

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Notice for the President's Advisory Council on Faith-Based and Neighborhood Partnerships

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the President's Advisory Council on Faith-Based and Neighborhood Partnerships announces the following three conference calls:

Name: President's Advisory Council on Faith-based and Neighborhood Partnerships Council Conference Calls.

Time and Date: Monday, April 2nd, 2013 4:00 p.m.-5:30 p.m. (EDT).

Place: All meetings announced herein will be held by conference call. The call-in line is: 1-866-823-5144, Passcode: 1375705. Space is limited so please RSVP to partnerships@hhs.gov to participate.

Status: Open to the public, limited only by lines available.

Purpose: The Council brings together leaders and experts in fields related to the work of faith-based and neighborhood organizations in order to: Identify best practices and successful modes of delivering social services; evaluate the need for improvements in the implementation and coordination of public policies relating to faith-based and other neighborhood organizations; and make recommendations for changes in policies, programs, and practices.

Contact Person for Additional Information: Please contact Ben O'Dell for any additional information about the President's Advisory Council meeting at partnerships@hhs.gov.

Agenda: Please visit <http://www.whitehouse.gov/partnerships> for further updates on the Agenda for the meeting.

Public Comment: There will be an opportunity for public comment at the conclusion of the meeting. Comments and questions can be asked over the conference call line, or sent in advance to partnerships@hhs.gov.

Dated: March 14, 2013.

Ben O'Dell,

Associate Director for Center for Faith-based and Neighborhood Partnerships at U.S. Department of Health and Human Services.

[FR Doc. 2013-06405 Filed 3-19-13; 8:45 am]

BILLING CODE 4154-07-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meetings of the National Biodefense Science Board

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human

Services is hereby giving notice that the National Biodefense Science Board (NBSB) will be holding public meetings on April 2 and April 3, 2013.

DATES: The April 2, 2013, NBSB public meeting is tentatively scheduled from 9:00 a.m. to 5:00 p.m. The April 3, 2013, public meeting will be held jointly with the Centers for Disease Control and Prevention Board of Scientific Counselors (BSC), Office of Public Health Preparedness and Response (OPHPR), is tentatively scheduled from 8:30 a.m. to 3:30 p.m. The agendas for both April 2 and 3, 2013, meetings are subject to change as priorities dictate, and it is possible that they may be held by teleconference rather than in person. Please check the NBSB Web site at WWW.PHE.GOV/NBSB for the most up-to-date information.

ADDRESSES: April 2, 2013: Centers for Disease Control and Prevention (CDC), 1600 Clifton Road NE., Roybal Campus, Atlanta, Georgia 30329, Building 19, Room 117.

April 3, 2013: CDC, 1600 Clifton Road NE., Roybal Campus, Atlanta, Georgia 30329, Building 19, Room 256.

To attend by teleconference, please refer to the NBSB Web site for further instructions at www.phe.gov/nbsb. Please call in 15 minutes prior to the beginning of the meeting to facilitate attendance.

Additional Information for Public Participants: These meetings are open to the public and are limited only by the space available. Meeting rooms will accommodate up to 30 people. Pre-registration is required for in-person attendance. Individuals who wish to attend the meeting in-person should send an email to NBSB@HHS.GOV with "NBSB Registration" in the subject line by no later than Monday, March 25, 2013.

FOR FURTHER INFORMATION CONTACT: The National Biodefense Science Board mailbox: NBSB@HHS.GOV.

SUPPLEMENTARY INFORMATION: Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d-7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), the Department of Health and Human Services established the National Biodefense Science Board.

The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to the Department of Health and Human Services (HHS) regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary

for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

Background: The April 2, 2013, public meeting will be dedicated to a discussion and vote of the report and recommendations from the NBSB's Public Health and Healthcare Situational Awareness Strategy and Implementation Plan Working Group. Subsequent agenda topics will be added as priorities dictate. The April 3, 2013, meeting will include a joint Federal Advisory Committee briefing, deliberation and vote on the recommendations and report written by the joint BSC OPHPR-NBSB Strategic National Stockpile ad hoc working group. Any additional agenda topics will be available on the NBSB's April 2013 meeting Web page prior to the public meeting, available at WWW.PHE.GOV/NBSB.

