

requirement accommodates required updates to FBO reporting systems.

Commenters also recommended retaining the option for FBOs to file the FR Y-7Q on a fiscal year basis. Commenters stated that FBOs that follow a non-calendar fiscal year base their home country reporting requirements, internal and external financial reporting, and management information systems around the 90-day filing deadline for the FR Y-7Q.

In response to the comments received, the Board will move forward with a modified approach so that *only* the following three items that capture U.S. assets would be required to be filed on a calendar period basis: Line item 6(a)—Total combined U.S. assets net of intercompany balances and transactions; Line item 6(b)—Total combined U.S. assets net of intercompany balances and transactions, based on a quarterly average; and Line item 7—Total on-branch assets. The remaining line items on the FRY-7Q will continue to be collected with fiscal filing as an option.

The Board has also decided to retain line item 8, as-of financial date, in Part 1A and line item 6, as-of financial date, in Part 2, in order to continue the use of the fiscal filing option, which will only apply to non-U.S. asset line items. FR Y-7Q respondents that are required to file the FR Y-15 would have already submitted total combined U.S. assets net of intercompany balances and transactions, given that the FR Y-15 is due 50 calendar days after March 31, June 30 and September 30, and 65 days after December 31. Individual respondents that believe the information they are required to submit under the FR Y-7Q is nonpublic commercial or financial information, which is both customarily and treated as private by the respondent, may request confidential treatment of such information under exemption 4 of the FOIA.

Finally, commenters expressed concern about shortening the filing deadline for the FR Y-7Q because firms may need more than 30 days to provide capital adequacy information to their home country supervisor before they report it on the FR Y-7Q. Commenters stated that modifying home country reporting frameworks to file the information on an accelerated timetable based on the FR Y-7Q would require significant resources.

In response to the comments received, the Board has modified the proposal to stagger implementation filing deadlines. The modified proposal would be implemented in two phases. Under phase one, effective as of December 31,

2023, all FR Y-7Q filers that file the FR Y-15 would report no later than 70 days after the report date. The remaining filers would have 90 days to file the FR Y-7Q after calendar end. Under phase two, effective as of December 31, 2024, all remaining FR Y-7Q filers would report no later than 70 days after the report date. Moving this implementation date to December 31, 2024, from the originally proposed December 31, 2022, would allow additional time for respondents to implement the necessary system enhancements. Further, fiscal filers with a report date after the calendar quarter-end periods (*e.g.* January 31, April 30, July 31 and October 31) inherently have additional time to submit the FR Y-7Q.

Board of Governors of the Federal Reserve System, December 5, 2023.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-24-1385; Docket No. CDC-2024-0098]

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 a proposed information collection project titled Characteristics of Cases of Priority Fungal Diseases. These case report forms (CRFs) collect information on patient demographics, underlying conditions, diagnosis, treatments, healthcare utilization, and outcomes of patients with coccidioidomycosis, histoplasmosis, blastomycosis, *Candida auris*, triazole-resistant *Aspergillus fumigatus* infection or colonization, or antifungal-resistant dermatophytosis.

DATES: CDC must receive written comments on or before February 9, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2024-0098 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

Characteristics of Cases of Priority Fungal Diseases (OMB Control No. 0920–1385, Exp. 3/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Fungal diseases cause substantial illness, ranging from mild infection to severe or life-threatening invasive disease. They also constitute a considerable financial burden on patients and healthcare systems. Awareness of fungal diseases is low,

and data collection has historically been limited in size, scope, and coordination, which has hindered our understanding of these diseases. Detailed epidemiologic and clinical data are critical to inform appropriate public health responses.

We plan to enhance surveillance of high priority fungal diseases across the United States to better characterize factors such as disease burden, geographic scope, patient risk factors, health disparities, healthcare utilization, outcomes, and emerging trends. This project will serve as a Revision of the information collections project: Triazole-resistant *Aspergillus fumigatus* Case Report Form (CRF). The Revision will expand the number of fungal diseases for which data may be collected. In addition to triazole-resistant *A. fumigatus* infections, CRFs have also been developed for coccidioidomycosis, histoplasmosis, blastomycosis, *C. auris*, and antifungal-resistant dermatophytosis. CDC is also changing the name of this information collections project from Triazole-resistant *Aspergillus fumigatus* Case Report Form to Characteristics of Cases of Priority Fungal Diseases.

We plan to use standardized CRFs to collect public health surveillance data for cases of these diseases regarding demographics (e.g., age, sex, race/ethnicity, location of residence), underlying medical conditions, diagnosis (e.g., clinical presentation, laboratory testing), treatments, and outcomes (e.g., hospitalization, vital status). The corresponding CRF would be filled out voluntarily by State and local health departments and contains a section for medical chart review and an optional supplemental interview (including data on potential occupational or environmental exposures) of the patient or their representative. Findings can help identify populations at higher risk of these diseases, detect emerging epidemiologic trends, and guide prevention and response efforts. They can also help better focus public and healthcare provider outreach, inform efforts to contain or mitigate spread, and influence health policy and research on prevention and treatment.

CDC requests OMB approval for an estimated 1,138 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)
State and Local Health Departments	Characteristics of Patients with Environmentally-derived Triazole-resistant <i>Aspergillus fumigatus</i> .	15	15	30/60	113
State and Local Health Departments	Characteristics of Patients with Coccidioidomycosis.	10	25	1	250
State and Local Health Departments	Characteristics of Patients with Histoplasmosis.	10	25	1	250
State and Local Health Departments	Characteristics of Patients with Blastomycosis.	10	25	1	250
State and Local Health Departments	Characteristics of Patients with <i>Candida auris</i> .	15	20	45/60	225
State and Local Health Departments	Characteristics of Patients with Antifungal-resistant Dermatophytosis.	10	10	30/60	50
Total	1,138

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–24–24BJ; Docket No. CDC–2023–0097]

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 information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled DP–23–0002 Healthy Schools Evaluation. The project