

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection
Activities: Proposed Collection;
Comment Request; Correction**

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

ACTION: Notice, correction.

SUMMARY: The Agency for Healthcare Research and Quality published a correction document in the **Federal Register** of May 29, 2018 regarding AHRQ Seeking Input on Library of Patient-Centered Outcomes Research Resources. This document contained an error in the email address where comments should be submitted.

FOR FURTHER INFORMATION CONTACT: Carla Ladner at 301-427-1205 or AHRQ_Fed_Register@ahrq.hhs.gov.

Correction

In the correction to the **Federal Register** of May 29, 2018, in FR Doc 2018-11472, on page 1, line 29, correct the caption under **ADDRESSES** to read: Electronic responses are preferred and should be sent to: PCORResources@ahrq.hhs.gov.

Dated: June 4, 2018.

Carla M. Ladner,
Correspondence Analyst/Federal Register Liaison—AHRQ.

[FR Doc. 2018-12312 Filed 6-7-18; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection
Activities: Proposed Collection;
National Advisory Council for
Healthcare Research and Quality:
Request for Nominations for Public
Members**

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

ACTION: Notice of request for nominations for public members.

SUMMARY: The Council is to advise the Secretary of HHS (Secretary) and the Director of the Agency for Healthcare Research and Quality (AHRQ) on matters related to activities of the Agency to carry out its mission. AHRQ's mission is to produce evidence to make health care safer, higher quality, more

accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

DATES: Nominations should be received on or before 60 days after date of publication.

ADDRESSES: Nominations should be sent to Jaime Zimmerman AHRQ, 5600 Fishers Lane, 06E37A, Rockville, Maryland 20857. Nominations may also be emailed to NationalAdvisoryCouncil@ahrq.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Jaime Zimmerman, AHRQ, at (301) 427-1456.

SUPPLEMENTARY INFORMATION: 42 U.S.C. 299c establishes a National Advisory Council for Healthcare Research and Quality (the Council). Seven current members' terms will expire in November 2018. To fill these positions, we are seeking individuals who are distinguished in: (1) The conduct of research, demonstration projects, and evaluations with respect to health care; (2) the fields of health care quality research or health care improvement; (3) the practice of medicine; (4) other health professions; (5) representing the private health care sector (including health plans, providers, and purchasers) or administrators of health care delivery systems; (6) the fields of health care economics, information systems, law, ethics, business, or public policy; and, (7) representing the interests of patients and consumers of health care. 42 U.S.C. 299c(c)(2).

Individuals are particularly sought with experience and success in activities specified in the summary above. 42 U.S.C. 299c provides that the Secretary shall appoint to the National Advisory Council for Healthcare Research and Quality twenty one appropriately qualified individuals. At least seventeen members shall be representatives of the public and at least one member shall be a specialist in the rural aspects of one or more of the professions or fields listed in the above summary. In addition, the Secretary designates, as ex officio members, representatives from other Federal agencies, principally agencies that conduct or support health care research, as well as Federal officials the Secretary may consider appropriate. 42 U.S.C. 299c(c)(3). Consistent with revised guidance regarding the ban on lobbyists serving as members of advisory boards and commissions, AHRQ will accept nominations for Federally-registered lobbyists to serve on the Council in a representative capacity.

The Council meets in the Washington, DC, metropolitan area, generally in Rockville, Maryland, approximately three times a year to provide broad guidance to the Secretary and AHRQ's Director on the direction of and programs undertaken by AHRQ.

Seven individuals will be selected by the Secretary to serve on the Council beginning with the meeting in the spring of 2019. Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership.

Interested persons may nominate one or more qualified persons for membership on the Council. Self-nominations are accepted. Nominations shall include: (1) A copy of the nominee's resume or curriculum vitae; and (2) a statement that the nominee is willing to serve as a member of the Council. Selected candidates will be asked to provide detailed information concerning their financial interests, consultant positions and research grants and contracts, to permit evaluation of possible sources of conflict of interest. Please note that once a candidate is nominated, AHRQ may consider that nomination for future positions on the Council.

The Department seeks a broad geographic representation. In addition, AHRQ conducts and supports research concerning priority populations, which include: Low-income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care. See 42 U.S.C. 299(c). Nominations of persons with expertise in health care for these priority populations are encouraged.

Francis D. Chesley, Jr.,
Acting Deputy Director.

[FR Doc. 2018-12361 Filed 6-7-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[Docket Number CDC-2018-0055, NIOSH 156-D]

**Request for the Technical Review of 3
Draft Immediately Dangerous to Life or
Health (IDLH) Value Profiles**

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC),

Department of Health and Human Services (HHS).

ACTION: Request for comments.

SUMMARY: The National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention announces the availability of three (3) draft Immediately Dangerous to Life or Health (IDLH) Value Profiles now available for public comment for the chemicals bromine trifluoride, chlorine trifluoride, and ethylene dibromide. To view the notice and related materials, visit www.regulations.gov and enter CDC–2018–0055 in the search field and click “Search.”

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DATES: Electronic or written comments must be received by August 7, 2018.

ADDRESSES: You may submit comments, identified by CDC–2018–0055 and docket number NIOSH 156–D, by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC–2018–0055; NIOSH 156–D]. All relevant comments received will be posted without change to www.regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to www.regulations.gov. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226–1998.

FOR FURTHER INFORMATION CONTACT:

R. Todd Niemeier, NIOSH, Robert A. Taft Laboratories, MS–C32, 1090 Tusculum, Cincinnati, OH 45226, telephone (513) 533–8166 (not a toll free number).

SUPPLEMENTARY INFORMATION: NIOSH is requesting technical reviews of the three (3) draft IDLH Value Profiles. To

facilitate the review of these documents, NIOSH requests that the following questions be taken into consideration:

1. Does this document clearly outline the health hazards associated with acute (or short-term) exposures to the chemical? If not, what specific information is missing from the document?

2. Are the rationale and logic behind the derivation of an IDLH value for a specific chemical clearly explained? If not, what specific information is needed to clarify the basis of the IDLH value?

3. Are the conclusions supported by the data?

4. Are the tables clear and appropriate?

5. Is the document organized appropriately? If not, what improvements are needed?

6. Are you aware of any scientific data reported in governmental publications, databases, peer-reviewed journals, or other sources that should be included within this document?

NIOSH seeks comments on 3 draft IDLH values and IDLH Value Profiles. The draft IDLH Value Profiles were developed to provide the scientific rationale behind derivation of IDLH values for the following chemicals:

Document No.	Chemical	CAS No.
C–01	Bromine Trifluoride	(7787–71–5)
C–02	Chlorine Trifluoride	(7790–91–2)
C–03	Ethylene Dibromide	(106–93–4)

Each IDLH Value Profile provides a detailed summary of the health hazards of acute exposures to high airborne concentrations and the rationale for the proposed IDLH value with the chemical(s) of interest.

Background: In 2013, NIOSH published Current Intelligence Bulletin (CIB) 66—Derivation of Immediately Dangerous to Life or Health (IDLH) Values [NIOSH 2013]. Since the establishment of the IDLH values in the 1970s, NIOSH has continued to review available scientific data to improve the protocol used to derive acute exposure guidelines, in addition to the chemical-specific IDLH values. The information presented in this CIB represents the most recent update of the scientific rationale and the methodology (hereby referred to as the IDLH methodology) used to derive IDLH values. The primary objectives of this document are to:

1. Provide a brief history of the development of IDLH values.

2. Update the scientific bases and risk assessment methodology used to derive IDLH values from quality data.

3. Provide transparency behind the rationale and derivation process for IDLH values.

4. Demonstrate how scientifically credible IDLH values can be derived from available data resources.

The IDLH methodology is based on a weight-of-evidence approach that applies scientific judgment for critical evaluation of the quality and consistency of scientific data and in extrapolation from the available data to the IDLH value. The weight-of-evidence approach refers to critical examination of all available data from diverse lines of evidence and the derivation of a scientific interpretation on the basis of the collective body of data, including its relevance, quality, and reported results. Conceptually, the derivation process for IDLH values is similar to that used in other risk-assessment applications, including these steps:

1. Hazard characterization.

2. Identification of critical adverse effects.

3. Identification of a POD.

4. Application of appropriate UFs, based on the study and POD.

5. Determination of the final risk value.

Reference

NIOSH [2013]. Current Intelligence Bulletin 66: Derivation of immediately dangerous to life or health (IDLH) values. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication 2014–100.

Dated: June 5, 2018.

John J. Howard,

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

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