Availability of Materials: The meeting agenda and materials will be posted on the NBSB Web site at WWW.PHE.GOV/NBSB prior to the meeting.

Procedures for Providing Public Input: Any member of the public providing oral comments at the meeting must sign in at the registration desk and provide his/her name, address, and affiliation. All written comments must be received prior to March 29, 2013, and should be sent by email to NBSB@HHS.GOV with "NBSB Public Comment" as the subject line. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should email NBSB@HHS.GOV.

Dated: March 14, 2013.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2013-06308 Filed 3-19-13; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed changes to the currently approved

information collection project: “Medical Expenditure Panel Survey—Insurance Component.” In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on December 26th, 2012 and allowed 60 days for public comment. Two comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by April 19, 2013.

ADDRESSES: Written comments should be submitted to: AHRQ’s OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ’s desk officer) or by email at OIRA_submission@omb.eop.gov (attention: AHRQ’s desk officer.)

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Medical Expenditure Panel Survey—Insurance Component

Employer-sponsored health insurance is the source of coverage for 85 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey—Insurance Component (MEPS–IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. Private industry statistics are produced at the National, State, and sub-State (metropolitan area) level and State and local government statistics at the National and Census Region level.

The MEPS–IC was last approved by OMB on December 12th, 2012 and will expire on December 31st, 2014. The OMB control number for the MEPS–IC is 0935–0110. All of the supporting documents for the current MEPS–IC can be downloaded from OMB’s Web site at http://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201110-0935-001.

The current MEPS–IC clearance noted the possibility of making changes to the 2013 MEPS–IC survey in order to address data needs for the Patient Protection and Affordable Care Act

(PPACA) and other issues. AHRQ solicited input on possible new questions from a working group of over 50 individuals that included multiple representatives from the U.S. Department of Health and Human Services’ Assistant Secretary for Planning and Evaluation (ASPE), the Center for Medicare & Medicaid Services’ (CMS) Center for Consumer Information and Insurance Oversight, the CMS Office of the Actuary, the National Center for Health Statistics, the President’s Council of Economic Advisors, the Office of Management and Budget, the Bureau of Labor Statistics, the Employee Benefits Security Administration, and the Bureau of the Census.

After the working group agreed on a reasonable number of specific questions, the Bureau of the Census, at AHRQ’s direction, conducted a pretest of these questions on a sampled set of 2012 MEPS–IC survey respondents. A telephone pretest was conducted in the spring and summer of 2012. The results of this pretest, conducted under the Census Bureau’s generic pretest clearance process, led to AHRQ recommending that a subset of the tested questions be added to the survey in 2013. To avoid increasing the overall burden on survey respondents, a proportional number of questions have been proposed for deletion. Questions identified for deletion were those with limited analytic value and/or below-average response rates. The AHRQ recommendations were accepted by the HHS Data Council in November 2012.

For all establishment-level MEPS–IC forms, AHRQ proposes to make the following changes to questions asked of employers who offer health insurance:

Additions

- Did your organization offer health insurance to unmarried domestic partners of the same sex? Yes/No/Don’t Know
- Did your organization offer health insurance to unmarried domestic partners of the opposite sex? Yes/No/Don’t Know

Deletions

- For 2013, what was the TYPICAL waiting period before new employees could be covered by health insurance? Less than 2 weeks/2 weeks to less than 1 month/Until the first day of the next month/1–3 months/More than 3 months
- Did your organization place any limits or restrictions on health insurance coverage for the spouse of an employee if the spouse had access to

coverage through another employer? Yes/No/Don’t Know

For all plan-level MEPS–IC forms, AHRQ proposes to make the following changes:

Additions

- (For self-insured health plans that purchase stop-loss coverage) What is the specific stop-loss coverage amount per employee? \$____.00
- Did the premiums for this insurance plan vary by any of these characteristics? Smoker/nonsmoker will be added to current list of Age, Gender, Wage or Salary levels, and Other. The “Premiums did not vary” response checkbox will be deleted and replaced with Yes/No/Don’t Know responses for each characteristic.
- Did the amount an employee contributed toward his/her own coverage vary by any of these employee characteristics? Participation in a fitness/weight loss program and participation in a smoking cessation program will be added to the current list of Hours worked, Union status, Wage or salary level, Occupation, Length of employment, and Other. The “Employee contribution did not vary” response checkbox will be deleted and replaced with Yes/No/Don’t Know responses for each characteristic.
- Which of the services listed were covered by the plan? Routine vision care for children, Routine dental care for children, Mental health care, and Substance abuse treatment will be added. Routine vision care for adults and Routine dental care for adults will replace Routine vision care and Routine dental care respectively. Chiropractic care remains unchanged
- Is this a Grandfathered health plan as defined by the Affordable Care Act? Yes/No/Don’t know

Deletions

- How many different pricing categories or tiers of prescription drug coverage were there for this plan? Number of tiers ____ or Don’t know
- What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR? \$____ or No annual maximum
- An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer an HRA associated with this plan in 2013? HRAs are NOT Flexible Spending Accounts

(FSAs) or Health Savings Accounts (HSAs). Yes/No/Don't Know

The MEPS Definitions form—MEPS–20(D)—will also be updated with new definitions for terms used in these new questions (and the deletion of terms used only in the deleted questions).

There are no changes to the 2013 MEPS–IC survey estimates of cost and hour burdens due to these proposed question changes. The response rate for the MEPS–IC survey also is not expected to change due to these proposed changes.

The MEPS–IC is conducted pursuant to AHRQ's statutory authority to conduct surveys to collect data on the cost, use and quality of health care, including the types and costs of private health insurance. 42 U.S.C. 299b–2(a).

Method of Collection

There are no changes to the current data collection methods.

Estimated Annual Respondent Burden

There are no changes to the current burden estimates.

Estimated Annual Costs to the Federal Government

There are no changes to the current cost estimates.

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 healthcare research and healthcare 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 4, 2013.

Carolyn M. Clancy,
Director.

[FR Doc. 2013–06217 Filed 3–19–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From QAISys, Inc.

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Public Law 109–41, 42 U.S.C. 299b–21—b–26, provides for the formation of Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule), 42 CFR part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found no longer to meet the requirements of the Patient Safety Act and Patient Safety Rule, or when a PSO chooses to voluntarily relinquish its status as a PSO for any reason. AHRQ has accepted a notification of voluntary relinquishment from QAISys, Inc. of its status as a PSO, and has delisted the PSO accordingly.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on January 31, 2013.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

FOR FURTHER INFORMATION CONTACT:

Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: psa@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act.

AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule (PDF file, 450 KB. PDF Help) relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found no longer to meet the requirements of the Patient Safety Act and Patient Safety Rule, or when a PSO chooses to voluntarily relinquish its status as a PSO for any reason. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from QAISys, Inc., PSO number P0046, to voluntarily relinquish its status as a PSO. Accordingly, QAISys, Inc. was delisted effective at 12:00 Midnight ET (2400) on January 31, 2013.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: March 4, 2013.

Carolyn M. Clancy,
Director.

[FR Doc. 2013–06215 Filed 3–19–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From Universal Safety Solution PSO

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Public Law 109–41, 42 U.S.C. 299b–21—b–26, provides for the formation of Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule), 42 CFR part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found no longer to meet the requirements of the Patient Safety Act and Patient Safety Rule, or when a PSO chooses to voluntarily