents and Toxins (DASAT) are jointly charged with the regulation of the possession, use and transfer of biological agents and toxins that have the potential to pose a severe threat to public, animal or plant health

or to animal or plant products (select agents and toxins). This joint effort constitutes the Federal Select Agent Program. Due to the continuing pandemic and concerns for the safety of our workshop attendees and employees, DSAT replaced in-person workshops with webinars. The purpose of the webinars is to provide guidance on completing APHIS/CDC Form 2 (Request to Transfer Select Agents and Toxins), APHIS/CDC Form 3 (Report of a Release/Loss/Theft), and APHIS/CDC Form 4 (Reporting the Identification of a Select Agent or Toxin) (APHIS/CDC Forms 2–4) for interested individuals. Two sessions covering the same agenda will be held to provide two opportunities for interested individuals to participate.

DATES: The webinars will be held October 6, 2021 from 10 a.m. to 12:30 p.m. (EDT) and November 3, 2021 from 1:30 p.m. to 4:00 p.m. (EDT). Registration instructions are found on the website, *https://www.selectagents.gov.*

ADDRESSES: The webinars will be conducted from the Centers for Disease Control and Prevention, 1600 Clifton Road NE, Atlanta, Georgia 30329.

FOR FURTHER INFORMATION CONTACT: CDC: Samuel S. Edwin, Ph.D., Director, DSAT, Center for Preparedness and Response, CDC, 1600 Clifton Road NE, MS H–21–7, Atlanta, Georgia 30329. Telephone: (404) 718–2000; email: *lrsat@cdc.gov.* APHIS: Jack Taniewski, DVM, Director, DASAT, APHIS, 4700 River Road, Unit 2, Riverdale, MD 20737. Telephone: (301) 851–2070; email: *DASAT@usda.gov.*

SUPPLEMENTARY INFORMATION: The two public webinar sessions covering the same content, scheduled for Wednesday, October 6, 2021 and Wednesday, November 3, 2021, are opportunities for interested individuals to obtain guidance on completing the APHIS/CDC Forms 2–4 and reporting requirements related to the select agent and toxin regulations (7 CFR part 331, 9 CFR part 121 and 42 CFR part 73). For individuals not able to attend the webinars, the information will be available under the training section at *http://www.selectagents.gov*.

Representatives from the Federal Select Agent Program will be present during the webinars followed by question and answer session to address questions and concerns from the webinar participants.

Participants who want to participate in the webinar should complete their registration online by September 18, 2021. The registration instructions are located on this website: *http://www.selectagents.gov.*

Dated: July 14, 2021.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2021–15305 Filed 7–16–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463.

Name of Committee: Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH).

Dates: October 20–21, 2021.

Time: 11:00 a.m.–5:00 p.m., EDT.

Place: Teleconference.

Agenda: The meeting will convene to address matters related to the conduct of Study Section business and for the study section to consider safety and occupational health-related grant applications.

For Further Information Contact: Michael Goldcamp, Ph.D., Scientific Review Officer, NIOSH, CDC, 1095 Willowdale Road, Morgantown, WV 26506; Telephone: (304) 285–5951; Email: *mgoldcamp@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2021–15246 Filed 7–16–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–21DC]

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 National Syringe Services Program (SSP) Evaluation 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 February 25, 2021 to obtain comments from the public and affected agencies. CDC received three public comments 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open