Committee (Committee or DAC). The meeting is open to the public. During this meeting, members of the Committee will receive and discuss summaries of activities and recommendations from its subcommittees.

DATES: The Committee's next meeting will take place on Thursday, June 16, 2016, from 9:00 a.m. to 3:30 p.m. (EST).

ADDRESSES: Federal Communications Commission, 445 12th Street SW., Washington, DC 20554, in the Commission Meeting Room.

FOR FURTHER INFORMATION CONTACT: Elaine Gardner, Consumer and Governmental Affairs Bureau: 202–418–0581 (voice); email: *DAC@fcc.gov;* or Suzy Rosen Singleton, Alternate DAC Designated Federal Officer, Consumer and Governmental Affairs Bureau: 202–510–9446 (VP/voice), at the same email address: *DAC@fcc.gov.*

SUPPLEMENTARY INFORMATION: The Committee was established in December 2014 to make recommendations to the Commission on a wide array of disability matters within the jurisdiction of the Commission, and to facilitate the participation of people with disabilities in proceedings before the Commission. The Committee is organized under, and operated in accordance with, the provisions of the Federal Advisory Committee Act (FACA). The Committee held its first meeting on March 17, 2015.

At its June 16, 2016 meeting, the Committee is expected to receive and consider a report on the activities of its Communications Subcommittee; a report and recommendation from its Emergency Communications Subcommittee regarding proposed DAC comments on the Commission's Notice of Proposed Rulemaking on Wireless Emergency Alerts; a report on the activities of its Relay & Equipment Distribution Subcommittee; a report and recommendation from its Technology Transitions Subcommittee regarding the benefits of HD Voice and ways to address the transition to HD Voice; and a report and possible recommendation from its Video Programming Subcommittee regarding appropriate capitalization of offline captioning of video programming. The Committee will also (1) hear presentations from Commission staff on recent activities; (2) hear reports from various FCC bureaus, including: A report from the FCC Wireline Competition Bureau on the modernization of the Lifeline program; a report from FCC Media Bureau on the commercial availability of set top boxes and the expansion of video description; and an update on the ACE Direct project; and (3) discuss new issues for its consideration.

A limited amount of time may be available on the agenda for comments and inquiries from the public. The public may comment or ask questions of presenters via the email address *livequestions@fcc.gov.*

The meeting site is fully accessible to people using wheelchairs or other mobility aids. Sign language interpreters, open captioning, and assistive listening devices will be provided on site. Other reasonable accommodations for people with disabilities are available upon request. If making a request for an accommodation, please include a description of the accommodation you will need and tell us how to contact you if we need more information. Make your request as early as possible by sending an email to *fcc504@fcc.gov* or calling the Consumer and Governmental Affairs Bureau at 202–418–0530 (voice), 202–418–0432 (TTY). Last minute requests will be accepted, but may be impossible to fill. The meeting will be webcast with open captioning, at: *www.fcc.gov/live.*

To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), send an email to *fcc504@fcc.gov* or call the Consumer and Governmental Affairs Bureau at (202) 418–0530 (voice), (202) 418–0432 (TTY).

Federal Communications Commission.

Karen Peltz Strauss,

Deputy Chief, Consumer and Governmental Affairs Bureau.

[FR Doc. 2016–12710 Filed 5–27–16; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

AGENCY: Federal Election Commission

DATE & TIME: *Thursday, May 26, 2016 At 10:00 a.m.*

PLACE: 999 E Street NW., Washington, DC (Ninth Floor)

STATUS: This meeting will be open to the public.

Federal Register Notice of Previous Anouncement—81 FR 32753

CHANGE IN THE MEETING: The May 26, 2016 meeting was cancelled.

PERSON TO CONTACT FOR INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

Shelley E. Garr,

Deputy Secretary of the Commission.

[FR Doc. 2016–12820 Filed 5–26–16; 11:15 am]

BILLING CODE 6715–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–16–0666; Docket No. CDC–2016–0046]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, 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. This notice invites comment on the National Healthcare Safety Network (NHSN). NHSN is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety.

DATES: Written comments must be received on or before August 1, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2016–0046 by any of the following methods:

- *Federal eRulemaking Portal: Regulation.gov.* Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

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

Please note: All public comment should be submitted through the Federal eRulemaking portal (*Regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information

Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov.*

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. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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.

Proposed Project

National Healthcare Safety Network (NHSN)—Revision—National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN currently consists of five components: Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility (LTCF), and Dialysis. The Outpatient Procedure Component is on track to be released in NHSN in 2017/2018. The development of this component has been previously delayed to obtain additional user feedback and support from outside partners.

Changes were made to six facility surveys and two new facility surveys were added. Based on user feedback and internal reviews of the annual facility surveys it was determined that questions and response options be amended, removed, or added to fit the evolving uses of the annual facility surveys. The surveys are being increasingly used to help intelligently interpret the other data elements reported into NHSN. Currently the surveys are used to appropriately risk adjust the numerator and denominator data entered into NHSN while also guiding decisions on future division priorities for prevention.

Further, three new forms were added to expand NHSN surveillance to pediatric ventilator-associated events, adult sepsis, and custom HAI event surveillance. An additional 14 forms were added to the Hemovigilance Component to streamline data collection/entry for adverse reaction events.

Additionally, minor revisions have been made to 22 forms within the package to clarify and/or update surveillance definitions. The previously approved NHSN package included 52 individual collection forms; the current revision request adds nineteen forms and removes one form for a total of 70 forms. The reporting burden will increase by 489,174 hours, for a total of 5,110,716 hours.

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.)
Registered Nurse (Infection Preventionist).	57.100 NHSN Registration Form	2,000	1	5/60	167
Registered Nurse (Infection Preventionist).	57.101 Facility Contact Information	2,000	1	10/60	333
Registered Nurse (Infection Preventionist).	57.103 Patient Safety Component—Annual Hospital Survey.	5,000	1	55/60	4,583
Registered Nurse (Infection Preventionist).	57.105 Group Contact Information ..	1,000	1	5/60	83
Registered Nurse (Infection Preventionist).	57.106 Patient Safety Monthly Reporting Plan.	6,000	12	15/60	18,000
Registered Nurse (Infection Preventionist).	57.108 Primary Bloodstream Infection (BSI).	6,000	44	30/60	132,000
Registered Nurse (Infection Preventionist).	57.111 Pneumonia (PNEU)	6,000	72	30/60	216,000
Registered Nurse (Infection Preventionist).	57.112 Ventilator-Associated Event	6,000	144	25/60	360,000
Registered Nurse (Infection Preventionist).	57.113 Pediatric Ventilator-Associated Event (PedVAE).	2,000	120	25/60	100,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per Respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Registered Nurse (Infection Preventionist).	57.114 Urinary Tract Infection (UTI)	6,000	40	20/60	80,000
Registered Nurse (Infection Preventionist).	57.115 Custom Event	2,000	91	35/60	106,167
Staff RN	57.116 Denominators for Neonatal Intensive Care Unit (NICU).	6,000	9	3	162,000
Staff RN	57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC).	6,000	9	5	270,000
Staff RN	57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	6,000	60	5	1,800,000
Registered Nurse (Infection Preventionist).	57.120 Surgical Site Infection (SSI)	6,000	36	35/60	126,000
Staff RN	57.121 Denominator for Procedure	6,000	540	10/60	540,000
Laboratory Technician	57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables.	6,000	12	5/60	6,000
Pharmacist	57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables.	6,000	12	5/60	6,000
Registered Nurse (Infection Preventionist).	57.125 Central Line Insertion Practices Adherence Monitoring.	1,000	100	25/60	41,667
Registered Nurse (Infection Preventionist).	57.126 MDRO or CDI Infection Form.	6,000	72	30/60	216,000
Registered Nurse (Infection Preventionist).	57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	6,000	24	15/60	36,000
Registered Nurse (Infection Preventionist).	57.128 Laboratory-identified MDRO or CDI Event.	6,000	240	20/60	480,000
Registered Nurse (Infection Preventionist).	57.129 Adult Sepsis	50	250	25/60	5,208
Registered Nurse (Infection Preventionist).	57.137 Long-Term Care Facility Component—Annual Facility Survey.	350	1	1.08	378
Registered Nurse (Infection Preventionist).	57.138 Laboratory-identified MDRO or CDI Event for LTCF.	350	12	15/60	1,050
Registered Nurse (Infection Preventionist).	57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	350	12	10/60	700
Registered Nurse (Infection Preventionist).	57.140 Urinary Tract Infection (UTI) for LTCF.	350	14	30/60	2,450
Registered Nurse (Infection Preventionist).	57.141 Monthly Reporting Plan for LTCF.	350	12	5/60	350
Registered Nurse (Infection Preventionist).	57.142 Denominators for LTCF Locations.	350	12	3.35	14,070
Registered Nurse (Infection Preventionist).	57.143 Prevention Process Measures Monthly Monitoring for LTCF.	300	12	5/60	300
Registered Nurse (Infection Preventionist).	57.150 LTAC Annual Survey	400	1	55/60	367
Registered Nurse (Infection Preventionist).	57.151 Rehab Annual Survey	1,000	1	55/60	917
Occupational Health RN/Specialist	57.200 Healthcare Personnel Safety Component Annual Facility Survey.	50	1	8	400
Occupational Health RN/Specialist	57.203 Healthcare Personnel Safety Monthly Reporting Plan.	17,000	1	5/60	1,417
Occupational Health RN/Specialist	57.204 Healthcare Worker Demographic Data.	50	200	20/60	3,333
Occupational Health RN/Specialist	57.205 Exposure to Blood/Body Fluids.	50	50	1	2,500
Occupational Health RN/Specialist	57.206 Healthcare Worker Prophylaxis/Treatment.	50	30	15/60	375
Laboratory Technician	57.207 Follow-Up Laboratory Testing.	50	50	15/60	625
Occupational Health RN/Specialist	57.210 Healthcare Worker Prophylaxis/Treatment-Influenza.	50	50	10/60	417

