

ENVIRONMENTAL PROTECTION AGENCY

[FRL OP–OFA–126]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information 202–564–5632 or <https://www.epa.gov/nepa>. Weekly receipt of Environmental Impact Statements (EIS) Filed May 6, 2024 10 a.m. EST Through May 13, 2024 10 a.m. EST Pursuant to 40 CFR 1506.9.

Notice

Section 309(a) of the Clean Air Act requires that EPA make public its comments on EISs issued by other Federal agencies. EPA's comment letters on EISs are available at: <https://cdxapps.epa.gov/cdx-enepa-II/public/action/eis/search>.

EIS No. 20240080, Final Supplement, BLM, WY, Buffalo Field Office Final Supplemental Environmental Impact Statement and Proposed Resource Management Plan, Review Period Ends: 06/17/2024, Contact: Thomas Bills 307–684–1133.

EIS No. 20240081, Final Supplement, BLM, MT, Miles City Field Office Final Supplemental Environmental Impact Statement and Proposed Resource Management Plan, Review Period Ends: 06/17/2024, Contact: Irma Nansel 406–233–3653.

EIS No. 20240082, Final, NRCS, WI, Coon Creek Watershed, Review Period Ends: 06/17/2024, Contact: Joshua Odekirk 262–470–2064.

EIS No. 20240083, Final, NRCS, WI, West Fork Kickapoo Watershed, Review Period Ends: 06/17/2024, Contact: Joshua Odekirk 262–470–2064.

Dated: May 13, 2024.

Cindy S. Barger,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 2024–10857 Filed 5–16–24; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD**Notice of Board Meeting; Correction**

AGENCY: Federal Retirement Thrift Investment Board.

ACTION: Notice; correction.

SUMMARY: The FRTIB published a document in the **Federal Register** of May 13, 2024, concerning a notice of its May 2024 Board Meeting. The notice

inadvertently omitted language regarding written statements submitted prior to the meeting.

FOR FURTHER INFORMATION CONTACT: Kimberly Weaver, Director, Office of External Affairs, (202) 942–1640.

SUPPLEMENTARY INFORMATION:**Correction**

In the **Federal Register** of May 13, 2024, in FR Doc 2024–10338, on page 41436, add the following language between the entry for Closed Session and Authority:

Written Statements: Pursuant to 41 CFR 102–3.105(j) and 102–3.140 and section 10(a)(3) of the Federal Advisory Committee Act, interested parties may submit written statements in response to the stated agenda of the meeting, or to the Employee Thrift Advisory Council (ETAC), in general. Individuals may submit their comments to ETACComments@fritb.gov. Written comments or statements received less than 5 days before ETAC's meeting may not be provided to the Committee until its next meeting.

Dated: May 14, 2024.

Dharmesh Vashee,

General Counsel.

[FR Doc. 2024–10911 Filed 5–16–24; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30Day–24–1408]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) received approval from the Office of Management and Budget (OMB) to conduct the National Center for Health Statistics (NCHS) Rapid Surveys System (RSS) (OMB Control No. 0920–1408), which includes fielding four surveys per year. Round 1 Survey was approved in June 2023. A second, third, and fourth round of the RSS were additionally approved. In accordance with the Terms of Clearance, NCHS will publish a 30-day **Federal Register** Notice announcing each new survey so that public comments can be received about the specific content of each survey. This notice includes specific details about the questions that would be asked in the fifth round (Round 5) of the RSS and serves to allow 30 days for public and

affected agency comments, consistent with OMB's terms of clearance.

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

Rapid Surveys System (RSS) Round 5 (OMB Control No. 0920–1408)—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC),

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States. The Rapid Surveys

System (RSS) (OMB Control No. 0920–1408) collects data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS then combines these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS collects data in contexts in which decision makers’ need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS complements NCHS’s current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC’s more rigorous population representative surveys, the RSS incorporates multiple mechanisms to carefully evaluate the resulting survey data for their appropriateness for use in public health surveillance and research (*e.g.*, hypothesis generating) and facilitates continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy communicates the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods. The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns; (2) to use these data collections to continue NCHS’s evaluation of the quality of public health estimates generated from commercial online panels; and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels.

The RSS is designed to have four rounds of data collection each year with

data being collected by two contractors with probability panels. A cross-sectional nationally representative sample will be drawn from the online probability panel maintained by each of the contractors. As part of the base (minimum sample size), each round of data collection will collect 2,000 responses per quarter. The RSS can be expanded by increasing the number of completed responses per round or the number of rounds per year as needed up to a maximum of 28,000 responses per year per contractor or 56,000 total responses per year. Additionally, each data collection may include up to 2,000 additional responses per quarter (8,000 for the year) to improve representativeness. This increases the maximum burden by up to 16,000 responses per year. The RSS may also target individual surveys to collect data only from specific subgroups within existing survey panels and may supplement data collection for such groups with additional respondents from other probability or nonprobability samples. An additional 12,000 responses per year may be used for these developmental activities.

Each round’s questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institute, and Offices, and other HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in Components 1 and 2. NCHS submits a 30-day **Federal Register** Notice with

information on the contents of each round of data collection.

NCHS calibrates survey weights from the RSS to gold standard surveys. Questions used for calibration in this round of RSS will include chronic conditions, social and work limitation, civic engagement, language used at home and in other settings and marital status. All of these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, all RSS rounds will include several questions that were previously on NHIS or other NCHS surveys, or other suitable federal surveys for benchmarking to evaluate data quality. Panelists in the RSS will be asked about health status, chronic conditions, developmental delay and disability, anxiety and depression, injury, COVID, healthcare access and utilization, health insurance, stressful life events for the selected child and social determinates including ability to pay medical bill, SNAP participation, and food insecurity at a family or household level.

