This study is being conducted by AHRQ through its contractor, 2M Research Services (2M), pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services and with respect to quality measurement and improvement [42 U.S.C 299a(a)(1) and (2)].

Method of Collection

The Grantee Survey will be delivered via a web form to the evaluation liaison of each grantee. The evaluation liaison will have the option to designate another person to complete sections of or the entire survey if needed. The contractor will develop a unique survey link for each grantee. The evaluation team will disseminate the findings from the grantee interviews and Grantee Survey that answer the evaluation questions through evaluation reports developed for AHRQ and through other dissemination products (*e.g.,* newsletters, blogs, conference presentations and papers, etc.) to a learning community of the grantees; an external contributor group consisting of health system leaders, payers and policymakers, people with lived experience, professional association representatives, and subject matter experts; and to the general public.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this data collection. The total annual burden hours are estimated to be 186 hours.

The Grantee Interviews and Grantee Survey will be conducted with healthcare providers and grantee program staff and partners.

1. Grantee Interviews—Completed once by 120 respondents. The interview takes 1.5 hours to complete.

2. Grantee Survey—Completed once by 12 respondents. The survey takes 30 minutes to complete.

Exhibit 2 shows the estimated annual cost burden associated with the respondents' time to participate in this data collection. The annual cost burden is estimated to be $21,390. Although the education level of respondents may vary, we anticipate many of them will have a medical degree and be employed as a physician or a related occupation. The average hourly wage for Physicians as reported by the Bureau of Labor Statistics ($115.00) was used.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Grantee Interviews	*120*	1	90/60	*180*
Grantee Survey	12	1	30/60	6
Total	132	1	.....	186

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Total burden hours	Average hourly wage rate *	Total cost burden
Grantee Interviews	*180*	[a] $115.00	$20,700
Grantee Survey	6	[b] 115.00	690
Total	186	.....	21,390

* National Compensation Survey: Occupational wages in the United States May 2023, ''U.S. Department of Labor, Bureau of Labor Statistics.'' *https://www.bls.gov/oes/current/oes_nat.htm.*

[a] Based on the median wages for *Physicians 29–1210.*

[b] Based on the median wages for *Physicians 29–1210.*

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: December 16, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–30337 Filed 12–19–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25–1352]

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 ''Operational Readiness Review 2.0'' 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 June 17, 2024 to obtain comments from the public and affected agencies. CDC did not receive 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

Operational Readiness Review 2.0 (OMB Control No. 0920–1352)—Reinstatement—Office of Readiness and Response (ORR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To help evaluate the country's public health emergency preparedness and response capacity, the Centers for Disease Control and Prevention's Division of State and Local Readiness (DSLR) administers the Public Health Emergency Preparedness (PHEP) cooperative agreement. The PHEP program is a critical source of funding for 62 state, local, and territorial jurisdictions including four major metropolitan areas (Chicago, Los Angeles County, New York City, and Washington, DC) to build and strengthen their ability to respond to and recover from public health emergencies. The Operational Readiness Review (ORR) is a rigorous, evidence-based assessment used to evaluate PHEP recipients' planning and operational functions. The purpose of the ORR 2.0 is to expand measurement and evaluation to all 15 Public Health Emergency Preparedness and Response Capabilities, which serve as national standards for public health preparedness planning: 1—Community Preparedness; 2—Community Recovery; 3—Emergency Operations Coordination; 4—Emergency Public Information and Warning; 5—Fatality Management; 6—Information Sharing; 7—Mass Care; 8—Medical Countermeasure Dispensing and Administration; 9—Medical Materiel Management and Distribution; 10—Medical Surge; 11—Nonpharmaceutical Intervention; 12—Public Health Laboratory Testing; 13—Public Health Surveillance and Epidemiological Investigation; 14—Responder Safety and Health; 15—Volunteer Management.

