be accomplished by standardizing and enhancing sharing of existing ED data locally collected by 52 health departments (all 50 state health departments, the health department of Puerto Rico, and the health department of the District of Columbia) with CDC. In addition, CDC leadership communicates with HHS on an ongoing basis and this data is part of its request to better monitor, plan and implement programs to prevent overdose and reduce subsequent harms.

DOSE proposes to fund 52 health departments (50 state health departments, the health department of Puerto Rico and the health department of the District of Columbia) to rapidly share existing ED data on counts of ED visits involving suspected drug, opioid, heroin, and stimulant overdoses using two standard data forms (*i.e.,* the Rapid ED overdose data form and the ED discharge overdose data form) and standard CDC case definitions.

The system will leverage ED syndromic data and hospital discharge data on ED visits already routinely collected by state and territorial health departments. No new data will be systematically collected from EDs, and health departments will be reimbursed by CDC for the burden related to sharing ED data with CDC. Fifty-two funded health departments (50 state health departments, Puerto Rico, and the District of Columbia) will rapidly share existing ED data with CDC on a monthly basis using the Rapid ED overdose data form and standard CDC case definitions. Data may come from different local ED data systems, but is expected to cover at least 75% of ED visits in the jurisdiction (*e.g.,* state).

CDC will require all participating health departments to provide counts of ED visits involving suspected drug, opioid, heroin, and stimulant overdoses by county, age group, sex, and time (*i.e.,* month and year) in a standardized manner using the Rapid ED overdose data form, which is an Excel data template. This form also collects data quality indicators such as percent of ED visits missing data on key variables (*i.e.,* metadata). In order to assess and improve rapid ED data sharing, all 52 participating health departments will also be asked to share counts of ED visits involving suspected drug, opioid, heroin and stimulant overdoses by county, age group, sex, and time (*i.e.,* month and year) from more finalized hospital discharge files, the current surveillance standard. The data will be shared with CDC on a quarterly or yearly basis using a standardized Excel data form, the ED discharge overdose data form, and standard CDC case definitions. The total estimated annual burden hours are 1,542. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
State health departments, the DC health department and PR health department.	Rapid ED overdose data form	28	12	3
Jurisdictions sharing case-level ED data with CDC through the NSSP BioSense (OMB #0920–0824).	Rapid ED overdose data form	24	12	30/60
State health departments, the DC health department and PR health department.	ED discharge overdose data form	26	4	3
State health departments, the DC health department and PR health department.	ED discharge overdose data form—Year	26	1	3

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, 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–19–19MM]

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 Study on Disparities in Distress Screening among Lung and Ovarian Cancer 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 March 6, 2019 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 or send an email to *omb@cdc.gov.* 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

Study on Disparities in Distress Screening among Lung and Ovarian Cancer—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Within the cancer treatment community, interest in the psychosocial impacts of cancer diagnosis and treatment is increasing. These psychosocial impacts are wide ranging and include not only anxiety related to the illness and treatment side effects such as pain, fatigue and cognition, but also stress related to nonmedical issues such as family relationships, financial hardship, social stressors (*e.g.* transportation), and stigmatization. There is growing evidence that addressing the psychosocial stresses of cancer survivors increases both their longevity and quality of life.

The 2016 Institute of Medicine (currently, National Academies of Sciences, Engineering, and Medicine) ovarian cancer report, funded by CDC, calls for increased study of the psychosocial needs of ovarian cancer survivors, recognizing the high rates of depression, anxiety, and distress. Up to 60% of lung cancer survivors also experience high levels of distress. Both ovarian and lung cancer patients have relatively low five-year survival rates (45% and 17%, respectively). Therefore, CDC believes that it is imperative to develop a greater understanding about the types of psychosocial services they receive during their course of treatment and follow-up care.

CDC proposes a new information collection to examine the extent to which disparities exist in distress screening and follow-up among cancer treatment facilities and programs across the country. The study will include 50 healthcare facilities. From these facilities, we will request existing electronic health records (EHR) of 2,000 lung and ovarian cancer survivors. Data elements collected will include patient demographic information, cancer diagnosis and treatment, experience with distress screening and follow-up care, and medical service utilization. Patient names, addresses, birth dates and Social Security Numbers will not be collected.

Staff from twelve of the 50 participating healthcare facilities will be invited to participate in an interview and focus group to provide contextual understanding about facilitators and barriers to distress screening and follow-up processes. This is a one-time data collection.

Results of this study will provide CDC's National Comprehensive Cancer Control Program (NCCCP) with information to assist with the development of information, resources, technical assistance, and future evidence-based interventions to improve the quality of life of lung and ovarian cancer survivors. Summative findings will be used to evaluate the need to help with policy, systems, or environmental changes that may enhance the landscape of quality of life services for cancer survivors in communities at large. OMB approval is requested for one year. The total estimated annualized burden hours are 512.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Instrument	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Quantitative:				
Healthcare Professionals (POC)	Survey	50	1	20/60
IT Staff	EMR data	50	1	7.5
Qualitative:				
Healthcare Professionals	Key Informant Interview	12	1	1
	Focus Groups	72	1	1.5

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, 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–19–0639; Docket No. CDC–19–0052]

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 Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) Special Exposure Cohort Petitions. This information collection project permits respondents to submit petitions to HHS requesting the addition of classes of employees to the Special Exposure Cohort under EEOICPA.

DATES: CDC must receive written comments on or before September 3, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0052 by any of the following methods:

- *Federal eRulemaking Portal: 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–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.