

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Healthcare Professionals .....	Post-Technical Assistance Evaluation .....	3,650	2	5/60
Program Managers .....	Training and TA Follow-up Survey .....	139	2	18/60
Program Managers .....	Training and TA Telephone Script .....	50	2	18/60

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Office of Public Health Ethics and  
Regulations, Office of Science, Centers for  
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[FR Doc. 2024–17763 Filed 8–8–24; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–24–1348]

#### 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 “The National Firefighter Registry for Cancer” 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 22, 2024, to obtain comments from the public and affected agencies. CDC received two 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](http://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

National Firefighter Registry for Cancer (OMB Control No. 0920–1348, Exp. 9/30/2024)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

In order to accurately monitor trends in cancer incidence and evaluate control

measures among the U.S. fire service, Congress passed the Firefighter Cancer Registry Act of 2018. Under this legislation, CDC/NIOSH was directed to create a registry of U.S. firefighters for the purpose of monitoring cancer incidence and risk factors among the current U.S. fire service. Funding of the project was authorized through this legislation for five years as of fiscal year 2019.

According the Firefighter Cancer Registry Act of 2018, the main goal of the National Firefighter Registry for Cancer (NFR) is “to develop and maintain . . . a voluntary registry of firefighters to collect relevant health and occupational information of such firefighters for purposes of determining cancer incidence.” Results from the NFR will provide information for decision makers within the fire service and medical or public health community to devise and implement policies and procedures to lessen cancer risk and/or improve early detection of cancer among firefighters. NIOSH seeks a three-year renewal. The below table outlines the estimated time burden for participants enrolling in the NFR. There are three corresponding documents to be completed as part of the enrollment process: the Informed Consent, User Profile, and Enrollment Questionnaire. Select fire departments may have an additional Records Request. The estimated time burden for the Informed Consent and User Profile are five minutes each. There is an estimated 20 minute burden for the Enrollment Questionnaire, and 16 hours for the Records Request (applicable to an estimated 34 firefighters). CDC requests OMB approval for a total estimated annual burden of 44,987 hours. There is no cost to respondents other than their time to participate.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
U.S. Firefighters .....	Informed Consent .....	66,666	1	5/60
U.S. Firefighters .....	NFR User Profile (web-portal registration) ....	66,666	1	5/60
U.S. Firefighters .....	NFR Enrollment Questionnaire .....	66,666	1	30/60
U.S. Firefighters .....	Records request .....	34	1	960/60

Jeffrey M. Zirger,

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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

[60Day-24-1061; Docket No. CDC-2024-  
0059]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing effort to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other federal  
agencies the opportunity to comment on  
continuing information collection, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on a proposed information  
collection project titled Behavioral Risk  
Factor Surveillance System (BRFSS).  
BRFSS is an annual state-based health  
survey that produces information on  
health risk behaviors, health conditions,  
and preventive health practices that are  
associated with chronic diseases,  
infectious diseases, and injury.

**DATES:** CDC must receive written  
comments on or before October 8, 2024.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2024-  
0059 by either of the following methods:

- **Federal eRulemaking Portal:**  
[www.regulations.gov](http://www.regulations.gov). Follow the  
instructions for submitting comments.
- **Mail:** Jeffrey M. Zirger, Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE, MS H21-8, Atlanta,  
Georgia 30329.

**Instructions:** All submissions received  
must include the agency name and  
Docket Number. CDC will post, without  
change, all relevant comments to  
[www.regulations.gov](http://www.regulations.gov).

**Please note:** Submit all comments  
through the Federal eRulemaking portal  
([www.regulations.gov](http://www.regulations.gov)) or by U.S. mail to  
the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the

proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact Jeffrey M. Zirger,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE, MS  
H21-8, Atlanta, Georgia 30329;  
Telephone: 404-639-7570; Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the  
Paperwork Reduction Act of 1995 (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. In addition, the PRA also  
requires federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
previously approved information  
collection before submitting the  
collection to the OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

The OMB is particularly interested in  
comments that will help:

1. 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;
2. Evaluate the accuracy of the  
agency's estimate of the burden of the  
proposed collection of information,  
including the validity of the  
methodology and assumptions used;
3. Enhance the quality, utility, and  
clarity of the information to be  
collected;
4. 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 submissions  
of responses; and
5. Assess information collection costs.

#### Proposed Project

Behavioral Risk Factor Surveillance  
System (BRFSS) (OMB Control No.  
0920-1061, Exp. 12/31/2024)—  
Revision—National Center for Chronic  
Disease Prevention and Health  
Promotion (NCCDPHP), Centers for  
Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC is requesting OMB approval to  
revise the information collection for the  
Behavioral Risk Factor Surveillance

System (BRFSS) for the period of 2025–  
2027. 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 the CDC.  
Traditionally, subject recruitment and  
interviews have been conducted by  
telephone. In 2025–2027, the BRFSS  
will expand 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 questionnaire, which provides a set  
of shared health indicators for all  
BRFSS partners. The BRFSS core  
questionnaire consists of fixed core,  
rotating core, and emerging core  
questions. Fixed core questions are  
asked every year. Rotating core  
questions cycle on and off the core  
questionnaire in two- or three-year  
cycles, depending on the question.  
Emerging core questions are included in  
the core questionnaire as needed to  
collect data on urgent or emerging  
health topics such as infectious disease.  
In addition, the BRFSS includes a series  
of optional modules on a variety of  
topics. In off years, when the rotating  
questions are not included in the core  
questionnaire, they are offered to states  
as optional modules. This framework  
allows each state to produce a  
customized BRFSS survey by appending  
selected optional modules to the core