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: May 23, 2014.

Richard Kronick,

Director.

[FR Doc. 2014–12908 Filed 6–3–14; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–0907]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

Musculoskeletal Disorder (MSD) Intervention Effectiveness in Material Handling Operations (OMB No. 0920–0907, expires 11/30/2014)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91–596, sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1970), NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH proposes a two-year approval to continue a study to assess the effectiveness and cost-benefit of occupational safety and health (OSH) interventions for musculoskeletal disorders.

NIOSH and the Ohio Bureau of Workers Compensation (OBWC) will continue to collaborate on a multi-site intervention study at OBWC-insured companies from 2014–2016. In overview, MSD engineering control interventions (such as stair-climbing, powered hand trucks, and powered truck lift gates) will be tested for effectiveness in reducing self-reported back and upper extremity pain among 960 employees performing material handling operations in 72 establishments using a prospective experimental design (multiple baselines across groups). The costs of the interventions will be funded through existing OBWC funds and participating establishments.

This study will provide important information that is not currently available elsewhere on the effectiveness of OSH interventions for workers. The study sub-sample will be volunteer employees at OBWC-insured establishments who perform material handling tasks that are expected to be impacted by the engineering control interventions. It is estimated that there will be 960 impacted employees in the recruited establishments, which will be paired according to previous workers compensation loss history and establishment size.

This protocol is changed from the previous data collection in that:

- A Low Back Functional Assessment is no longer being conducted to increase data collection efficiency.
- The study population now includes workers performing material handling tasks in all industries, not just wholesale retail trade. Tested interventions also include a number of material handling engineering controls. These changes were made to increase generalizability of results.
- All employers will now receive the intervention immediately, rather than half being randomly selected to receive the intervention six months later. This change was made to increase participation among employers.

The main outcomes for this study are self-reported low back pain and upper extremity pain collected using surveys every three months over a two-year period from volunteer material handling workers at participating establishments. Individuals will also be asked to report usage of the interventions and material handling exposures every three months over two years. Individuals will also be asked to complete an annual health assessment survey at baseline, and once annually for two years.

In order to maximize efficiency and reduce burden, a choice of web-based or paper survey is proposed for the data collection.

All collected information will be used to determine whether there are significant differences in reported musculoskeletal pain and functional back pain score ratios (pre/post intervention scores), while controlling for covariates. Once the study is

completed, results will be made available through the NIOSH internet site and peer-reviewed publications.

The ''Self-reported low back pain'' and ''Self-reported upper extremity pain'' forms are collected every three months (9 over two years, or an average of 4.5 per year). The ''Self-reported general work environment and health'' form is collected at baseline, at the end of the first year and at the end of the second year (3 times over two years, or an average of 1.5 per year). The informed consent form is collected once at the beginning of the study, an average of .5 per year. The early exit interview is collected once for a limited number of participants, an average of .5 per year. There is no cost to respondents other than their time.

In summary, this study will determine the effectiveness of the tested MSD interventions for material handling workers and enable evidence based prevention practices to be shared with the greatest audience possible. NIOSH expects to complete data collection in 2016. The total estimated annual burden hours are 1,364.

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.)
Material handling workers	Self-reported low back pain	960	4.5	5/60	360
	Self-reported upper extremity pain	960	4.5	5/60	360
	Self-reported specific job tasks and safety incidents.	960	4.5	5/60	360
	Self-reported general work environment and health.	960	1.5	10/60	240
	Informed Consent Form (Overall Study)	960	.5	5/60	40
	Early Exit Interview	106	.5	5/60	4
Total	.....	.....	.....	.....	1,364

Leroy 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. 2014–12838 Filed 6–3–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1620–N]

Medicare Program; Notification of Closure of Teaching Hospital and Opportunity To Apply for Available Slots

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the closure of one teaching hospital and the initiation of an application process for hospitals to apply to the Centers for Medicare & Medicaid Services (CMS) to receive Long Beach Medical Center's full time equivalent (FTE) resident cap slots.

DATES: We will consider applications received no later than 5 p.m. (e.s.t.) September 2, 2014. Applications must be received, not postmarked, by this date.

FOR FURTHER INFORMATION CONTACT: Miechal Lefkowitz, (212) 616–2517.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5506 of the Patient Protection and Affordable Care Act (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (collectively, the ''Affordable Care Act''), ''Preservation of Resident Cap Positions from Closed Hospitals,'' authorizes the Secretary of the Department of Health and Human Services (the Secretary) to redistribute residency slots after a hospital that trained residents in an approved medical residency program closes. Specifically, section 5506 of the Affordable Care Act amended the Social Security Act (the Act) by adding subsection (vi) to section 1886(h)(4)(H) of the Act and modifying language at section 1886(d)(5)(B)(v) of the Act, to instruct the Secretary to establish a process to increase the full time equivalent (FTE) resident caps for other hospitals based upon the FTE resident caps in teaching hospitals that closed ''on or after a date that is 2 years before the date of enactment'' (that is, March 23, 2008). In the November 24, 2010 CY 2011 Outpatient Prospective Payment System (OPPS) final rule (75 FR 72212), we established regulations and an application process for qualifying hospitals to apply to CMS to receive direct graduate medical education (GME) and indirect medical education (IME) FTE resident cap slots from the hospital that closed. We made certain modifications to those regulations in the FY 2013 Hospital Inpatient Prospective Payment System/Long Term Care Hospital final rule (FY 2013 IPPS/LTCH PPS final rule (77 FR 53434 through 53447)). The procedures we established apply both to teaching hospitals that closed on or after March 23, 2008 and on or before August 3, 2010, and to teaching hospitals that closed after August 3, 2010.

II. Provisions of the Notice

A. Notice of Closure of Teaching Hospital and Application Process

CMS has learned of the closure of one teaching hospital, Long Beach Medical Center, of Long Beach, NY. The purpose of this notice is to notify the public of the closure of this teaching hospital, and to initiate another round of the application and selection process described in section 5506 of the Affordable Care Act. This round will be the seventh round (''Round 7'') of the application and selection process. The table below identifies the closed teaching hospital, which is part of the Round 7 application process under section 5506 of the Affordable Care Act: