The BGMIS does not collect data related to assessing aggregate outcomes. A separate information collection request, designed to assess cross-cutting outputs and outcomes resulting from Block grant has been developed and is undergoing public comment.

Legislation requires awardees to be accountable for funds they receive by evaluating and reporting on program activities and health status on an annual basis. The BGMIS system allows CDC and awardees to measure performance, identifying the extent to which objectives were met and identifying the most highly successful program interventions. CDC requests OMB approval to continue the Block Grant information collection for three years. CDC will continue to use the BGMIS to monitor awardee progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant awardees, and promote the use of evidence-based guidelines and interventions. There are no changes to the number of respondents or the estimated annual burden per respondent. The Work Plan and the Annual Report will be submitted annually. The estimated burden per response for the Work Plan is 20 hours and the estimated burden per response for the Annual Report is 15 hours.

Participation in this information collection is required for Block Grant awardees. There are no costs to respondents other than their time. Awardees continue to submit Success Stories with their Annual Progress reports through BGMIS, without changes.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHHS Block Grant Coordinator	Work Plan	61	1	20
PHHS Block Grant Coordinator	Annual Report	61	1	15

Jeffrey M. Zirger,

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

[FR Doc. 2019–11645 Filed 6–4–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–19–19AXA; Docket No. CDC–2019–0046]

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 a proposed information collection entitled ''Annual Reporting of the Rape Prevention and Education (RPE) Program: CE19–1902 Cooperative Agreement.'' Information will be collected annually from RPE recipients and will provide crucial data for performance monitoring and program evaluation of the implementation of prevention strategies and approaches, outcomes, and budget of the cooperative agreement.

DATES: Written comments must be received on or before August 5, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0046 by any of the following methods:

Federal eRulemaking Portal: Regulation.gov. Follow the instructions for submitting comments.

Mail: Jeffrey M. Zirger, 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 Jeffrey M. Zirger, 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.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Annual Reporting of the Rape Prevention and Education (RPE) Program: CE19–1902 Cooperative Agreement—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

OMB approval is requested for three years for this new collection. The RPE Program, which provides funding to health departments in all 50 states, the District of Columbia (DC), Puerto Rico, Guam, the U.S. Virgin Islands, and the Commonwealth of Northern Mariana Islands. This ICR will collect information related to implementation and outcomes annually from recipients of the new funding opportunity CDC–RFA–CE19–1902: Rape Prevention and Education (RPE): Using The Best Available Evidence for Sexual Violence Prevention cooperative agreement. This new RPE funding opportunity differs greatly from previous funding opportunities provided by CDC through the RPE Program. Specifically, program activities differ from the previous funding cycles, and the program will be collecting information for the first time on recipient outcomes.

RPE Program recipients or designated delegates will submit data annually into the online data system, DVP Partners Portal. Recipients will monitor and report progress on their goals, objectives, and activities, as well as relevant information on the implementation of their prevention strategies, outcomes, evaluation, and state action plan.

Collecting information about the implementation and outcomes of CE19–1902 cooperative agreement through the online data system, DVP Partners Portal, is crucial to informing Sexual Violence prevention nationally; enhancing accountability of the use of federal funds; providing timely program reports and responses to information requests, such as Congressional requests mandated by the authorizing legislation; improving real-time communications between CDC and RPE recipients; and strengthening CDC's capacity to provide responsive data-driven technical assistance and to monitor and evaluate recipients' progress and performance. The only cost to respondents will be time spent responding to the survey/screener. The total estimated annualized burden hours is 440.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
RPE-funded Health Departments (State, DC, and Territories) and their Designated Delegates.	Annual Reporting—Initial Population	55	1	4	220
	Annual Reporting—Subsequent Reporting.	55	2	2	220
Total					440

Jeffrey M. Zirger,

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

[FR Doc. 2019–11649 Filed 6–4–19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1726–N]

Medicare Program; the Announcement of the Annual Advisory Panel on Hospital Outpatient Payment (HOP Panel) Meeting in August 2019 and New Panel Members

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the annual public meeting of the Advisory Panel on Hospital Outpatient Payment (the Panel) for 2019. In addition, it announces 6 new membership appointments to the Panel. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their associated weights, and supervision of hospital outpatient therapeutic services. The recommendations provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

DATES:

Meeting Dates: The public meeting is scheduled for Monday, August 19, 2019, from 9:30 a.m. to 5:00 p.m. Eastern Daylight Time (EDT), and Tuesday, August 20, 2019, from 9:30 a.m. to 12:00 p.m. Eastern Daylight Time (EDT). The times listed in this notice are approximate times. Consequently, the meetings may last longer or be shorter than the times listed in this notice but will not begin before the posted times.

Deadline for Meeting Registration, Presentations and Comments: Presentations or comments, and form CMS–20017 (located at *https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms20017.pdf*) must be received by 5:00 p.m. EDT on Monday, July 22, 2019. Form CMS–20017 must accompany each presentation or comment submission. Presentations and comments that are not received by the due date and time or that do not include a completed form CMS–20017 will be considered late or incomplete and will not be included on the agenda. In commenting, refer to file code CMS–1726–N.

Meeting Registration Timeframe: Monday, June 24, 2019, through Monday, July 29, 2019 at 5 p.m. EDT. Participants planning to attend this meeting in person must register online, during the specified timeframe at: *https://www.cms.gov/apps/events/default.asp.*

On this web page, double click the ''Upcoming Events'' hyperlink, and then double click the ''HOP Panel'' event title link and enter the required information. Include any requests for special accommodations. *Note:* Participants who do not plan to attend the meeting in person should not register. No registration is required for participants