

the use of automated collection techniques or other forms of information technology.

A comment to OMB is most effective if OMB receives it within 30 days of publication of this notice.

Authority: 44 U.S.C. Section 3506(c)(2)(A).

Issued in Washington, DC, on March 6, 2018.

Jeff Michael,

Associate Administrator, Research and Program Development.

[FR Doc. 2018-04751 Filed 3-8-18; 8:45 am]

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DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. DOT-NHTSA-2017-0087]

Reports, Forms, and Record Keeping Requirements

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, this notice announces that the Information Collection Request (ICR) abstracted below is being forwarded to the Office of Management and Budget (OMB) for review and comments. A **Federal Register** Notice with a 60-day comment period soliciting comments on the following information collection was published on November 2, 2017. Two comments were received. The content of neither comment related to the proposed data collection.

DATES: Comments must be submitted on or before April 9, 2018.

ADDRESSES: Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Attention: Desk Officer for the Office of the Secretary of Transportation, 725 17th Street NW, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Ms. Laurie Flaherty, Coordinator, National 911 Program, Office of Emergency Medical Services, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue SE, NPJ-400, Room W44-322, Washington, DC 20590, (202) 366-2705. Please identify the relevant collection of information by referring to its OMB Control Number.

SUPPLEMENTARY INFORMATION:

Title: Medical Directors Workforce Assessment.

OMB Control Number: U.S. DOT Docket No. NHTSA-2017-0087.

Type of Request: New information collection.

Abstract: With over 50,000 separate Emergency Medical Services (EMS) agencies and fire departments providing care to millions of patients each year, a clear description of the training and backgrounds of those who provide medical direction of EMS services in the U.S. is surprisingly not available. An estimated 8,500 medical directors serve 20,000 EMS agencies and 30,000 fire departments across the country.

Public Safety Answering Points that answer 911 calls and provide emergency medical dispatch, aeromedical services, mass gathering events such as marathons and concerts, and police departments and their special operations teams also require medical directors if their personnel provide emergency care or instruction. Despite a growing number of trained and now boarded certified EMS physicians, prehospital medical direction faces several obstacles and unknowns. Currently data is difficult to identify, but many medical directors are thought to be from several specialties such as family practice, internal medicine, and surgery and have little or no EMS experience. In addition, individuals serving as EMS directors have varying degrees of involvement with their services. Medical directors' compensation, legal protections, involvement in research, and education are also largely unknown.

Knowing more about the population of EMS medical directors in the United States would create several benefits. Defining this groups' demographics, qualifications, number, types and sizes of agencies served, and their financial compensation and legal protections is critical to determining trends of employment, identifying professional and training needs, recognizing barriers for medical directors, and directing policy and advocacy efforts. Collecting this data is essential for improving EMS medical direction across the nation and the National Highway Safety Administration (NHTSA) and other federal departments would benefit from understanding its prehospital medical leadership from a national preparedness perspective.

The goal of the Medical Directors Workforce Assessment is to investigate and define key attributes of EMS and 911 medical directors across the United States in order to create a national picture of prehospital medical direction. The data will be used to establish an Emergency Medical Services Medical Director Workforce Assessment

(EMSMDWA), which can guide future policy and investment in activities to support the improvement of prehospital medical direction.

Affected Public: Under this proposed effort, the respondents would voluntarily submit data described above utilizing a web-based data collection tool. Reporting entities are EMS and 911 Medical Directors of state and local EMS and 911 systems. The total maximum number of respondents is estimated 350.

Estimated Number of Respondents: Under this proposed effort, several forums and organizations known for medical director involvement will be targeted by the Office of EMS, to respond to an online survey being developed by the National Association of EMS Physicians, under the terms of a cooperative agreement (DTNH22-16-H-00007). The total number of respondents is estimated at 350. This is a one-time survey and no annual or second survey is planned at this time.

Estimated Total Annual Burden Hours: NHTSA estimates that the time required to submit the data described utilizing the web-based tool will be one hour (no advance preparation, one hour of entry to website) per reporting entity, for a total of 350 hours for all entities. The respondents would not incur any reporting costs from the information collection beyond the time it takes to populate the web-based data collection tool. The respondents also would not incur any recordkeeping burden or recordkeeping costs from the information collection.

The total estimated costs to respondents or record-keepers are based on the following: The total hour burden of the collection of information equaling 350 hours.

Respondents will be EMS and 911 Medical Directors at of State, local, territorial, and tribal EMS and 911 systems. To estimate reasonable staff expenses to respond to this information collection, the Agencies reviewed the Bureau of Labor Statistics (BLS) Occupational Outlook Handbook and determined that the Physicians and Surgeons description closely aligns with the positions of personnel responsible for completing this request. BLS lists a median salary of \$208,000 per year amounting to \$100.00 per hour. There are no capital, start-up, or annual operation and maintenance costs involved in the collection of information.

Total cost based on hour's burden equals \$35,000.00.

