

increase in synthetic opioids, including illicitly manufactured fentanyl (IMF), and a resurgence of stimulants, particularly methamphetamine, into the illegal drug supply.

Multisector collaboration is critical to preventing overdoses and saving lives. Two key sectors in this response are public health and public safety, as they are both on the front lines and both tasked with improving community safety and well-being. CDC demonstrates strong commitment to public health/public safety partnerships through implementation of several national programs, including the Overdose Response Strategy (ORS).

ORS teams support public health and public safety entities in their jurisdictions by:

- Sharing data systems to inform rapid and effective community overdose prevention efforts.

- Supporting immediate, evidence-based response efforts that can directly reduce overdose deaths.

- Designing and using promising strategies at the intersection of public health and public safety.

- Disseminating information to support the implementation of evidence-informed overdose prevention strategies.

As the ORS is one of CDC's flagship overdose prevention programs, and partnering with public safety is one of CDC's key overdose prevention strategies, a greater understanding of the impact and effectiveness of the ORS is needed to inform program enhancements and improvements. This ICR focuses on a survey and a reporting tool that ORS teams and their partners will complete to provide critical data to CDC for program monitoring, to inform technical assistance and guidance documents produced by CDC or other

partners, and to assess the extent to which the ORS program is achieving the goal of supporting public health and public safety partnerships to reduce drug overdose. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information collected will be disseminated to ORS teams and to the public via an annual Program Evaluation Report and an ORS Annual Report. Data from both reports will largely be used to develop programmatic reports, tools, and implementation guides for the purposes of program improvement.

CDC requests OMB approval for an estimated 633 annual burden 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)	Total burden (in hours)
ORS Public Health Analysts	ORS Annual Evaluation Survey-PHA ..	61	1	30/60	31
	ORS Quarterly Reporting Template	61	4	1	244
ORS Drug Intelligence Officers	ORS Annual Evaluation Survey-DIO ...	61	1	30/60	31
	ORS Quarterly Reporting Template	61	4	1	244
State, territory, county and city health department staff.	ORS Annual Evaluation Survey-Public Health Partner.	70	1	30/60	35
HIDTA staff	ORS Annual Evaluation Survey-Public Safety Partner.	70	1	30/60	35
CDCF ORS National Team Staff	ORS Annual Evaluation Survey-ORS Management/Coordination Team.	25	1	30/60	13
Total	633

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-25-1274; Docket No. CDC-2024-0080]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the Million Hearts® Hospital & Health System Recognition Program. This program recognizes institutions working systematically to improve the cardiovascular health of the population and communities they serve.

DATES: CDC must receive written comments on or before December 20, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2024-0080 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

Million Hearts® Hospitals & Health Systems Recognition Program (OMB Control No. 0920-1274, Exp. 10/31/2025)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Heart disease, stroke and other cardiovascular diseases (CVDs) kill over

800,000 Americans each year, accounting for one in every three deaths. CVD is the nation's number one killer among both men and women and the leading cause of health disparities. Million Hearts®, a national, public-private initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), was established to address this issue. Whether migrating towards value-based reimbursement or simply striving for a significant impact in reducing the devastation of heart attacks and strokes, clinical organizations are positioned to improve the health of the population they serve by implementing high-impact, evidence-based strategies. Achieving a Million Hearts® Hospitals & Health Systems designation signals a commitment to not only clinical quality, but population health overall.

Initially launched in 2020, the Program will continue to recognize institutions that are working to systematically improve the cardiovascular health of the population and communities that they serve by implementing strategies under the Million Hearts® priority areas of: Keeping People Healthy; Optimizing Care; Improving Outcomes for Priority Populations; and Innovating for Health. CDC anticipates that new applicants will range from health systems with multiple hospitals, hospitals with and without ambulatory medical practices, and medical practices not affiliated with hospitals.

Any clinical entity whose leaders consider it eligible may apply. Recognition can be achieved by a robust commitment to implement specific strategies, by implementing specific strategies, and most importantly, by achieving specific outcomes. Applicants will complete the Million Hearts® Hospitals & Health Systems Recognition Program application, indicating the areas in which they are committing to implement Million Hearts® strategies; areas in which they have implemented key strategies; and those strategies for which they have achieved outcomes/results. Applicants must address a minimum of one strategy in at least three of the four priority areas (Keeping People Healthy, Optimizing Care, Improving Outcomes for Priority Populations, and Innovating for Health) that are outlined in the application.

