question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 10, 2013.

A. Federal Reserve Bank of Philadelphia (William Lang, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105–1521:

1. *Fox Chase Bancorp, Inc.,* Hatboro, Pennsylvania; to retain voting shares of Philadelphia Mortgage Advisors, Plymouth, Pennsylvania, and thereby engage in originating first and second mortgages for resale into the secondary market and to third party investors, pursuant to section 225.28(b)(1).

Board of Governors of the Federal Reserve System, August 21, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2013–20705 Filed 8–23–13; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–13AFV]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans 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 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; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

The National Ambulatory Medical Care Survey (NAMCS): National Electronic Health Record Survey (NEHRS)—NEW—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 ''utilization of health care'' in the United States. The purpose of the National Electronic Health Record Survey (NEHRS) is to collect data annually from office-based physicians to measure progress in adopting electronic health records (EHRs) into their practices. Questions about the use of EHRs have been asked in the National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920–0234) since 2001. NAMCS NEHRS has been conducted as a mail survey supplement under NAMCS since 2008. NCHS is now seeking OMB approval to make NAMCS NEHRS an independent survey. The content will be similar to what was previously collected. A three-year approval is requested.

NAMCS NEHRS target universe consists of all non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care.

NAMCS NEHRS is the principal source of data on national and state-level EHR adoption in the United States. In 2008 and 2009, the sample size was 2,000 physicians annually. Starting in 2010, the annual sample size was increased five-fold, from 2,000 physicians to 10,302 physicians. The increased sample size allows for more reliable national estimates as well as state-level estimates on EHR adoption.

NAMCS NEHRS, a voluntary survey, collects information on characteristics of physicians and their practices; the functionalities that are available in those practices' EHR systems; and information on physicians' intent to apply for meaningful use incentive payments. Physician Identification Number is collected to link NAMCS NEHRS data with available administrative data. These data, together with data from previous years, may be used to monitor the adoption of EHR as well as assessing what factors are associated with EHR adoption.

In addition to the regular NEHRS questionnaire, which will be fielded annually, in 2014 half the sample will receive the expanded NAMCS NEHRS which has additional questions related to effects that EHRs have on clinical workflow and efficiencies, as well as questions on access, quality, and costs associated with the delivery of health care. All 2014 NEHRS respondents (to either questionnaire) may receive the expanded survey in 2015 and 2016, as a follow-up to evaluate the effect of EHR adoption on the delivery of health care over time.

The table below provides the average annual burden for this survey. The first line represents an average of the half sample for 2014 and full samples for 2015 and 2016 that receive the regular NEHRS questionnaire. The second line represents the 2014 half sample that will receive the expanded questionnaire. The third line represents the full 2014 sample that will be followed up with the expanded questionnaire in 2015 and 2016. All of these are averaged over three years.

Users of NAMCS NEHRS data include, but are not limited to, Congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Sample size	Number of responses per respondent	Hours per response	Total burden (hours)
Office-based physicians	Regular NEHRS	8,585	1	20/60	2,862
Office-based physicians	Expanded NEHRS	1,717	1	30/60	859

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Form name	Sample size	Number of responses per respondent	Hours per response	Total burden (hours)
Office-based physicians	NEHRS expansion (Follow-up)	6,868	1	30/60	3,434
Total					7,155

LeRoy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Center for Disease Control and Prevention.

[FR Doc. 2013–20644 Filed 8–23–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–13ADJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery—NEW—Centers for Disease Control and Prevention (CDC), Office of Surveillance, Epidemiology, and Laboratory Services (OSELS), Public Health Surveillance and Informatics Program Office (PHSIPO), Informatics Research and Development Activity (IRDA).

As part of a Federal Government-wide effort to streamline the process to seek feedback from the public on service delivery, the CDC has submitted a Generic Information Collection Request (Generic ICR): ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery '' to OMB for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*).

To request additional information, please contact Kimberly S. Lane, Centers for Disease Control and Prevention, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

Abstract: The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

The Agency received no comments in response to the 60-day notice published in the **Federal Register** on December 22, 2010 (75 FR 80542).

This is a new collection of information. Respondents will be screened and selected from Individuals and Households, Businesses, Organizations, and/or State, Local or Tribal Government. Below we provide CDC's projected annualized estimate for the next three years. There is no cost to respondents other than their time. The estimated annualized burden hours for this data collection activity are 550.

Type of collection	Average number of respondents per activity	Annual frequency per response	Average number of activities	Average hours per response
Online surveys, Telephone Surveys, Focus Groups, In person observation/testing	1,100	1	1,100	30/60