Public Comments Invited: You are asked to comment on any aspects of this information collection, including (a) whether the proposed collection of

information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; (b) the accuracy of the Department's estimate of the burden of the proposed information collection; (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 on respondents, including the use of automated collection techniques or other forms of information technology.

Authority: 44 U.S.C. Section 3506(c)(2)(A).

Issued in Washington, DC, on March 6, 2018.

Jeff Michael,

Associate Administrator, Research and Program Development.

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DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Reports, Forms, and Record Keeping Requirements Agency Information Collection Activity Under OMB Review

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Notice of the OMB review of information collection and solicitation of public comment.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, this notice announces that the Information Collection Request (ICR) abstracted below will be submitted to the Office of Management and Budget (OMB) for review. The ICR describes the nature of the information collection and its expected burden.

DATES: Submit comments to the Office of Management and Budget (OMB) on or before April 9, 2018.

ADDRESSES: Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503, Attention: Desk Officer for Department of Transportation, National Highway Traffic Safety Administration, or by email at oir_submission@omb.eop.gov, or fax: 202-395-5806.

FOR FURTHER INFORMATION CONTACT: Randolph Atkins at the National Highway Traffic Safety Administration, Office of Behavioral Safety Research (NTI-131), W46-500, Department of

Transportation, 1200 New Jersey Avenue SE, Washington, DC 20590. Dr. Atkins' phone number is 202-366-5597 and his email address is randolph.atkins@dot.gov.

SUPPLEMENTARY INFORMATION: A Federal Register notice with a 60-day comment period soliciting public comments on the following information collection was published on August 9, 2017 (82 FR 37287-37288).

OMB Control Number: 2127—New.

Title: Compliance-Based Ignition

Interlock Removal.

Form No.: NHTSA 1395.

Type of Review: Regular.

Respondents: NHTSA has identified 31 States that conduct some type of Compliance Based Removal (CBR) of Breath Alcohol Ignition Interlock Devices (BAIIDs). The number of participants will vary for each State. We estimate an average of three participants per State. Most participants will be State officials and these individuals will provide most of the necessary information for each State. We anticipate that in some instances State officials will refer us to representatives of interlock providers to obtain data not available to the State official. The data to be collected is administrative in nature. No personally identifiable data will be collected. We will not be collecting data that is commonly considered sensitive or private.

Estimated Number of Respondents:

An estimated sample size of 93 respondents (3 respondents per state for each of the 31 states identified as having some form of CBR for BAIIDs).

Estimated Time per Response: The average amount of time for each respondent to complete the information collection is estimated at 20 minutes. This includes any time needed to retrieve information.

Total Estimated Annual Burden Hours: 62 hours.

Frequency of Collection: The information collection will be administered a single time.

Abstract: Alcohol impairment is one of the primary causes of motor vehicle crashes on the Nation's highways. In 2016, 28 percent of all motor-vehicle traffic fatalities involved alcohol impairment, resulting in the loss of 10,497 lives. A vehicle equipped with a BAIID requires the driver to provide a breath sample to start the vehicle. If the breath sample is above a set limit for Breath Alcohol Concentration (BrAC), then the vehicle will not start. BAIIDs have been shown to reduce driving-under-the-influence (DUI) recidivism of DUI offenders who have BAIIDs installed on their vehicles; however, the

effect tends to dissipate once the devices are removed. The data generated by the BAIIDs can be used to identify offenders unable to comply with interlock program requirements. It is believed that these are the offenders most likely to recidivate. CBR programs are designed to reduce recidivism by delaying removal of the BAIID for these offenders.

The purpose of the study is to provide critical information needed by NHTSA to determine the effects of CBR on DUI recidivism, as well as information on the types of CBR policies currently in place. This information will be useful to States interested in instituting or changing CBR policies in their own interlock programs to help reduce deaths and injuries associated with DUI. The data collected will be used to assist NHTSA in its ongoing responsibilities for: (a) Developing an accurate understanding of potential traffic safety interventions on a national scale; (b) providing information to NHTSA's partners involved in improving public safety; and (c) providing sound scientific reports on NHTSA's activities to other public safety researchers.

The study will be conducted in two phases. In phase one, information will be collected on the details of the States' implementation of CBR and information on their CBR-related data to identify States with sufficient data to conduct an evaluation of the effects of CBR on DUI recidivism. It will also identify States' interested in participating in an evaluation of CBR effectiveness. We anticipate that information will come from State officials familiar with their States' interlock programs. It may also be necessary to collect data from interlock providers in those States. We estimate that this phase of data collection will involve contacting and interviewing an average of three people per State (93 total). Initial contacts will be made by telephone and email. Data will then be collected through semi-structured face-to-face and telephone interviews. The second phase of the study will be an evaluation of CBR effectiveness using the States' existing data. These evaluations will be conducted in up to four States, depending on phase one findings regarding data availability and interest in participation.

Comments are Invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the Department of Transportation, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance