

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Medical Scientists, Except Epidemiologists, State Public Health Lab, Medical Assistant, Doctor's Office/Hospital.	<i>CDC Specimen Submission 50.34 Form.</i>	2,098	12	5/60
Medical Assistant, Doctor's Office/Hospital .....	<i>Global File Accessioning Template.</i>	15	11	20/60

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
Office of Public Health Ethics and  
Regulations, Office of Science, Centers for  
Disease Control and Prevention.*

[FR Doc. 2023–18362 Filed 8–24–23; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Award of a Single-Source Cooperative Agreement To Fund icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh)

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$6,000,000, for Year 1 funding to icddr,b. The award will support high quality public health research and surveillance activities to further strengthen the ability of the Government of Bangladesh and other global partners to detect, prevent, and respond to disease threats. Funding amounts for years 2–5 will be set at continuation.

**DATES:** The period for this award will be September 30, 2024 through September 29, 2029.

**FOR FURTHER INFORMATION CONTACT:** Lata Kumar, Global Health Center, Centers for Disease Control and Prevention, Atlanta, GA, 30033, Telephone: 404–639–7618, email: [lek7@cdc.gov](mailto:lek7@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The single-source award will support high quality public health and implementation science research that will guide stakeholders to prioritize resources, develop policies, and implement practices and interventions that will help mitigate the impact of health threats on the Bangladeshi

population and globally. icddr,b is in a unique position to conduct this work, as it is the only non-diplomatic partner that CDC is aware of that has the legal authority and operational expertise to process the import of laboratory supplies and reagents, including time sensitive reagents. Surveillance activities contemplated under this award detect and isolate high-consequence pathogens whose handling and storage require advanced biocontainment skills and capacity. icddr,b's clinical microbiology laboratory meets the international standards of quality and is ISO 15189–2012 accredited and the institute has a strong and active institutional biosafety committee and Senior Biosafety Officer. icddr,b is the most biosafety capable institution in the country to execute critical ongoing studies on pathogens having pandemic potential such as Nipah virus, the testing of human, avian and bovine surveillance samples with unknown etiology, and studies of *C. auris* and influenza. To CDC's knowledge, icddr,b is the only institution in Bangladesh with the capability to handle such pathogens according to international biosecurity standards. Furthermore, icddr,b has agreements with major biomedical transportation organizations and maintains a material transfer agreement (MTA) with CDC for the shipping of swabs, blood, serum and DNA.

#### Summary of the Award

*Recipient:* icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh).

*Purpose of the Award:* The purpose of this award is to further strengthen the ability of the Government of Bangladesh and other global partners to detect, prevent, and respond to disease threats through high quality public health research and surveillance activities. Specifically, the individual activities under this cooperative agreement will: (a) determine burden, trends, etiology, and risk factors of priority diseases in Bangladesh, (b) develop and evaluate interventions and diagnostics, (c) evaluate the effectiveness of

vaccinations to inform global policy, and (d) strengthen the Government of Bangladesh's surveillance, laboratory, and outbreak response capacity.

*Amount of Award:* The approximate year 1 funding amount will be \$6,000,000 in Federal Fiscal Year (FY) 2024 funds, subject to the availability of funds. Funding amounts for years 2–5 will be set at continuation.

*Authority:* This program is authorized under section 301(a) of the Public Health Service Act [42 U.S.C. 241(a)], as amended and section 307 of the Public Health Service Act [42 U.S.C. 242].

*Period of Performance:* September 30, 2024 through September 29, 2029.

Dated: August 22, 2023.

**Terrance Perry,**

*Chief Grants Management Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2023–18369 Filed 8–24–23; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10143]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

**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 October 24, 2023.

**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, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

**FOR FURTHER INFORMATION CONTACT:** William N. 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-10143 State Data for the Medicare Modernization Act (MMA)

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:* Revision of a currently approved collection; *Title of Information Collection:* State Data for the Medicare Modernization Act (MMA); *Use:* The monthly data file is provided to CMS by states on dual eligible beneficiaries. The phase-down process requires a monthly count of all full benefit dual eligible beneficiaries with an active Part D plan enrollment in the month. CMS will make this selection of records using dual eligibility status codes contained in the person-month record to identify all full-benefit dual eligible beneficiaries. *Form Number:* CMS-10143 (OMB Control Number: 0938-0958); *Frequency:* Monthly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 612; *Total Annual Hours:* 4,896. (For policy questions regarding this collection contact Linda King at 410-786-1312.)

Dated: August 22, 2023.

**William N. Parham, III,**  
*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2023-18387 Filed 8-24-23; 8:45 am]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10305]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request; Correction

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice, correction.

**SUMMARY:** On August 11, 2023, CMS published a notice in the **Federal**

**Register** that sought comment on a collection of information concerning CMS-10305 (OMB control number 0938-1115) entitled "Medicare Part C and Part D Data Validation." The point of contact for policy questions is incorrect. This document corrects the error.

**FOR FURTHER INFORMATION CONTACT:** William N. Parham, III, (410) 786-4669.  
**SUPPLEMENTARY INFORMATION:**

#### I. Background

In the August 11, 2023, issue of the **Federal Register** (88 FR 54613), we published a Paperwork Reduction Act notice requesting a 30-day public comment period for the information collection request identified under CMS-10305, OMB control number 0938-1115, and titled "Medicare Part C and Part D Data Validation."

#### II. Explanation of Error

In the August 11, 2023, notice, the point of contact for policy questions is incorrect. The incorrect language is on located at the top of the right column on page 54614, beginning on line 6 with "Chanelle Jones" and ending at the end of line 6. All of the other information contained in the August 11, 2023, notice is correct and remains unchanged. The related public comment period remains in effect and ends September 11, 2023.

#### III. Correction of Error

In FR Doc. 2023-16804 of August 11, 2023, (88 FR 54613), page 54614, the language at the top of the right column beginning on line 6 with "Chanelle Jones" and ending at the end of line 6, is corrected to read as follows:

Abigale Sanft at 410-786-6068.

Dated: August 21, 2023.

**William N. Parham, III,**  
*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2023-18279 Filed 8-24-23; 8:45 am]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Food and Drug Administration

[Docket No. FDA-2023-N-3167]

#### Notice of Opportunity for Public Comment on Proposal To Withdraw Approval of New Drug Application for PEPAXTO, Equivalent to 20 Milligrams Base per Vial

**AGENCY:** Center for Drug Evaluation and Research, Food and Drug Administration, HHS.