

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Dated at Washington, DC, on April 27, 2018.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2018–09324 Filed 5–1–18; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL

[Docket No. AS18–06]

Appraisal Subcommittee; Notice of Meeting

AGENCY: Appraisal Subcommittee of the Federal Financial Institutions Examination Council.

ACTION: Notice of meeting.

Description: In accordance with Section 1104 (b) of Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, as amended, notice is hereby given that the Appraisal Subcommittee (ASC) will meet in open session for its regular meeting:

Location: Federal Reserve Board—International Square location, 1850 K Street NW, Washington, DC 20006.

Date: May 9, 2018.

Time: 10:00 a.m.

Status: Open.

Reports

Chairman

Executive Director

Delegated State Compliance Reviews
Financial Report

Action and Discussion Items

February 14, 2018 Open Session
Minutes

Reprogramming Request for State
Investigator Training Grant
Revisions to ASC Delegations of
Authority

State Requests for Extension of
Implementation Period to establish
AMC Program

Selection of ASC Vice Chair

How To Attend and Observe an ASC Meeting

If you plan to attend the ASC Meeting in person, we ask that you send an email to meetings@asc.gov. You may register until close of business four business days before the meeting date. You will be contacted by the Federal

Reserve Law Enforcement Unit on security requirements. You will also be asked to provide a valid government-issued ID before being admitted to the Meeting. The meeting space is intended to accommodate public attendees. However, if the space will not accommodate all requests, the ASC may refuse attendance on that reasonable basis. The use of any video or audio tape recording device, photographing device, or any other electronic or mechanical device designed for similar purposes is prohibited at ASC meetings.

Dated: April 25, 2018.

James R. Park,

Executive Director.

[FR Doc. 2018–09214 Filed 5–1–18; 8:45 am]

BILLING CODE 6700–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10669]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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 July 2, 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 following:

1. Access CMS' website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

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) 786–4669.

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–10669 Health Equity Technical Assistance Monitoring and Tracking

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*: New collection (Request for a new OMB control number); *Title of Information Collection*: Health Equity Technical Assistance Monitoring and Tracking; *Use*: The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) developed the CMS Equity Plan for Improving Quality in Medicare (CMS Equity Plan for Medicare). The Plan outlines CMS' path to help advance health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries, particularly those with disparities in chronic diseases. CMS identified six high-impact priority areas based on a review of the evidence base and stakeholder input. These priorities encompass both system- and community-level approaches to achieve equity in Medicare. Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs, focuses on increasing understanding of the impact CMS programs have on health disparities and on identifying, developing and integrating proven solutions to improve their impact on vulnerable populations.

CMS created a Health Equity Technical Assistance (TA) email (HealthEquityTA@cms.hhs.gov) to support CMS programs as they integrate health equity into their programs. This TA offers guidance from health equity subject matter experts on a variety of topics including reviewing data to identify health disparities, identifying root causes of health disparities, gaining an organizational champion, building organizational capacity to address health disparities, implementing interventions, tracking success of intervention, and serves as a portal to access health equity resources. *Form Number*: CMS-10669 (OMB control number: 0938-New); *Frequency*: Occasionally; *Affected Public*: Private sector (Business or other For-profits); *Number of Respondents*: 274; *Total Annual Responses* 274; *Total Annual Hours*: 23. (For policy questions regarding this collection contact Alexandra Bryden at 410-786-2076).

Dated: April 27, 2018.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2018-09329 Filed 5-1-18; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Statement of Organization, Functions, and Delegations of Authority; Office of the National Coordinator for Health Information Technology

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Chapter AR, Office of the National Coordinator for Health Information Technology (ONC), as last amended at 79 FR 31941 (June 3, 2014), 77 FR 29349-50 (May 17, 2012), 76 FR 65196 (Oct. 20, 2011), 76 FR 6795 (Feb. 8, 2011), 75 FR 49494 (Aug. 13, 2010), 74 FR 62785-86 (Dec. 1, 2009), 70 FR 48718-20 (Aug. 19, 2005) is amended as follows:

I. Under AR.10, Organization, delete all of components and replace with the following:

- A. Immediate Office of the National Coordinator (ARA)
- B. Office of Policy (ARI)
- C. Office of Technology (ARC)
- D. Office of the Chief Operating Officer (ARE)

II. Delete AR.20, Functions, in its entirety and replace with the following: Section AR.20, Functions.

A. *Immediate Office of the National Coordinator*: The Immediate Office of the National Coordinator (IO/ONC) is headed by the National Coordinator, who provides leadership and executive and strategic direction for the ONC organization. The National Coordinator is responsible for carrying out ONC's mission and implementing the functions of ONC. The IO/ONC (1) ensures the interoperability of health information, as central and foundational to the core mission of HHS to enhance and protect the health and well-being of all Americans; (2) ensures that health information technology initiatives are coordinated across HHS programs; (3) ensures that health information technology policy and programs of HHS are coordinated with those of relevant executive branch agencies (including Federal commissions and advisory committees) with a goal of avoiding duplication of effort and of helping to

ensure that each agency undertakes activities primarily within the areas of its greatest expertise and technical capability; (4) reviews Federal health information technology investments to ensure Federal health information programs are meeting the objectives of the strategic plan required under Executive Order 13335, to create a national interoperable health information technology infrastructure; (4) provides comments and advice regarding specific Federal health information technology programs; and (5) develops, maintains, and reports on measurable outcome goals for health information technology to assess progress within HHS and other executive branch agencies.

The Deputy National Coordinator, a part of the IO/ONC, works with and reports directly to the National Coordinator, and is responsible for supporting the National Coordinator in day-to-day operations and strategy for ONC, and for management of such ONC staff that report to the Deputy or as requested by the National Coordinator. The Deputy, in conjunction with the National Coordinator, provides executive oversight for the activities of ONC offices.

The Deputy National Coordinator for Operations works with, and reports directly to, the National Coordinator and is responsible for day-to-day operations and strategy for ONC agency-wide support functions as well as providing executive oversight in conjunction with the National Coordinator.

The Chief Privacy Officer, a part of the IO/ONC, advises the National Coordinator on privacy, security, and data stewardship of electronic health information and coordinates with other Federal agencies, with State and regional efforts, and with foreign countries with regard to the privacy, security, and data stewardship of electronic individually identifiable health information.

B. *Office of Policy*: The Office of Policy is headed by an Executive Director. This office is responsible for: (1) Policy and rulemaking activities, including implementation of provisions included in the Health Information Technology for Economic and Clinical Health (HITECH) Act, the 21st Century Cures Act, and Executive Order 13335: Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator; (2) ONC's domestic policy initiatives; (3) coordination with executive branch agencies, Federal commissions, advisory committees, and