

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating health department sharing line-level <i>ED/inpatient hospitalization</i> discharge data (.csv) on drug overdose-related visits (i.e., any visit with an ICD-10-CM code between T36-T50, including all intents, encounters, underdosing, and adverse effects..	Inpatient hospitalization discharge overdose data form.	35	1	5

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Office of Public Health Ethics and
Regulations, Office of Science, Centers for
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25-1050]

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 “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” 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 September 3, 2024 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

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control No. 0920-1050, Exp. 6/30/2025)—Revision—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Executive Order 12862 directs Federal agencies to provide service to the public that matches or exceeds the best service available in the private sector. In order to work continuously to ensure that our programs are effective and meet our customers’ needs, Centers for Disease Control and Prevention (CDC) seeks to obtain OMB approval of a Generic

Clearance to collect qualitative feedback on our service delivery. The information collection activities approved under this Generic Clearance mechanism will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration’s commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this Generic Clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of Generic Clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: (1) the target population to which generalizations will be made; (2) the sampling frame; (3) the sample design (including stratification and clustering); (4) the precision requirements or power calculations that justify the proposed sample size; (5) the expected response rate; (6) methods for assessing potential non-response bias; (7) the protocols for data collection; and (8) any testing procedures that were or will be undertaken prior fielding the study.

Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission under other Generic mechanisms that are designed to yield quantitative results.

The qualitative feedback collected using this Generic has been a vital source of information that has helped the CDC improve the services and resources provided to the public. CDC is requesting OMB approval for an

additional three years to continue this important effort.
The estimated annualized burden hours are 29,250.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of collection	Number of respondents	Frequency per response	Hours per response
Interviews, in person surveys, telephone surveys, in person observation/testing	24,000	1	30/60
Focus groups	1,000	1	2
Customer comment cards, interactive voice surveys	61,000	1	15/60

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DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[30Day–25–1257]

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 “Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant” 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 December 6, 2024, to obtain comments from the public and affected agencies. CDC received one comment 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

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant (OMB No. 0920–1257, Exp. 06/30/2025)—Revision—National Center for STLT Public Health Infrastructure and Workforce (PHIC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The PHHS Block Grant, administered by CDC, provides funding to 61 jurisdictions: all 50 states, the District of Columbia, two American Indian tribes,

five U.S. territories, and three freely associated states. PHHS Block Grant recipients use this funding to address the unique public health needs of their jurisdictions in innovative and locally defined ways. In 2017, 2019, and 2022 CDC collected information from PHHS recipients to assess select cross-cutting outputs and outcomes of the PHHS Block Grant.

In this Revision, CDC requests OMB approval to continue information collection over a three-year period. Assessment surveys will be administered in 2025 and 2027 based on the web-based survey instrument launched in 2022. No questions have been added or deleted; however, prompts were added to the Q5 and Q8 series to reduce errors. Prompts inform respondents that the number of items should equal the value from a previous question in which they input total values. A piped-text entry based on the value input is used to provide the actual total provided by the respondent.

The legislative authority for the PHHS Block Grant aligns recipient activities to HHS *Healthy People 2030* objectives, and additional changes are anticipated to maintain this alignment and ensure compliance with Executive Orders. CDC will submit Change Requests to OMB as guidance becomes available. Findings of the PHHS Block Grant Assessment will be used to: (1) describe the outcomes and achievements of recipients’ public health efforts and identify how the use of PHHS Block Grant funds contributed to those results; and (2) help assess how the grant advances work of the public health system and provide evidence to support future budgetary requests.

OMB approval is requested for three years. Participation in the assessment survey is voluntary. CDC plans to administer the assessment survey in 2025 and 2027 to the 61 entities that receive PHHS Block Grant funding. There is no change to the estimated burden per response (45 minutes), however, there is a reduction in total