Proposed Project

Enterprise Laboratory Information Management System (ELIMS) (OMB Control No. 0920–1309, Exp. 11/30/2023)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The collection of specimen information designated for testing by the CDC occurs on a regular and recurring basis (multiple times per day) using an electronic PDF file called the CDC Specimen Submission 50.34 Form or an electronic XSLX file called the Global File Accessioning Template. Hospitals, doctor's offices, medical clinics, commercial testing labs, universities, State public health laboratories, U.S. Federal institutions, and foreign institutions use the CDC Specimen Submission Form 50.34 when submitting a single specimen to CDC Infectious Diseases laboratories for testing. The CDC Specimen Submission 50.34 Form consists of over 200 data entry fields (of which five are mandatory fields that must be completed by the submitter) that captures information about the specimen being sent to the CDC for testing. The type of data captured on the 50.34 Form identifies the origin of the specimen (human, animal, food, environmental, medical device or biologic), CDC test order name/code, specimen information, patient information (as applicable), animal information (as applicable) information about the submitting organization requesting the testing, patient history (as applicable), owner information and animal history (as applicable), and epidemiological information. The collection of this type of data is pertinent to ensuring a specimen's testing results are linked to the correct patient and the final test reports are delivered to the appropriate submitting organization to aid in making proper health-related decisions related to the patient. Furthermore, the data provided on this form may be used by the CDC to identify sources of potential outbreaks and other public-health related events. When the form is filled out, a user in the submitting organization prints a hard copy of it that will be included in the specimen's shipping package sent to the CDC. The printed form has barcodes on it that allow the CDC testing laboratory to scan its data directly into ELIMS where the specimen's testing lifecycle is tracked and managed.

Likewise, the Global File Accessioning Template records the same data as the 50.34 Form but provides the capability to submit information for a batch of specimens (typically 50–1,000 specimens per batch) to a specific CDC laboratory for testing. The CDC testing laboratory electronically uploads the Global File Accessioning Template into ELIMS where the batch of specimens are then logged and are ready to be tracked through their respective testing and reporting workflow.

CDC requests OMB approval for an estimated 2,153 annual burden hours. There is no cost to respondents other than their time for participation.

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)
Medical Scientists, Except Epidemiologists, State Public Health Lab, Medical Assistant, Doctor's Office/Hospital.	CDC Specimen Submission 50.34 Form.	2,098	12	5/60	2,098
Medical Assistant, Doctor's Office/Hospital.	Global File Accessioning Template	15	11	20/60	55
Total					2,153

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. 2023–12360 Filed 6–8–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–1333; Docket No. CDC–2023–0045]

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 a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Feeding My Baby and Me: Infant Feeding Practices Study III (FMB&M–IFPS III). This study is designed to understand the current state of mothers' intentions, behaviors, feeding decisions, and practices from pregnancy through their child's first two years of life.

DATES: CDC must receive written comments on or before August 8, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0045 by either of the following methods:

- *Federal eRulemaking Portal: 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*.

Please note: Submit all comments through the Federal eRulemaking portal (*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*.

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

Feeding My Baby and Me: Infant Feeding Practices Study III (FMB&M–IFPS III) (OMB Control No. 0920–1333, Exp. 4/30/2024)—Extension—National Center for Chronic Disease Prevention and Health Promotions (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Infant Feeding Practices Study (IFPS) III is a longitudinal study that will follow pregnant women and their new baby for two years. Data will be collected using web-based surveys at multiple time points over two years. This includes: (1) a prenatal survey; (2) 14 follow-up surveys after the baby is born; and (3) 2–4 maternal dietary data recalls. The data from IFPS III will be used to: (1) fill research gaps on how feeding behaviors, patterns, and practice changes over the first two years of life and the health-related impacts; (2) inform multiple Federal agency efforts targeting maternal and infant and toddler nutrition through work in hospitals, with health care providers, with early care and education providers, and outreach to families and caregivers; and (3) provide context to policy level documents such as the *U.S. Dietary Guidelines for Americans,* which will include pregnant women and children birth to 24 months of age for the first time in 2020–2025.

