Instructions)
D. Long-term cognitive impairment
   (Change in cognition after delirium
   that has a long-term duration or is
   possibly permanent)
E. Institutionalization (living in an
   assisted living facility or nursing
   home)
F. Caregiver burden/strain
G. Falls
H. Memory of patient distress
III. Resource utilization
A. Re-admissions to hospital or ICU
B. Length of stay in ICU
C. Length of stay in hospital
D. Length of stay in skilled nursing
   facility
E. Sitter use
F. Hospice enrollment
IV. Adverse effects of intervention(s)
A. Sedation
B. Weight gain
C. Changes in appetite
D. Cardiac effects
E. Neurologic effects
F. Paradoxical reactions
G. Hypersensitivity reactions
H. Inappropriate continuation of
   antipsychotic medication
I. Swallowing difficulties
J. Aspiration pneumonia
III. Timing
A. Any duration of follow-up
IV. Settings
A. Hospital setting
B. Post-acute care setting
C. Palliative care setting

Francis D. Chesley, Jr.,
Deputy Director.

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BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[Docket No. CDC–2018–0093; NIOSH–320]

Self-Contained Breathing Apparatus
Compressed Breathing Gas
Containers; Request for Information

AGENCY: Centers for Disease Control and
Prevention, HHS.

ACTION: Request for information.

SUMMARY: In October 2017, the
Department of Transportation (DOT)
issued a special permit to the Digital
Wave Corporation, allowing the
company to extend the service life of
certain carbon-fiber reinforced
aluminum-lined cylinders. Some
stakeholders, including respirator and
cylinder manufacturers, have expressed
concern about using modal acoustic
emission testing to requalify DOT–CFFC
cylinders. Pursuant to DOT–SP 16320,
modal acoustic emission requalification
testing allows DOT–CFFC cylinders to
be authorized for use for 5 years after
the original 15-year service life;
cylinders could be requalified three
times beyond the original 15-year service
life, for a total service life of 30
years.

Modal acoustic emission testing is an
advanced, non-destructive evaluation of
carbon-fiber reinforced aluminum-lined
cylinders that detects structural damage
which can compromise burst pressure
strength in a composite overwrapped
pressure vessel. The modal acoustic
emission waveforms can be used to
detect damage such as fiber breakage
and delamination. Some stakeholders
have expressed concerns regarding
potential cylinder failure when the
service life is extended past the service
life identified on the original special
permit. Since DOT–SP 16320 was
issued, more than 3,500 carbon-fiber
reinforced aluminum-lined cylinders
have been requalified beyond their
original 15-year service life using the
modal acoustic emission method.

NIOSH has published guidance
advising SCBA users who may be
concerned about using modal acoustic
emission-requalified cylinders as part of
their NIOSH-approved SCBA
configuration to review the user
instructions, supplemental
informational inserts, safety
precautions, and SCBA warranty
information provided by the NIOSH
approval holder. The guidance further
encourages approval holders to provide
respiratory protection program
administrators and SCBA users with
current recommendations regarding the
DOT–SP 16320 requalification method
with regard to service life limitations or
other relevant matters.

NIOSH seeks to better understand the
use of modal acoustic emission testing
to requalify DOT–CFFC cylinders
beyond the original 15-year service life,
as permitted by DOT–SP 16320, as well
as the safety and health concerns of
users in industrial settings, including
the fire service and first responders.

1 DOT Pipeline and Hazardous Materials Safety
Administration, DOT–SP 16320, https://
www.phmsa.dot.gov/approvals-and-permits/
hazmat/file-serve/offer/SP16320.pdf/offerserver/
SP16320.
2 https://www.cdc.gov/niosh/npptl/resources/
Accordingly, NIOSH is seeking data and information from all interested stakeholders in response to the following questions: 
1. Are users of DOT–CFFC cylinders that have been requalified for service life beyond 15 years, pursuant to the provisions of DOT–SP 16320, exposed to any elevated safety or health risk as a result of either the modal acoustic emission requalification testing itself or the service life extension? If so, identify the concern or concerns and provide substantive data, studies, references, and information to further characterize and/or quantify the concern.
2. Does the service-life extension offered by DOT–SP 16320 or the modal acoustic emission testing itself provide a benefit to either end users or institutional users (e.g., fire departments)? If so, please provide any relevant data, studies, references, or other corroborating information.
3. What factors do respiratory protection program managers consider in determining whether to replace an expiring cylinder with a new replacement cylinder or requalify the expiring cylinder using modal acoustic emission testing?
4. In which industries and operations are modal acoustic emission-requalified cylinders currently being used?

John J. Howard,
Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services


Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the Federal Register concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by November 30, 2018.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:
1. Electronically. You may send your comments electronically to http://www.regulations.gov. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.
2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number , Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of the following:
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.
3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–1326.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see ADDRESSES).

CMS–10142 Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP)
CMS–179 Medicaid State Plan Base Plan Pages

Under the 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. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the Federal Register concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); Use: The competitive bidding process defined by the “The Medicare Prescription Drug, Improvement, and Modernization Act” (MMA) applies to both the MA and Part D programs. It was first used for Contract Year 2006. It is an annual process that encompasses the release of the MA rate book in April, the bid’s that plans submit to CMS in June, and the release of the Part D and RPPO benchmarks, which typically occurs in August.

CMS requires that Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) complete the BPT as part of the annual bidding process. During this process, organizations prepare their proposed actuarial bid pricing for the upcoming contract year and submit them to CMS for review and approval. The purpose of the BPT is to collect the actuarial pricing information for each plan. It is an Excel workbook with multiple worksheets and special functions through which bidders present to CMS their plan pricing information. Bidders enter information, such as plan experience, projected enrollment, and risk profile, and the BPT calculates the plan premiums and other values that