Round 5 will include content on positive childhood experiences and childhood vaccinations. Both topics are in support of the CDC’s 2023–2024 Collaborative Initiative of Supporting Young Families. The questions in Round 5 will be answered by panelists who are a parent/guardian of one randomly sampled child in the household. Interested persons are invited to send comments regarding this information collection, including ways to enhance the quality, utility, and clarity of the Round 5 content on positive childhood experience and childhood vaccinations.

The NCHS RSS Round 5 data collection is based on 8,000 complete surveys and is estimated to be 2,687 hours. 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	Average burden per response (in hours)
Adults 18+	Survey: NCHS RSS Round 5	8,000	1	20/60
Adult 18+	Cognitive Interviews	20	1	1

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. 2024-10877 Filed 5-16-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health; Correction

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

ACTION: Notice; correction.

SUMMARY: Notice is hereby given of a
change in the meeting of the Advisory
Board on Radiation and Worker Health,
National Institute for Occupational
Safety and Health (ABRWH); April 17,
2024, 9:15 a.m. to 6 p.m. EDT,
teleconference/web conference, in the
original **Federal Register** notice. The
meeting notice was published in the
Federal Register on March 4, 2024 and
is being corrected to change the
executive order number in
Supplementary Information.

FOR FURTHER INFORMATION CONTACT:
Rashaun Roberts, Ph.D., Designated
Federal Officer, National Institute for
Occupational Safety and Health, Centers
for Disease Control and Prevention,
1090 Tusculum Avenue, Mailstop C-24,
Cincinnati, Ohio 45226, Telephone
(513) 533-6800, Toll Free 1(800) CDC-
INFO, Email: ocas@cdc.gov.

SUPPLEMENTARY INFORMATION: In the
Federal Register of March 4, 2024, in FR
Doc. 2024-04431 at 89 FR 15580, in the
third column, correct the
SUPPLEMENTARY INFORMATION caption to
read:

Background: The Advisory Board was
established under the Energy Employees
Occupational Illness Compensation
Program Act of 2000 to advise the
President on a variety of policy and
technical functions required to
implement and effectively manage the
new compensation program. Key
functions of the Advisory Board include
providing advice on the development of
probability of causation guidelines that
have been promulgated by the
Department of Health and Human
Services (HHS) as a final rule, advice on
methods of dose reconstruction which
have also been promulgated by HHS as

a final rule, advice on the scientific
validity and quality of dose estimation
and reconstruction efforts being
performed for purposes of the
compensation program, and advice on
petitions to add classes of workers to the
Special Exposure Cohort (SEC). In
December 2000, the President delegated
responsibility for funding, staffing, and
operating the Advisory Board to HHS,
which subsequently delegated this
authority to the CDC. NIOSH
implements this responsibility for CDC.

The charter was issued on August 3,
2001, renewed at appropriate intervals,
and rechartered under Executive Order
14109 on September 29, 2023. Unless
continued by the President the Board
will terminate on September 30, 2025,
consistent with E.O. 14109 of September
29, 2023.

The Director, Office of Strategic
Business Initiatives, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business
Initiatives, Office of the Chief Operating
Officer, Centers for Disease Control and
Prevention.

[FR Doc. 2024-10830 Filed 5-16-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health; Correction

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

ACTION: Notice; correction.

SUMMARY: Notice is hereby given of a
change in the meeting of the Advisory
Board on Radiation and Worker Health,
National Institute for Occupational
Safety and Health (ABRWH); December
7, 2023, 11 a.m. to 6 p.m. EST,
teleconference/web conference, in the
original **Federal Register** notice. The
meeting notice was published in the
Federal Register on November 17, 2023.
The meeting notice is being corrected to
change the executive order number.

FOR FURTHER INFORMATION CONTACT:

Rashaun Roberts, Ph.D., Designated
Federal Officer, National Institute for
Occupational Safety and Health, Centers
for Disease Control and Prevention,
1090 Tusculum Avenue, Mailstop C-24,
Cincinnati, Ohio 45226, Telephone
(513) 533-6800, Toll Free 1(800) CDC-
INFO, Email: ocas@cdc.gov.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of November
17, 2023, in FR Doc. 2023-25460, on
page 80304, in the third column, correct
the "Supplementary Information"
caption to read:

Background: The Advisory Board was
established under the Energy Employees
Occupational Illness Compensation
Program Act of 2000 to advise the
President on a variety of policy and
technical functions required to
implement and effectively manage the
new compensation program. Key
functions of the Advisory Board include
providing advice on the development of
probability of causation guidelines that
have been promulgated by the
Department of Health and Human
Services (HHS) as a final rule, advice on
methods of dose reconstruction which
have also been promulgated by HHS as
a final rule, advice on the scientific
validity and quality of dose estimation
and reconstruction efforts being
performed for purposes of the
compensation program, and advice on
petitions to add classes of workers to the
Special Exposure Cohort (SEC). In
December 2000, the President delegated
responsibility for funding, staffing, and
operating the Advisory Board to HHS,
which subsequently delegated this
authority to the CDC. NIOSH
implements this responsibility for CDC.

The charter was issued on August 3,
2001, renewed at appropriate intervals,
and rechartered under Executive Order
14109 on September 29, 2023. Unless
continued by the President the Board
will terminate on September 30, 2025,
consistent with E.O. 14109 of September
29, 2023.

The Director, Office of Strategic
Business Initiatives, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and