

approval for an estimated 4,311 annual burden hours. There is no cost to respondents other than their time to participate.

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)
RCC Director/Designated Staff Member.	RCC Questionnaire	5,800	1	30/60	2,900
ADSC Director/Designated Staff Member.	ADSC Questionnaire	2,750	1	30/60	1,375
RCC/ADSC Director/Designated Staff Member.	Data retrieval call	428	1	5/60	36
Total	4,311

Jeffrey M. Zirger,

Lead, Information Collection Review Office
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60Day-24-0212; Docket No. CDC-2024-0035]

**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 effort to reduce public
burden and maximize the utility of
government information, invites the
general public and other federal
agencies the opportunity to comment on
a continuing information collection, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a proposed information
collection project titled the National
Hospital Care Survey (NHCS). The goal
of the project is to assess patient care in
hospital-based settings and to describe
patterns of health care delivery and
utilization in the United States.

DATES: CDC must receive written
comments on or before July 8, 2024.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2024-
0035 by any of the following methods:

- *Federal eRulemaking Portal:*
www.regulations.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 H21-8, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
www.regulations.gov.

Please note: Submit all comments
through the Federal eRulemaking portal
(*www.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
H21-8, Atlanta, Georgia 30329;
Telephone: 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 the 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;

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; and

5. Assess information collection costs.

Proposed Project

National Hospital Care Survey
(NHCS) (OMB Control No. 0920-0212,
Exp. 12/31/2024)—Revision—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 the extent and nature of
illness and disability of the population
of the United States. This three-year
clearance request for National Hospital
Care Survey (NHCS) includes the
collection of all inpatient and
ambulatory Uniform Bill-04 (UB-04)
claims data or electronic health record
(EHR) data as well as the collection of
hospital-level information via a
questionnaire from a sample of 608
hospitals.

The National Ambulatory Medical
Care Survey (NAMCS) was conducted
intermittently from 1973 through 1985,

and annually since 1989. The survey is conducted under authority of Section 306 of the Public Health Service Act (42 U.S.C. 242k). The National Hospital Discharge Survey (NHDS) (OMB No. 0920-0212, Exp. Date 01/31/2019), conducted continuously between 1965 and 2010, was the Nation's principal source of data on inpatient utilization of short-stay, non-institutional, non-Federal hospitals, and was the principal source of nationally representative estimates on the characteristics of inpatients including lengths of stay, diagnoses, surgical and non-surgical procedures, and patterns of use of care in hospitals in various regions of the country. In 2011, NHDS was granted approval by OMB to expand its content and to change its name to the National Hospital Care Survey (NHCS).

In May 2011, recruitment of sampled hospitals for the NHCS began. Hospitals in the NHCS are asked to provide data on all inpatients from their UB-04 administrative claims, or EHRs. Hospital-level characteristics and information about telemedicine usage in the healthcare setting are collected through an Annual Hospital Interview.

NHCS will continue to provide the same national health-care statistics on hospitals that NHCS provided. Additionally, NHCS collects more information at the hospital level (e.g., volume of care provided by the hospital), which allow for analyses on the effect of hospital characteristics on the quality of care provided. NHCS data collected from UB-04 administrative claims and EHRs include all inpatient discharges, not just a sample. The confidential collection of personally identifiable information (PII) allows NHCS to link episodes of care provided to the same patient in the ED and/or OPD and as an inpatient, as well as link patients to the National Death Index (NDI) to measure post-discharge mortality, and Medicare and Medicaid data to leverage comorbidities. The availability of patient identifiers also makes analysis on hospital readmissions possible. This comprehensive collection of data makes future opportunities for surveillance possible, including analyzing trends and incidence of opioid misuse, acute myocardial infarction, heart failure and stroke, as well as trends and point prevalence of

health care acquired infections and antimicrobial use.

Beginning in 2013, in addition to inpatient hospital data, hospitals participating in NHCS were asked to provide data on the utilization of health care services in their ambulatory settings (e.g., EDs and OPDs). Due to low response rates and a high level of missing data, OPD data were not collected in the last approval period (2022, 2023 and 2024). Collection of OPD may resume in future years.

Data collected through NHCS are essential for evaluating the health status of the population, for the planning of programs and policy to improve health care delivery systems of the Nation, for studying morbidity trends, and for research activities in the health field.

Changes to the data collection survey include the removal of COVID-19 questions from the Annual Hospital Interview (AHI). The burden hours have been reduced due to a decrease in the sample size. The new total annualized burden is 5,826 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Hospital DHIM or DHIT	Initial Hospital Intake Questionnaire	123	1	1	123
Hospital CEO/CFO	Recruitment Survey Presentation	30	1	1	30
Hospital DHIM or DHIT	Prepare and transmit UB-04 or State File for Inpatient and Ambulatory (monthly).	356	12	1	4,272
Hospital DHIM or DHIT	Prepare and transmit EHR for Inpatient and Ambulatory (quarterly).	200	4	1	800
Hospital CEO/CFO	Annual Hospital Interview	601	1	1	601
Total	5,826

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 Office of Public Health Ethics and
 Regulations, Office of Science, Centers for
 Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-24-24FA; Docket No. CDC-2024-0032]

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 effort to reduce public burden and maximize the utility of

government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on an information collection project titled Human-Centered Design Effort on Bringing Guidelines to the Digital Age. This information collection will allow CDC to understand pain points in developing solutions that help develop and implement guidelines that leverage technology to improve patient care.

DATES: CDC must receive written comments on or before July 8, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2024-0032 by either of the following methods: