Exhibit 2 shows the estimated annualized cost burden associated with respondents' time to participate in this research. The total cost burden is estimated to be $37,363 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
MEPS Cancer SAQ	3,500	1	30/60	1750
Total	3,500	n/a	n/a	1750

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden hours
MEPS Cancer SAQ	3,500	1,750	$21.35	$37,363
Total	3,500	1,750	n/a	37,363

*Based on the mean average hourly rate for all occupations (00–0000), National Compensation Survey: Occupational Wages in the United States May 2010, "U.S. Department of labor, Bureau of Labor Statistics".

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total cost for the Cancer SAQ. Since the SAQ will only be used once in 2012 the total and annual costs are identical. The total cost is approximately $1,050,000.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Sampling Activities	$20,000	$20,000
Interviewer Recruitment and Training	0	0
Data Collection Activities	300,000	300,000
Data Processing	600,000	600,000
Production of Public Use Data Files	80,000	80,000
Project Management	50,000	50,000
Total	1,050,000	1,050,000

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested 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: December 21, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–33293 Filed 12–28–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Measures and Domains To Use in Development of a Standardized Instrument for Use in Public Reporting of Family Experience of Pediatric Inpatient Care

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of request for measures and domains.

SUMMARY: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111–3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b–9a). Section 1139A(b) charged the Department of

Health and Human Services with improving pediatric health care quality measures. The Agency for Healthcare Research and Quality (AHRQ) is soliciting the submission of instruments or domains (for example, key concepts) measuring aspects of families' experience with the quality of inpatient medical and surgical hospital care from all researchers, vendors, hospitals, stakeholders, and other interested parties. The survey development team of Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM), is one of the CHIPRA Pediatric Quality Measures Program (PQMP) Centers of Excellence, which were created pursuant to an interagency agreement between the Centers for Medicare & Medicaid Services (CMS) and AHRQ, and are funded through cooperative agreement awards with AHRQ. AHRQ is interested in instruments and items through which families of pediatric patients assess the care their child receives during the child's inpatient stay. The goal is to develop a standardized instrument for use in the public reporting of family experience of pediatric inpatient care. The team developing this survey intends to submit it to the CAHPS Consortium to request use of the CAHPS trademark. The survey will be developed in accordance with CAHPS Survey Design Principles and will develop implementation instructions based on those for CAHPS instruments (*https://www.cahps.AHRQ.gov/About-CAHPS/Principles.aspx*.) All CAHPS surveys are available to users free of charge and are published on the AHRQ Web site.

DATES: Please submit materials January 30, 2012. AHRQ will not respond to individual submissions, but will consider all suggestions.

ADDRESSES: Electronic submissions are encouraged, preferably as an email with an electronic file in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Maushami DeSoto, MHA, Ph.D., Staff Service Fellow, Office of Extramural Research, Education and Priority, Populations Agency for Healthcare Research and Quality, 540 Gaither Rd, Rockville, MD 20850, Phone: (301) 427–1546, Fax: (301) 427–1238, Email: *Maushami.DesotoAHRQ.hhs.gov.*

All submissions must include a written statement from the submitter that it will grant AHRQ the necessary rights to use, modify, and adapt the submitted instruments, items, and their documentation for the development of this survey and its dissemination for AHRQ purposes. In accordance with CHIPRA's charge to improve pediatric quality care measures, and consistent with AHRQ's mandate to disseminate research results, 42 U.S.C. 299c–3, AHRQ purposes include public disclosure and dissemination (e.g., on the AHRQ Web site) of AHRQ products and the results of AHRQ-sponsored research and activities. The written statement must be signed by an individual authorized to act for any holder of copyright and/or data rights on each submitted measure or instrument. The authority of the signatory to provide such authorization should be described in the letter. Submitters must attach a proposed license granting all of the above-referenced rights, including the following terms:

- A worldwide, royalty-free, nonexclusive, irrevocable license to AHRQ and those acting on its behalf to reproduce, prepare derivative works of, and otherwise use the submitted materials for the development of AHRQ products, including a standardized instrument for use in the public reporting of family experience of pediatric inpatient care; and
- The right of AHRQ and those acting on its behalf to publicly disseminate, in any media (including AHRQ's Web site), any derivative works that AHRQ or those acting on its behalf develops based on the submitted materials.

Submission Guidelines

When submitting instruments, please include, to the extent that it is available:

- Name of the instrument;
- Copies of the full instrument, in all languages available;
- Domains or key concepts included in the instrument;
- Instrument reliability (internal consistency, test-retest, etc) and validity (content, construct, criterion-related);
- Results of cognitive testing;
- Results of field-testing;
- Current use of the instrument (who is using it, what it is being used for, how instrument findings are reported, and by whom the findings are used); and
- Relevant peer-reviewed journal articles or full citations.

When submitting domains, please include, to the extent available:

- Detailed descriptions of question domain and specific purpose;
- Sample questions, in all languages available; and
- Relevant peer-reviewed journal articles or full citations. For all submissions, please also include:
- A brief cover letter summarizing the information requested above for submitted instruments and domains, respectively;
- Complete information about the person submitting the material, including:

(a) Name;
(b) Title;
(c) Organization;
(d) Mailing address;
(e) Telephone number;
(f) Email address; and
(g) The written statement granting AHRQ the necessary rights to use, modify, and adapt the submitted instruments, items, and their supporting documentation for the development of the survey and its dissemination for AHRQ purposes, as described above.

FOR FURTHER INFORMATION CONTACT: Maushami DeSoto, MHA, Ph.D.