However, they are encouraged to target as many strategies as is appropriate for their institution. Applicants will be subject to a background check.

The Million Hearts® Hospitals and Health Systems designation conveys that the institution is committed to preventing heart attacks and strokes by a combination of efforts that are about Keeping People Healthy, Optimizing Care, Improving Outcomes for Priority Populations and Innovating for Health. All applicants with reported outcomes and a select number of those who are committing to implement or are implementing Million Hearts® strategies, will be asked to participate in a semi-structured, qualitative interview. The purpose of the interview is to obtain in-depth contextual information about the Million Hearts® strategies and facilitators used to achieve improved cardiovascular outcomes among the applicant's patient population. Applicants with reported outcomes will receive increased recognition from Million Hearts® by having their success stories highlighted by Million Hearts® by placement on the Million Hearts® website, e-newsletter. The program's web-based application will stay open throughout the year and applications will be reviewed on a quarterly basis and recognized within six months of acceptable review. CDC estimates that information will be collected from up to 50 applicants per year.

The overall goal of the Million Hearts® initiative is to prevent one million heart attacks and strokes. Promoting evidence-based strategies that prevent CVD is one focus of the initiative. CDC will use the information collected through the Million Hearts® Hospitals & Health Systems Recognition Program to increase widespread attention on successful and sustainable implementation strategies, improve understanding of these strategies at the practice level, bring visibility to organizations that commit, implement, or have implemented Million Hearts® strategies and motivate other hospitals and health systems to strengthen their efforts to address CVD.

OMB approval is requested for three years. CDC requests OMB approval for an estimated 149 annual burden hours. Participation is voluntarily and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Medical & Health Service Manager	Recognition Program Application	50	1	160/60	134
Medical & Health Service Manager	Interview Guide	30	1	30/60	15
Total	149

Jeffrey M. Zirger,

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Regulations, Office of Science, Centers for
Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25-1355]

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 “Evaluation of the Overdose Data to Action Technical Assistance Hub” 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 May 7, 2024, to obtain comments from the public and affected agencies. CDC received one non-substantive public 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

Evaluation of the Overdose Data to Action Technical Assistance Hub (OMB Control No. 0920-1355, Exp. 11/30/2024)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests approval of this Revision to support the evaluation of technical assistance (TA) provided for the Overdose Data to Action (OD2A) in States (OD2A-S) and OD2A: Limiting Overdose through Collaborative Actions in Localities (LOCAL) (OD2A: LOCAL) programs. OD2A-S and OD2A: LOCAL are cooperative agreements funded in 2023 to focus on comprehensive and interdisciplinary opioid overdose prevention efforts in 49 state health departments, 39 localities, Puerto Rico,

and Washington, DC. Each program consists of two required components—a surveillance component and a prevention component. OD2A recipients implement a combination of activities across nine State strategies and eight local strategies within these components to gain access to high quality and complete data on opioid prescribing and overdoses. The data is used to inform prevention and response efforts in their jurisdictions.

CDC developed and deployed a technical assistance (TA) hub (hereafter referred to as the OD2A TA Center) to deliver comprehensive technical assistance and training to support the successful implementation and evaluation of surveillance and prevention activities. The OD2A TA Center is designed to enhance the efficiency, coordination, and effectiveness of TA efforts by streamlining and centralizing the provision of overdose surveillance and prevention TA. TA to OD2A recipients is divided into four different levels with multiple modes of TA delivery and involves a wide range of TA providers including CDC staff, internal and external subject matter experts (SMEs) and program partners.

The evaluation consists of web-based surveys designed to collect process and outcome measures about TA access, utilization, and outcomes across all OD2A recipient programs. The Technical Assistance Feedback Form will be administered to collect immediate feedback following individual TA encounters and group events such as webinars and in-person trainings. The Annual OD2A TA Survey will be distributed twice (mid-point and final) to assess satisfaction with overall TA provided and the extent to which TA supports informed implementation of OD2A strategies. The information obtained through this evaluation will allow TA providers to assess OD2A recipients’ experience and utility of knowledge and resources gained through individual TA support, peer-to-peer sessions, and other group trainings. To capture participants’ experiences attending various Communities of