These capabilities serve as national standards for public health preparedness planning. The ORR 2.0 has three modules: Descriptive, Planning, and Operational, which will allow DSLR to analyze the data for the development of descriptive statistics and to monitor the progress of each recipient towards performance goals. The intended outcome of the ORR 2.0 is to assist CDC to identify strengths and challenges facing preparedness programs across the nation and to identify opportunities for improvement and further technical support.

Information will be collected from respondents using the new Operational Readiness Review (ORR) 2.0 platform but a backup paper option may be available for jurisdictions that require it. Information collected from respondents is a requirement of the PHEP Cooperative Agreement for participants to receive funding. This Reinstatement will allow PHEP recipients to complete their reporting requirements for the five-year time period of 2019–2024 PHEP Cooperative Agreement. CDC is requesting a three-year approval for this information collection. The total annualized burden hour estimate is 3055 burden hours. There is no cost 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)
PHEP Recipients	Critical contact sheet (CCS)	62	1	80/60
PHEP Recipients	Jurisdictional data sheet (JDS)	62	1	255/60
PHEP Recipients	Receive, stage, store (RSS) warehouse (x2, primary and alternate).	62	1	4
PHEP Recipients	Partner form/spreadsheet	62	1	8
PHEP Recipients	Workforce development and training	62	1	1.5
PHEP Recipients	Capability 1—Community Preparedness	62	1	1
PHEP Recipients	Capability 2—Community Recovery	62	1	1
PHEP Recipients	Capability 3—Emergency Operations Coordination.	62	1	2
PHEP Recipients	Capability 4—Emergency Public Information and Warning.	62	1	1.5
PHEP Recipients	Capability 5—Fatality Management	62	1	2.5
PHEP Recipients	Capability 6—Information Sharing	62	1	1
PHEP Recipients	Capability 7—Mass Care	62	1	2
PHEP Recipients	Capability 8—Medical Countermeasure Dispensing and Administration.	62	1	3

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHEP Recipients	Capability 9—Medical Materiel Management and Distribution.	62	1	195/60
PHEP Recipients	Capability 10—Medical Surge	62	1	2
PHEP Recipients	Capability 11—Nonpharmaceutical Intervention.	62	1	1.5
PHEP Recipients	Capability 12—Public Health Laboratory Testing.	62	1	1.5
PHEP Recipients	Capability 13—Public Health Surveillance and Epidemiological Investigation.	62	1	2.5
PHEP Recipients	Capability 14—Responder Safety and Health	62	1	1.5
PHEP Recipients	Capability 15—Volunteer Management	62	1	75/60
PHEP Recipients	Multiyear training and exercise plans (MYTEP)—training and exercise planning workshop.	62	1	1
PHEP Recipients	MYTEP—training and exercise planning (annual).	62	1	2
PHEP Recipients	Capability 13—Quality improvement process	62	1	20/60
PHEP Recipients	PHEP functional exercise (FE), full-scale exercise (FSE) or incident—annual PHEP exercise.	62	1	20/60
PHEP Recipients	PHEP FE, FSE, or incident—annual staff notification and assembly performance measure.	62	1	1.5
Directly Funded Localities	Facility setup drill	4	1	45/60
Directly Funded Localities	Site activation drill	4	1	1
PHEP Recipients	EOC activation	62	2	30/60
PHEP Recipients	PHEP FE, FSE, or incident—Five-year joint exercise.	62	1	20/60
PHEP Recipients	Five-year Distribution FSE OR Five-year Pan-flu FSE.	62	1	0.5
	Five-year Dispensing FSE	*4	1	0.5
PHEP Recipients	Five-year pan flu functional exercise	62	1	45/60
PHEP Recipients	Tabletop exercise (TTX)—Administrative or fiscal preparedness.	62	1	20/60
PHEP Recipients	TTX—Continuity of Operations	62	1	20/60
Directly Funded Localities and Freely Associated States.	Dispensing Throughput Drill	12	1	20/60

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. 2024–30483 Filed 12–19–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–24IV]

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 ''Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain'' 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 1, 2024, to obtain comments from the public and affected agencies. There were two public 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