SUPPPLEMENTARY INFORMATION: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111–3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b–9a). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. Section 1139A(b) of the Act charged the Department of Health and Human Services with improving pediatric health care quality measures. To implement the law, AHRQ and CMS have established the CHIPRA Pediatric Quality Measures Program (PQMP), which is designed to enhance select pediatric quality measures and develop new measures as needed.

The Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM) is one of seven CHIPRA PQMP Centers of Excellence, which were created pursuant to an interagency agreement between CMS and AHRQ and funded through cooperative agreement awards with AHRQ. CEPQM has been assigned to develop a family experience of pediatric inpatient care measure to be considered as a standardized instrument for publicly reporting pediatric inpatient hospital family experiences voluntarily by State Medicaid and CHIP programs and to be used by providers, consumers, other public and private purchasers, and others. The team developing this survey intends to submit it to the CAHPS Consortium to request use of the CAHPS trademark.

Existing instruments or domains submitted should capture the family's experience of hospital or related care (for example, preparation for discharge or care coordination). The survey development team is looking for items

for which families of pediatric inpatients are generally the best or only judge; for example, the family can best say if the provider spent sufficient time with them or explained things in ways they could understand. Existing instruments that have been tested should have a high degree of reliability and validity; and evidence of wide use will be helpful.

Dated: December 20, 2011.

Carolyn M. Clancy,

AHRQ Director.

[FR Doc. 2011–33290 Filed 12–28–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP STAC or Advisory Committee), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463) the Centers for Disease Control and Prevention (CDC), announces the following meetings of the aforementioned committee:

COMMITTEE PUBLIC MEETING TIMES AND DATES: (All times are Eastern Standard Time).

TELECONFERENCE MEETING: 1 p.m.–5 p.m., January 24, 2012.

This meeting is available via the USA toll-free, dial-in number: 1–(888) 801–1939. To be automatically connected to the meeting, you will need to enter the following participant code: 62062756.

PUBLIC COMMENT TIMES AND DATE: 4 p.m.–4:45 p.m., January 24, 2012.

Please note that the public comment period ends at the time indicated or following the last call for comments, whichever is earlier. Members of the public who want to comment must sign up by providing their name by mail, facsimile, email, or telephone, as given below. Each commenter will be provided up to five minutes for comment. A limited number of time slots are available and will be assigned on a first come-first served basis. Written comments will also be accepted from those unable to attend the public session.

Status: Open to the public, limited only by the number of telephone lines. The conference line will accommodate up to 100 callers; therefore it is suggested that those interested in calling in to listen to the committee meeting share a line when possible.

Background: The Advisory Committee was established by Public Law 111–347 (The James Zadroga 9/11 Health and Compensation Act of 2010, Title XXXIII of the Public Health Service Act), enacted on January 2, 2011 and codified at 42 U.S.C. 300mm–300mm–61.

Purpose: The purpose of the Advisory Committee is to review scientific and medical evidence and to make recommendations to the World Trade Center (WTC) Program Administrator regarding additional WTC Health Program eligibility criteria and potential additions to the list of covered WTC-related health conditions. Title XXXIII of the Public Health Service Act established within the Department of Health and Human Services (HHS), the World Trade Center (WTC) Health Program, to be administered by the WTC Program Administrator. The WTC Health Program provides: (1) Medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2011, terrorist attacks, and (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks (''survivors''). Certain specific activities of the WTC Program Administrator are reserved to the Secretary, HHS, to delegate at her discretion; other WTC Program Administrator duties not explicitly reserved to the Secretary, HHS, are assigned to the Director, NIOSH. The administration of the Advisory Committee established under Section 300mm–1(a) is left to the Director of NIOSH in his role as WTC Program Administrator. CDC and NIOSH provide funding, staffing, and administrative support services for the Advisory Committee. The charter was issued on May 12, 2011, and will expire on May 12, 2013.

MATTERS TO BE DISCUSSED: The agenda for the Advisory Committee meeting includes: WTC Health Program Research Priorities and the petition to add cancer to the list of WTC Health Program covered conditions. The agenda is subject to change as priorities dictate. In the event an individual cannot attend, written comments may be submitted. The comments should be limited to two pages and submitted to the contact person below by January 18, 2012. Efforts will be made to provide the two-page written comments received by the deadline below to the committee members before the meeting. Comments in excess of two pages will be made publicly available at the NIOSH docket (*http://www.cdc.gov/niosh/docket/archive/docket248.html*).

PUBLIC COMMENT SIGN-UP AND SUBMISSIONS TO THE DOCKET: To sign up to provide public comments or to submit comments to the docket, send information to the NIOSH Docket Office by one of the following means:

Mail: NIOSH Docket Office, Robert A. Taft Laboratories, MS–C–34, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Facsimile: (513) 533–8285.

Email: nioshdocket@cdc.gov.

Telephone: (513) 533–8611.

Submissions to the docket should reference docket #248.

Policy on Redaction of Committee Meeting Transcripts (Public Comment): Transcripts will be prepared and posted to NIOSH Docket 248 within 60 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted; and (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments. If individuals in making a statement reveal personal information (e.g., medical information) about themselves, that information will not usually be redacted. The CDC Freedom of Information Act coordinator will, however, review such revelations in accordance with the Freedom of Information Act and if deemed appropriate, will redact such information. Disclosures of information concerning third party medical information will be redacted.

CONTACT PERSON FOR MORE INFORMATION: Paul J. Middendorf, Ph.D., Designated Federal Official, NIOSH, CDC, 4676 Columbia Parkway, MailStop R–45, Cincinnati, Ohio 45226, Telephone: 1 (888) 982–4748; email: *wtc-stac@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the