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per Respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Medical/Clinical Laboratory Technologist.	57.300 Hemovigilance Module Annual Survey.	500	1	2	1,000
Medical/Clinical Laboratory Technologist.	57.301 Hemovigilance Module Monthly Reporting Plan.	500	12	1/60	100
Medical/Clinical Laboratory Technologist.	57.303 Hemovigilance Module Monthly Reporting Denominators.	500	12	1.17	7,020
Medical/Clinical Laboratory Technologist.	57.305 Hemovigilance Incident	500	10	10/60	833
Medical/Clinical Laboratory Technologist.	57.306 Hemovigilance Module Annual Survey—Non-acute care facility.	200	1	35/60	117
Medical/Clinical Laboratory Technologist.	57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction.	500	4	25/60	833
Medical/Clinical Laboratory Technologist.	57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction.	500	4	25/60	833
Medical/Clinical Laboratory Technologist.	57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction.	500	2	25/60	417
Medical/Clinical Laboratory Technologist.	57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction.	500	4	25/60	833
Medical/Clinical Laboratory Technologist.	57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.313 Hemovigilance Adverse Reaction—Infection.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload.	500	2	25/60	417
Medical/Clinical Laboratory Technologist.	57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction.	500	1	25/60	208
Medical/Clinical Laboratory Technologist.	57.400 Patient Safety Component—Annual Facility Survey for Ambulatory Surgery Center (ASC).	5,000	1	5/60	417
Staff RN	57.401 Outpatient Procedure Component—Monthly Reporting Plan.	5,000	12	15/60	15,000
Staff RN	57.402 Outpatient Procedure Component Event.	5,000	25	40/60	83,333
Staff RN	57.403 Outpatient Procedure Component—Monthly Denominators and Summary.	5,000	12	40/60	40,000
Staff RN	57.500 Outpatient Dialysis Center Practices Survey.	6,500	1	2.0	13,000
Registered Nurse (Infection Preventionist).	57.501 Dialysis Monthly Reporting Plan.	6,500	12	5/60	6,500
Staff RN	57.502 Dialysis Event	6,500	60	25/60	162,500
Staff RN	57.503 Denominator for Outpatient Dialysis.	6,500	12	10/60	13,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per Respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Staff RN	57.504 Prevention Process Measures Monthly Monitoring for Dialysis.	1,500	12	1.25	22,500
Staff RN	57.505 Dialysis Patient Influenza Vaccination.	325	75	10/60	4,063
Staff RN	57.506 Dialysis Patient Influenza Vaccination Denominator.	325	5	10/60	271
Staff RN	57.507 Home Dialysis Center Practices Survey.	600	1	25/60	250
Total		5,110,716			

Leroy A. 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. 2016–12701 Filed 5–27–16; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-16–16TM]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in U.S. Nursing Homes—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Preventing healthcare-associated infections (HAI) and encouraging appropriate use of antimicrobials are priorities of both the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. The burden and epidemiology of HAIs and antimicrobial use in U.S. nursing homes is currently unknown. Understanding the scope and magnitude of all types of HAIs in patient populations across the spectrum of U.S. healthcare facilities is essential to the development of effective prevention and control strategies and policies.

HAI prevalence and antimicrobial use estimates can be obtained through prevalence surveys in which data are collected in healthcare facilities during a short, specified time period. Essential steps in reducing the occurrence of HAIs and the prevalence of resistant pathogens include estimating the burden, types, and causative organisms of HAIs; assessing the nature and extent of antimicrobial use in U.S. healthcare facilities; and assessing the nature and extent of antimicrobial use.

Prevalence surveys, in which data are collected in healthcare facilities during a short, specified time period represent an efficient and cost-effective alternative to prospective studies of HAI and antimicrobial use incidence. Given the absence of existing HAI and antimicrobial use data collection mechanisms for nursing homes, prevalence surveys represent a robust method for obtaining the surveillance data required to identify HAIs and antibiotic use practices that should be targeted for more intensive surveillance and to guide and evaluate prevention efforts.

The methods for the data collection are based on those used in CDC hospital prevalence surveys and informed by a CDC pilot survey conducted in nine U.S. nursing homes. The survey will be performed by the CDC through the Emerging Infections Program (EIP), a collaboration with CDC and 10 state health departments with experience in HAI surveillance and data collection. Respondents are nursing homes certified by the Centers for Medicare & Medicare Services in EIP states. Nursing homes will be randomly selected for participation. The EIP will recruit 20 nursing homes in each of the 10 EIP sites. Nursing home participation is voluntary.

OMB approval is requested for three years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annual burden hours are 5,217.