

require changes in the scope of the project. This Revision includes; (a) modification of the Instructions to Participants Letter; (b) modification of the MPEP *Mycobacterium tuberculosis* Results Worksheet; (c) modification of online data collection instrument; (d) modification of the MPEP *Mycobacterium tuberculosis* Minimum Inhibitory Concentration Results Worksheet; (e) removal of Reminder Telephone Script; and (f) modification of Aggregate Report Letter.

While the overall number of cases of TB in the U.S. has decreased, rates still remain high among foreign-born persons, corrections, homeless populations, and individuals infected with HIV in major metropolitan areas. To reach the goal of eliminating TB, the Model Performance Evaluation Program

for *Mycobacterium tuberculosis* susceptibility testing is used to monitor and evaluate performance and practices among US laboratories performing *M. tuberculosis* susceptibility testing. Participation in this program is one way laboratories can ensure high-quality laboratory testing, resulting in accurate and reliable testing results.

By providing an evaluation program to assess the ability of laboratories to test for drug resistant *M. tuberculosis* strains, CDC gives laboratories a self-assessment tool to aid in optimizing their skills in susceptibility testing. The information obtained from the laboratories on susceptibility practices and procedures is used to establish variables related to good performance, assess training needs, and aid with the development of practice standards.

Participants in this program include domestic clinical and public health laboratories. Data collection from laboratory participants occurs twice per year. The data collected in this program will include the susceptibility test results of primary and secondary drugs, drug concentrations, and test methods performed by laboratories on a set of performance evaluation (PE) isolates. The PE isolates are sent to participants twice a year, and participants also report demographic data such as laboratory type and the number of drug susceptibility tests performed annually.

CDC requests approval for an estimated 129 burden hours annually. There is no cost to respondents to participate other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Domestic Laboratory	Participant Biosafety Compliance Letter of Agreement.	80	1	5/60	7
	MPEP <i>Mycobacterium tuberculosis</i> Results Worksheet.	80	2	30/60	80
	Online Survey Instrument	80	2	15/60	40
	MPEP <i>Mycobacterium tuberculosis</i> Minimum Inhibitory Concentration Results Form.	4	2	15/60	2
Total	129

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Board of Scientific Counselors, National Center for Health Statistics BSC, NCHS). This meeting is open to the public.

DATES: The meeting will be held on October 22, 2021, from 11:00 a.m. to 5:30 p.m., EDT.

ADDRESSES: Instructions to access the meeting are posted on the BSC website: https://www.cdc.gov/nchs/about/bsc/bsc_meetings.htm.

FOR FURTHER INFORMATION CONTACT: Rebecca Hines, M.H.S., Executive Secretary, NCHS/CDC, Board of Scientific Counselors, 3311 Toledo Road, Room 2627, Hyattsville, Maryland 20782, Telephone: (301) 458-4717; Email: RSHines@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The Board is charged with providing advice and making recommendations to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

Matters To Be Considered: The meeting agenda includes welcome remarks and a Center update by the NCHS Director; updates on Data Modernization (DMI), including Epidemiology and Laboratory Capacity

for Prevention and Control of Emerging Infectious Diseases (ELC) Collaboration; an update on the National Center for Health Statistics Strategic Planning; presentation on the NCHS Health Equity Strategy; updates on using the National Health Interview Survey (NHIS) as a platform for additional data collection; and an update on several NCHS Programs. Agenda items are subject to change as priorities dictate.

Meeting Information: Please visit the BSC website: https://www.cdc.gov/nchs/about/bsc/bsc_meetings.htm for more information on the meeting agenda, including instructions for accessing the live meeting broadcast.

The Board will reserve time for public comment at the end of the day.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

*Director, Strategic Business Initiatives Unit,
Office of the Chief Operating Officer, Centers
for Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH), Subcommittee for Dose Reconstruction Reviews (SDRR), National Institute for Occupational Safety and Health (NIOSH); Cancellation of Meeting

Notice is hereby given of a change in the meeting of the Advisory Board on Radiation and Worker Health (ABRWH), Subcommittee for Dose Reconstruction Reviews (SDRR); June 16, 2021, from 10:30 a.m. to 2:30 p.m., EDT, in the original FRN. The teleconference meeting was published in the **Federal Register** on April 23, 2021, Volume 86, Number 77, pages 21738–21739.

This meeting is being canceled in its entirety.

FOR FURTHER INFORMATION CONTACT:

Rashaun Roberts, Ph.D., Designated Federal Officer, NIOSH, CDC, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Toll Free 1(800) CDC–INFO, Email: ocas@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

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Office of the Chief Operating Officer, Centers
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1061]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Behavioral Risk Factor Surveillance System (BRFSS), to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on March 12, 2021 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open

for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Behavioral Risk Factor Surveillance System (BRFSS) (OMB Control No. 0920–1061, Exp. 3/31/2022)—Revision—National Center for Chronic Disease and Public Health Protection (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to revise information collection activities for the Behavioral Risk Factor Surveillance System (BRFSS) for the period of 2022–2024. The BRFSS is a nationwide system of cross-sectional surveys using random digit dialed (RDD) samples administered by health departments in states, territories, and the District of Columbia (collectively referred to here as States) in collaboration with CDC. Traditionally subject recruitment and interview have been conducted by telephone. In 2022–2024, the BRFSS will introduce the option to allow participants to voluntarily complete online surveys, after telephone recruitment. The BRFSS produces state-level information primarily on health risk behaviors, health conditions, and preventive health practices that are associated with chronic diseases, infectious diseases, and injury. Designed to meet the data needs of individual states and territories, the CDC sponsors the BRFSS information collection project under a cooperative agreement with states and territories. Under this partnership, BRFSS state coordinators determine questionnaire content with technical and methodological assistance provided by CDC. For most states and territories, the BRFSS provides the only sources of data amenable to state and local level health and health risk indicator uses. Over time, it has also developed into an important data collection system that federal agencies rely on for state and local health information and to track national health objectives such as Healthy People.

CDC bases the BRFSS questionnaire on modular design principles to accommodate a variety of state-specific needs within a common framework. All participating states are required to administer a standardized core