

coverage to its employees at this location? _____ *Last year offered*

• Did your organization offer health insurance to its temporary or seasonal employees at this location in 2014? *Yes/No/Organization has no temporary or seasonal employees/Don't Know*

For all plan-level MEPS-IC forms, AHRQ proposes to make the following changes. As noted below, some new questions only will be asked of private-sector establishments with certain firm sizes or comparably-sized government units:

Additions

<=50 firm size only:

• Health insurance plans are classified into different metal levels or tiers based on their level of benefits and cost-sharing provisions. Which level or tier was this plan in? *Bronze/Silver/Gold/Platinum/Don't Know*

>50 firm size only:

• What is the actuarial value of this plan?

The actuarial value is the percentage of medical expenses paid by the plan, rather than out-of-pocket by a covered person. _____ %

Check box: Do not know actuarial value

All firm sizes:

• You reported the total premium for a typical employee for SINGLE coverage. Did this premium vary for individual employees depending on their ages? *Yes/No/Don't Know*

• Did the amount individual employees contributed toward their single coverage vary by any of these characteristics?

• *Participation/achievement in fitness/weight loss program*

- *Yes*
- *No*
- *Don't Know*

• *Participation/achievement in smoking cessation program*

- *Yes*
- *No*
- *Don't Know*

• *Participation/achievement in wellness/health monitoring program*

- *Yes*
- *No*
- *Don't Know*

• *Employee age*

- *Yes: go to question below*
- *No*
- *Don't Know*

• *Other*

- *Yes*
- *No*
- *Don't Know*

• How did individual employees' contributions vary by age? *Employer*

pays same percent of premium, and premiums vary by age/Employer pays the same dollar amount toward premium, and premiums vary by age/Other/Don't Know

• Did the total premium for FAMILY coverage vary depending on the number of family members covered by the plan? *Yes/No/Don't Know*

• How much and/or what percentage did an enrollee pay out-of-pocket for each type of prescription drug covered?

- *Generic*
 - \$ _____ Copay AND/OR _____ % Coinsurance
- *Preferred Brand Name*
 - \$ _____ Copay AND/OR _____ % Coinsurance
- *Non-preferred Brand Name*
 - \$ _____ Copay AND/OR _____ % Coinsurance

Deletions

• Did the PREMIUMS for this insurance plan vary by any of these characteristics? *Age/Gender/Wage or salary levels/Smoker/Non-smoker status/Other*

• Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics? *Hours worked/Union status/Wage or salary levels/Occupation/Length of employment/Participation in a fitness/Weight loss program/Participation in a smoking cessation program/Other*

• How much and/or what percentage did an enrollee pay out-of-pocket for the lowest tier of prescription drug coverage? *\$ copayment/% coinsurance*

• Could this plan have refused to cover persons with pre-existing medical or health conditions? *Yes/No*

• Did this plan have a policy requiring a waiting period before covering pre-existing conditions? *Yes/No*

The MEPS Definitions form—MEPS-20(D)—will also be updated with new definitions for terms used in these new questions (and the deletion of terms used only in the deleted questions).

There are no changes to the 2014 MEPS-IC survey estimates of cost and hour burdens due to these proposed question changes. The response rate for the MEPS-IC survey also is not expected to change due to these proposed changes.

The MEPS-IC is conducted pursuant to AHRQ's statutory authority to conduct surveys to collect data on the cost, use and quality of health care, including the types and costs of private health insurance. 42 U.S.C. 299b-2(a).

Method of Collection

There are no changes to the current data collection methods.

Estimated Annual Respondent Burden

There are no changes to the current burden estimates.

Estimated Annual Costs to the Federal Government

There are no changes to the current cost estimates.

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: March 21, 2014.

Richard Kronick,
Director.

[FR Doc. 2014-07110 Filed 3-28-14; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Expired Listing From Society of Hospital Medicine PSO

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice of Delisting.

SUMMARY: The Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b-21 to b-26, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, 42 CFR Part 3 (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, 73 FR 70732-70814, provide for the formation of

Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information regarding the quality and safety of healthcare delivery. The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. The listing from the Society of Hospital Medicine PSO has expired and AHRQ has delisted the PSO accordingly.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on February 15, 2014.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

FOR FURTHER INFORMATION CONTACT: Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: psa@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when the PSO's listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

The Society of Hospital Medicine PSO, PSO number P0105, a component entity of the Society of Hospital Medicine, chose to let its listing expire by not seeking continued listing. Accordingly, Society of Hospital Medicine PSO was delisted effective at 12:00 Midnight ET (2400) on February 15, 2014.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: March 21, 2014.

Richard Kronick,
Director.

[FR Doc. 2014-07097 Filed 3-28-14; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Comment Request; National Survey of Older Americans Act Participants

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by April 30, 2014.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.5806 or by email to OIRA_submission@omb.eop.gov, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Elena Fazio at 202-357-3583 or email: elena.fazio@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance.

The National Survey of Older Americans Act (OAA) Participants information collection, which builds on earlier national pilot studies and surveys, as well as performance measurement tools developed by ACL grantees in the Performance Outcomes Measures Project (POMP), will include consumer assessment surveys for the

Congregate and Home-delivered meal nutrition programs; Case Management, Homemaker, and Transportation Services; and the National Family Caregiver Support Program. This information will be used by ACL to track performance outcome measures; support budget requests; comply with GPRAMA Modernization Act of 2010 (GPRAMA) reporting requirements; provide national benchmark information; and inform program development and management initiatives. Descriptions of previous National Surveys of OAA Participants can be found under the section on OAA Performance Outcomes on ACL's Web site at: http://www.aoa.gov/AoARoot/Program_Results/OAA_Performance.aspx. Copies of the survey instruments and data from previous National Surveys of OAA Participants can be found and queried using the AGing Integrated Database (AGID) at <http://www.agid.acl.gov/>. The proposed Ninth National Survey entitled Ninth National Survey of OAA Participants, draft, March 6, 2014 may be found on the ACL Web site at http://www.aoa.gov/AoARoot/Program_Results/OAA_Performance.aspx.

AoA estimates the burden of this collection of information as follows: Respondents: Individuals; Number of Respondents: 6,250; Number of Responses per Respondent: one; Average Burden per Response: 6000 at 40 minutes, 250 at 4 hours: Total Burden: 5,000 hours.

Dated: March 26, 2014.

Kathy Greenlee,
Administrator and Assistant Secretary for Aging.

[FR Doc. 2014-07148 Filed 3-28-14; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2002-D-0094]

Guidance for the Public, Food and Drug Administration Advisory Committee Members, and Food and Drug Administration Staff: Public Availability of Advisory Committee Members' Financial Interest Information and Waivers; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance for the public, FDA advisory committee members, and