This is an Extension of previously approved data collection efforts. No changes are proposed. OMB approval is requested for one year. Participation is voluntary, and there are no costs to respondents other than their time. The total estimated annualized burden hours requested are 5,051.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annualized burden hours
Pregnant/Postpartum Women	Study Screener	7,477	1	3/60	125
	Study Consent	4,711	1	5/60	131
	Prenatal Survey	4,239	1	20/60	471
	24-Hour Dietary Recall—Prenatal	2,756	1	24/60	367
	Replicate 24-Hour Dietary Recall—Prenatal.	269	1	24/60	36
	Request for notification of child's birth.	4,239	1	2/60	47
	Birth Screener	4,103	1	2/60	46
	1-Month Survey	3,693	1	20/60	410
	2-Month Survey	3,575	1	15/60	298
	3-Month Survey	3,460	1	15/60	288
	24-Hour Dietary Recall—Month 3	2,249	1	24/60	300
	Replicate 24-Hour Dietary Recall—Month 3.	219	1	24/60	29
	4-Month Survey	3,350	1	15/60	279
	5-Month Survey	3,243	1	15/60	270
	6-Month Survey	3,139	1	15/60	262
	8-Month Survey	3,038	1	15/60	253
	10-Month Survey	2,941	1	20/60	327
	12-Month Survey	2,847	1	15/60	237
	15-Month Survey	2,756	1	15/60	230
	18-Month Survey	2,668	1	15/60	222
	21-Month Survey	2,582	1	15/60	215
	24-Month Survey	2,500	1	15/60	208
Total					5,051

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. 2023–12361 Filed 6–8–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–23AH]

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 ''Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation'' 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 October 21, 2022 to obtain comments from the public and affected agencies. CDC received two non-substantive 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

Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting approval for a New data collection entitled ''Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation.'' OMB approval is requested for three years.

In 2021, CDC funded DP21–2109, ''Community Health Workers for COVID Response and Resilient Communities (CCR)''. DP21–2109 funds 68 CCR recipients across the United States to train and deploy community health workers (CHWs) to support COVID–19 response efforts and to build and strengthen community resilience to fight COVID–19 through addressing existing health disparities. DP21–2109 is funded for a three-year period, from September 2021 through August 2024. At the same time, CDC also funded two recipients under CDC–RFA–DP21–2110, ''Community Health Workers for COVID Response and Resilient Communities (CCR)—Evaluation and Technical Assistance'' (CCR–ETA recipients) to design and conduct the national evaluation of DP21–2109 CCR. These two recipients will lead the information collection described in this request.

Both DP21–2109 and DP21–2110 were funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 funds allocated to CDC to achieve the goal of protecting the American people from the public health impacts of COVID–19. The novel Coronavirus Disease 2019 has impacted communities nationwide. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved individuals, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions have a higher risk of having severe COVID–19 illness and adverse outcomes. Thus, these groups represent the CCR populations of focus.

The purpose of the DP21–2109 CCR national evaluation is to monitor implementation and evaluate implementation and outcomes of CCR. CDC will use resulting information to describe the implementation of CCR at the national level, inform future community-based and CHW-led COVID response programs, and, in conjunction with secondary data sources, assess some important health outcomes, including vaccination rates among populations of focus. This request includes the following information collections:

- *CCR Recipient Survey:* The survey will collect information about: (1) program management; (2) organizational infrastructure; (3) populations of focus served by CCR funded efforts; (4) CHW hiring and compensation; (5) CHW training, certification, and integration into community-based and care COVID response teams; (6) CHW referral tracking systems; (7) non-CDC resources supporting the program; and (8) other aspects of program implementation. The survey will be administered once—at the end of program Year 3—in both English and Spanish using web-based survey software.
- *CHW Survey:* The survey will collect information about: (1) CHW compensation and benefits; (2) core CHW roles during CCR implementation; (3) integration of CHWs into community-based and care COVID response teams; (4) core competency training; (5) supervision; (6) CHW-initiated referrals; and (7) CHW involvement in decision-making. The survey will be administered once—at the end of program Year 3—in English and Spanish using web-based survey software.

CDC requests OMB approval for an estimated 194 annual burden hours. There is no cost to respondents other than their time to participate.